

Prescription drug list.

This “drug list” is a summary of the most commonly prescribed drugs that your insurance plan covers. **PRO TIP:** If you log in to your member account, you can use our drug search tool to view all the drugs your plan covers (i.e. the complete “formulary”), and see the costs of different medications.

Drug costs

Your formulary is divided into tiers. In most cases, drugs on lower tiers will cost you less. Additionally, there are preventive medications, that vary by age and gender (e.g., contraception for women or fluoride tablets for children), that may be available to you at no-out-of-pocket cost.

Some maintenance medications that you use regularly for chronic conditions such as asthma or diabetes may have additional coverage that makes them less expensive for you. However, coverage varies by plan and the cost-sharing amounts you pay for different drug tiers or categories of medications are shown on your Member Payment Summary (MPS) or our online search tool.

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. Select Health members call **800-538-5038**.

The formulary is regularly updated

The contents of the formulary are reviewed each month by our team of doctors and pharmacists. This team reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications and may remove drugs from, or add drugs to, this list. Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for you.

Noncovered drug exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis. Use the Drug Coverage Exception Form found on our website.

LEGEND

(PA) Preauthorization

Coverage of drugs is based on medical necessity. For certain drugs, you will need preauthorization from us; otherwise, you will be responsible to pay the drug’s full retail price.

(ST) Step Therapy

Drugs that require step therapy are covered only after you have tried an alternative therapy and it didn’t work (i.e., the drug didn’t alleviate your symptoms or caused adverse reactions). Step therapy most often applies to brand-name drugs.

(QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., opioids). Preauthorization is required if the medication exceeds the plan limits.

(AGE) Age limit

A minimum or maximum age limit requirement must be met for coverage.

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This information is available for free in other languages and alternate formats by contacting:

Scripius: **800-442-3127** / Select Health: **800-538-5038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....	1
AMINOGLYCOSIDES.....	2
ANALGESICS - ANTI-INFLAMMATORY.....	2
ANALGESICS - NONNARCOTIC.....	5
ANALGESICS - OPIOID.....	8
ANDROGENS-ANABOLIC.....	11
ANORECTAL AND RELATED PRODUCTS.....	11
ANTHELMINTICS.....	12
ANTI-INFECTIVE AGENTS - MISC.....	12
ANTIANGINAL AGENTS.....	13
ANTIANSIETY AGENTS.....	14
ANTIARRHYTHMICS.....	14
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	15
ANTICOAGULANTS.....	17
ANTICONVULSANTS.....	18
ANTIDEPRESSANTS.....	22
ANTIDIABETICS.....	24
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	27
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	27
ANTIEMETICS.....	27
ANTIFUNGALS.....	28
ANTIHISTAMINES.....	29
ANTIHYPERLIPIDEMICS.....	29
ANTIHYPERTENSIVES.....	31
ANTIMALARIALS.....	34
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	34
ANTIMYCOBACTERIAL AGENTS.....	34
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	34
ANTIPARKINSON AND RELATED THERAPY AGENTS.....	42
ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	43
ANTIVIRALS.....	46
BETA BLOCKERS.....	50
CALCIUM CHANNEL BLOCKERS.....	51
CARDIOTONICS.....	52
CARDIOVASCULAR AGENTS - MISC.....	53
CEPHALOSPORINS.....	54
CONTRACEPTIVES.....	55
CORTICOSTEROIDS.....	64

COUGH/COLD/ALLERGY.....	65
DERMATOLOGICALS.....	66
DIAGNOSTIC PRODUCTS.....	73
DIGESTIVE AIDS.....	80
DIURETICS.....	80
ENDOCRINE AND METABOLIC AGENTS - MISC.....	81
ESTROGENS.....	85
FLUOROQUINOLONES.....	86
GASTROINTESTINAL AGENTS - MISC.....	87
GENITOURINARY AGENTS - MISCELLANEOUS.....	89
GOUT AGENTS.....	90
HEMATOLOGICAL AGENTS - MISC.....	90
HEMATOPOIETIC AGENTS.....	91
HEMOSTATICS.....	92
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....	92
LAXATIVES.....	93
MACROLIDES.....	94
MEDICAL DEVICES AND SUPPLIES.....	94
MIGRAINE PRODUCTS.....	130
MINERALS & ELECTROLYTES.....	131
MISCELLANEOUS THERAPEUTIC CLASSES.....	132
MOUTH/THROAT/DENTAL AGENTS.....	134
MULTIVITAMINS.....	135
MUSCULOSKELETAL THERAPY AGENTS.....	139
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	139
NEUROMUSCULAR AGENTS.....	140
OPHTHALMIC AGENTS.....	140
OTIC AGENTS.....	144
OXYTOCICS.....	144
PENICILLINS.....	144
PROGESTINS.....	145
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	145
RESPIRATORY AGENTS - MISC.....	150
SULFONAMIDES.....	150
TETRACYCLINES.....	150
THYROID AGENTS.....	151
TOXOIDS.....	152
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS.....	152
URINARY ANTISPASMODICS.....	154
VACCINES.....	154

VAGINAL AND RELATED PRODUCTS.....156
VASOPRESSORS.....157
VITAMINS.....157

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl er</i>	2	QL
<i>guanfacine hcl er</i>	1	
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl</i>	2	QL
AMPHETAMINE MIXTURES		
<i>amphetamine-dextroamphet er</i>	2	QL
<i>amphetamine-dextroamphetamine</i>	2	QL
AMPHETAMINES		
<i>amphetamine sulfate</i>	3	QL
<i>dextroamphetamine sulfate (2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3	QL
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	2	QL
<i>dextroamphetamine sulfate er</i>	2	QL
<i>lisdexamphetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	2	QL
ANALEPTICS		
<i>caffeine citrate</i>	2	QL
STIMULANTS - MISC.		
<i>armodafinil</i>	2	QL
<i>dexmethylphenidate hcl</i>	2	QL
<i>dexmethylphenidate hcl er</i>	2	QL
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	2	QL
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl er (cd)</i>	2	QL
<i>methylphenidate hcl er (la)</i>	2	QL
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	2	QL
<i>modafinil</i>	2	QL
AMINOGLYCOSIDES (CONTINUED)		
<i>neomycin sulfate</i>	2	
<i>tobramycin 300 mg/5ml nebu soln</i>	5	QL, MDS1 (31 / fill(s))
TOBRAMYCIN 300 MG/5ML NEBU SOLN	5	QL, MDS1 (31 / fill(s)), SUM7 (Specialty Pharmacy Lock)
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR)	2	PA, MFL (0.8 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	2	PA, MFL (1.6 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	PA, MFL (1.6 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	PA, MFL (3.2 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	PA, MFL (1.6 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	PA, MFL (3.2 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
RINVOQ 45 MG TAB ER 24H	5	PA, QL, MFL (84 / lifetime), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
RINVOQ LQ	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP (10 MG/0.4ML SOLN A-INJ, 12.5 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	5	PA, MFL (1.6 / Fill(s)), MDS1 (31 / Fill)
OTREXUP 20 MG/0.4ML SOLN A-INJ	3	MFL (1.6 / Fill(s))
RASUVO 10 MG/0.2ML SOLN A-INJ	3	ST, MFL (0.8 / Fill)
RASUVO 12.5 MG/0.25ML SOLN A-INJ	3	ST, MFL (1 / Fill)
RASUVO 15 MG/0.3ML SOLN A-INJ	3	ST, MFL (1.2 / Fill)
RASUVO 17.5 MG/0.35ML SOLN A-INJ	3	ST, MFL (1.4 / Fill)
RASUVO 20 MG/0.4ML SOLN A-INJ	3	ST, MFL (1.6 / Fill(s))
RASUVO 22.5 MG/0.45ML SOLN A-INJ	3	ST, MFL (1.8 / Fill)
RASUVO 25 MG/0.5ML SOLN A-INJ	3	ST, MFL (2 / Fill)
RASUVO 30 MG/0.6ML SOLN A-INJ	3	ST, MFL (2.4 / Fill)
RASUVO 7.5 MG/0.15ML SOLN A-INJ	3	ST, MFL (0.6 / Fill)
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib</i>	1	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	PA, MFL (3.6 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<i>diclofenac-misoprostol</i>	3	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium er</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	2	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin 25 mg/5ml suspension</i>	2	AGE
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	MFL (20 / Fill(s))
<i>mefenamic acid</i>	2	QL, MDS1 (7 / Fill)
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen 125 mg/5ml suspension</i>	2	AGE
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (20 MG TAB, 30 MG TAB)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	5	PA, MFL (55 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
OTEZLA XR	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
OTEZLA/OTEZLA XR INITIATION PK	5	PA, MFL (41 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	2	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION)	5	PA, MFL (4 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ENBREL 50 MG/ML SOLN PRSYR	5	PA, MFL (8 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ENBREL MINI	5	PA, MFL (8 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ENBREL SURECLICK	5	PA, MFL (8 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESICS-SEDATIVES		
<i>bac (butalbital-acetamin-caff)</i>	2	QL
<i>butalbital-acetaminophen (50-300 mg tab, 50-325 mg tab)</i>	2	QL
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2	QL
<i>butalbital-aspirin-caffeine</i>	2	QL
SALICYLATES		
<i>adult aspirin regimen</i>	1	AGE, QL
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab, 325 mg tab dr)</i>	1	AGE, QL
<i>aspirin 81</i>	1	AGE, QL
<i>aspirin adult low dose</i>	1	AGE, QL
<i>aspirin adult low strength</i>	1	AGE, QL
<i>aspirin childrens</i>	1	AGE, QL
<i>aspirin ec adult low dose</i>	1	AGE, QL
<i>aspirin ec low dose</i>	1	AGE, QL
<i>aspirin ec low strength</i>	1	AGE, QL
<i>aspirin low dose</i>	1	AGE, QL

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin regimen</i>	1	AGE, QL
<i>bayer advanced aspirin reg st</i>	1	AGE, QL
<i>bayer aspirin</i>	1	AGE, QL
<i>bayer aspirin ec low dose</i>	1	AGE, QL
<i>bayer low dose</i>	1	AGE, QL
<i>childrens aspirin</i>	1	AGE, QL
<i>cvs aspirin</i>	1	AGE, QL
<i>cvs aspirin adult low dose</i>	1	AGE, QL
<i>cvs aspirin adult low strength</i>	1	AGE, QL
<i>cvs aspirin ec</i>	1	AGE, QL
<i>cvs aspirin low dose</i>	1	AGE, QL
<i>cvs aspirin low strength</i>	1	AGE, QL
<i>cvs genuine aspirin</i>	1	AGE, QL
<i>diflunisal</i>	2	
<i>ecotrin</i>	1	AGE, QL
<i>ecotrin arthrtis pain</i>	1	AGE, QL
<i>ecotrin low strength</i>	1	AGE, QL
<i>eq aspirin</i>	1	AGE, QL
<i>eq aspirin adult low dose</i>	1	AGE, QL
<i>eq aspirin low dose</i>	1	AGE, QL
<i>eql aspirin ec</i>	1	AGE, QL
<i>eql aspirin low dose</i>	1	AGE, QL
<i>ft aspirin</i>	1	AGE, QL
<i>ft aspirin low dose</i>	1	AGE, QL
<i>ft enteric coated aspirin</i>	1	AGE, QL
<i>genuine aspirin</i>	1	AGE, QL
<i>gnp adult aspirin low strength</i>	1	AGE, QL
<i>gnp aspirin</i>	1	AGE, QL

Drug Name	Drug Tier	Requirements / Limits
<i>gnp aspirin low dose</i>	1	AGE, QL
<i>goodsense aspirin</i>	1	AGE, QL
<i>goodsense aspirin adults</i>	1	AGE, QL
<i>goodsense aspirin low dose</i>	1	AGE, QL
<i>h-e-b aspirin</i>	1	AGE, QL
<i>hm adult aspirin</i>	1	AGE, QL
<i>hm aspirin</i>	1	AGE, QL
<i>hm aspirin ec</i>	1	AGE, QL
<i>hm aspirin ec low dose</i>	1	AGE, QL
<i>kls aspirin low dose</i>	1	AGE, QL
<i>kp aspirin</i>	1	AGE, QL
<i>medi-first aspirin</i>	1	AGE, QL
<i>medique aspirin</i>	1	AGE, QL
<i>meijer aspirin ec</i>	1	AGE, QL
<i>mm aspirin</i>	1	AGE, QL
<i>px aspirin</i>	1	AGE, QL
<i>px enteric aspirin</i>	1	AGE, QL
<i>qc aspirin</i>	1	AGE, QL
<i>qc aspirin low dose</i>	1	AGE, QL
<i>qc childrens aspirin</i>	1	AGE, QL
<i>qc enteric aspirin</i>	1	AGE, QL
<i>ra aspirin</i>	1	AGE, QL
<i>ra aspirin adult low dose</i>	1	AGE, QL
<i>ra aspirin adult low strength</i>	1	AGE, QL
<i>ra aspirin childrens</i>	1	AGE, QL
<i>ra aspirin ec</i>	1	AGE, QL
<i>ra aspirin ec adult low st</i>	1	AGE, QL
<i>ra pain relief aspirin</i>	1	AGE, QL

Drug Name	Drug Tier	Requirements / Limits
<i>salsalate</i>	2	
<i>sb aspirin</i>	1	AGE, QL
<i>sb aspirin ec</i>	1	AGE, QL
<i>sb childrens aspirin</i>	1	AGE, QL
<i>sb low dose asa ec</i>	1	AGE, QL
<i>sm aspirin</i>	1	AGE, QL
<i>sm aspirin adult low strength</i>	1	AGE, QL
<i>sm aspirin ec</i>	1	AGE, QL
<i>sm aspirin ec low strength</i>	1	AGE, QL
<i>sm aspirin low dose</i>	1	AGE, QL
<i>sm childrens aspirin</i>	1	AGE, QL
<i>st joseph aspirin</i>	1	AGE, QL
<i>st joseph low dose</i>	1	AGE, QL
ANALGESICS - OPIOID (CONTINUED)		
CODEINE COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	2	
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	2	QL
<i>ascomp-codeine</i>	3	QL
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	3	QL
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	QL
<i>butalbital-asa-caff-codeine</i>	3	QL
HYDROCODONE COMBINATIONS		
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution, 10-325 mg/15ml solution)</i>	2	
HYDROCODONE-ACETAMINOPHEN (2.5-325 MG TAB, 5-325 MG TAB, 7.5-325 MG TAB, 10-325 MG TAB)	2	QL

Drug Name	Drug Tier	Requirements / Limits
HYDROCODONE-IBUPROFEN (7.5-200 MG TAB, 10-200 MG TAB)	2	QL
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	2	QL
DISKETS	2	QL
<i>fentanyl (25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	2	QL
<i>fentanyl 12 mcg/hr patch 72hr</i>	2	
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1600 MCG LOZ HANDLE)	2	QL
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	2	
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	2	QL
<i>hydromorphone hcl er</i>	3	QL
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	2	QL
<i>methadone hcl (5 mg tab, 10 mg tab, 40 mg tab sol)</i>	2	QL
METHADONE HCL (5 MG/5ML SOLUTION, 10 MG/5ML SOLUTION, 10 MG/ML CONC)	2	
<i>methadone hcl intensol</i>	2	
<i>methadose 40 mg tab sol</i>	2	QL
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	2	
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	2	QL
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	2	
MORPHINE SULFATE ER (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	2	QL
MORPHINE SULFATE ER BEADS	3	QL
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL
<i>oxycodone hcl 100 mg/5ml conc</i>	2	PA
<i>oxycodone hcl 5 mg/5ml solution</i>	2	
<i>oxymorphone hcl</i>	3	QL
OXYMORPHONE HCL ER	4	QL
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	QL
TRAMADOL HCL (ER BIPHASIC)	2	QL
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	2	QL
OPIOID COMBINATIONS		
<i>endocet</i>	2	QL
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-300 mg/5ml solution, 10-325 mg tab)</i>	2	QL
OPIOID PARTIAL AGONISTS		
BELBUCA	3	MFL (60 / Fill)
BRIXADI	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
BRIXADI (WEEKLY)	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>buprenorphine</i>	3	MFL (4 / Fill)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	QL
<i>buprenorphine hcl-naloxone hcl</i>	2	QL
PENTAZOCINE-NALOXONE HCL	3	QL
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	5	MFL (1 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	5	MFL (3 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	2	QL
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap)</i>	2	
<i>danazol 200 mg cap</i>	4	
<i>depo-testosterone</i>	2	MDS1 (90 / Fill)
METHITEST	4	
<i>methyltestosterone</i>	2	
<i>testosterone (1.62 % gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	3	QL
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	2	MDS1 (90 / Fill)
TESTOSTERONE ENANTHATE	2	MDS1 (90 / Fill)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	2	ST, MFL (66.8 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>hydrocortisone 100 mg/60ml enema</i>	3	
RECTAL ANESTHETIC/STEROIDS		
HYDROCORT-PRAMOXINE (PERIANAL)	2	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	2	
<i>lidocaine-hydrocort (perianal)</i>	2	
PROCTOFOAM HC	4	
RECTAL STEROIDS		
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	

Drug Name	Drug Tier	Requirements / Limits
HYDROCORTISONE ACETATE 25 MG SUPPOS	2	
HYDROCORTISONE ACETATE 30 MG SUPPOS	3	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
ANTHELMINTICS (CONTINUED)		
<i>albendazole</i>	2	PA
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel</i>	3	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
AEMCOLO	4	MFL (12 / Fill)
FIRST-METRONIDAZOLE	4	
<i>metronidazole (125 mg tab, 250 mg tab, 500 mg tab)</i>	1	
METRONIDAZOLE BENZO+SYRSPEND	4	
<i>pentamidine isethionate</i>	3	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
XIFAXAN	4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	3	
LAMPIT	4	PA, AGE
<i>nitazoxanide</i>	5	MFL (20 / Fill)
GLYCOPEPTIDES		
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	3	MFL (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 250 mg/5ml recon soln)</i>	3	MFL (450 / Fill)
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
MONOBACTAMS		
CAYSTON	5	PA, MFL (84 / Fill), MDS1 (31 / Fill)
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	2	MFL (900 / Fill)
<i>linezolid 600 mg tab</i>	2	QL
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	2	
NITROFURANTOIN (25 MG/5ML SUSPENSION, 50 MG/10ML SUSPENSION, 50 MG/5ML SUSPENSION)	3	AGE
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	2	QL
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIANSXIETY AGENTS (CONTINUED)		
ANTIANSXIETY AGENTS - MISC.		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	3	
BENZODIAZEPINES		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	QL
<i>alprazolam xr</i>	2	QL
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	2	QL
<i>clorazepate dipotassium 15 mg tab</i>	2	QL
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>diazepam intensol</i>	2	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	2	
<i>lorazepam intensol</i>	2	
<i>oxazepam</i>	2	QL
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	3	
<i>quinidine gluconate er</i>	2	
QUINIDINE SULFATE	2	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide</i>	2	
MULTAQ	3	
<i>pacerone</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ADRENERGIC COMBINATIONS		
AIRSUPRA	3	QL (128.4), MFL (21.4 / Fill)
ANORO ELLIPTA	3	QL
BREZTRI AEROSPHERE	3	AGE, MFL (10.7 / Fill)
COMBIVENT RESPIMAT	3	MFL (8 / Fill)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL, MFL (60 / Fill)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	4	PA, MFL (12 / Fill)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	MFL (1 / Fill)
<i>ipratropium-albuterol</i>	2	
STIOLTO RESPIMAT	3	QL
SYMBICORT	2	MFL (20.4 / Fill), MDS1 (90 / Fill)
TRELEGY ELLIPTA	3	AGE, MFL (60 / Fill)
<i>wixela inhub</i>	2	QL, MFL (60 / Fill)
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, MFL (8 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	
BETA ADRENERGICS		
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	2	
<i>albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa</i>	1	MFL (54 / Fill), MDS1 (40 / Fill)
<i>arformoterol tartrate</i>	3	MFL (120 / Fill)
<i>formoterol fumarate</i>	4	MFL (120 / Fill)
LEVALBUTEROL TARTRATE	2	MFL (45 / Fill)
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	3	QL
VENTOLIN HFA	3	MFL (54 / Fill), MDS1 (40 / Fill)
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDHALER	3	QL
SPIRIVA RESPIMAT	3	MFL (4 / Fill)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA	5	PA, MFL (1 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
FASENRA PEN	5	PA, MFL (1 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i>	1	QL
<i>zafirlukast</i>	2	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	2	QL
STEROID INHALANTS		
ARNUITY ELLIPTA	3	MFL (30 / Fill)

Drug Name	Drug Tier	Requirements / Limits
ASMANEX (120 METERED DOSES)	3	MFL (1 / Fill)
ASMANEX (14 METERED DOSES)	3	MFL (1 / Fill)
ASMANEX (30 METERED DOSES)	3	MFL (1 / Fill)
ASMANEX (60 METERED DOSES)	3	MFL (1 / Fill)
ASMANEX HFA	3	MFL (13 / Fill)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension)</i>	3	QL
<i>budesonide 1 mg/2ml suspension</i>	1	QL
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	MFL (60 / Fill)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	MFL (120 / Fill)
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	3	MFL (24 / Fill)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3	MFL (21.2 / fill(s))
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
XANTHINES		
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	3	AGE, QL
ELIQUIS (1.5 MG PACK)	3	AGE, QL
ELIQUIS (2 MG PACK)	3	AGE, QL

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS (2.5 MG TAB, 5 MG TAB)	3	QL
ELIQUIS DVT/PE STARTER PACK	3	MFL (74 / Fill)
XARELTO (2.5 MG TAB, 10 MG TAB)	3	QL
XARELTO 1 MG/ML RECON SUSP	3	AGE, QL
XARELTO 15 MG TAB	3	MFL (42 / Fill)
XARELTO 20 MG TAB	3	QL, MFL (30 / Fill)
XARELTO STARTER PACK	3	MFL (51 / Fill(s))
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>heparin sodium (porcine) (5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	3	
<i>heparin sodium (porcine) +rfid</i>	2	
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	3	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium</i>	3	
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium</i>	2	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>dabigatran etexilate mesylate</i>	2	QL
ANTICONVULSANTS (CONTINUED)		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10 mg tab</i>	2	QL
<i>clobazam 2.5 mg/ml suspension</i>	2	QL
<i>clobazam 20 mg tab</i>	2	QL
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab disp)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam 2 mg tab</i>	1	QL
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	2	MFL (5 / Fill)
LIBERVANT	4	MFL (10 / Fill)
NAYZILAM	4	MFL (6 / Fill(s))
ANTICONVULSANTS - MISC.		
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1	QL
CARBAMAZEPINE 200 MG CHEW TAB	2	QL
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	2	QL
<i>epitol</i>	1	QL
<i>gabapentin (250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	QL
<i>gabapentin 100 mg cap</i>	1	QL
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	2	QL
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	QL
<i>lamotrigine (21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 42 x 50 mg & 14x100 mg kit)</i>	1	
<i>lamotrigine (25 mg chew tab, 150 mg tab)</i>	1	QL
<i>lamotrigine 100 mg tab</i>	1	QL
<i>lamotrigine 100 mg tab disp</i>	2	QL
<i>lamotrigine 200 mg tab</i>	1	QL
<i>lamotrigine 200 mg tab disp</i>	1	QL
<i>lamotrigine 25 mg tab</i>	1	QL
<i>lamotrigine 25 mg tab disp</i>	2	QL
<i>lamotrigine 5 mg chew tab</i>	1	QL
<i>lamotrigine 50 mg tab disp</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine er (100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	2	QL
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h)</i>	2	QL
<i>levetiracetam (100 mg/ml solution, 500 mg/5ml solution)</i>	1	QL
<i>levetiracetam (500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	QL
<i>levetiracetam 250 mg tab</i>	1	QL
<i>levetiracetam er</i>	1	QL
<i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension)</i>	1	QL
<i>oxcarbazepine 300 mg tab</i>	1	QL
<i>oxcarbazepine 600 mg tab</i>	1	QL
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	QL
<i>pregabalin 20 mg/ml solution</i>	2	
<i>primidone 250 mg tab</i>	1	QL
<i>primidone 50 mg tab</i>	1	QL
<i>roweepra</i>	1	QL
<i>rufinamide 200 mg tab</i>	3	QL
<i>rufinamide 40 mg/ml suspension</i>	3	QL
<i>rufinamide 400 mg tab</i>	3	QL
TEGRETOL-XR	4	ST, QL
TOPAMAX SPRINKLE 15 MG CAP SPRINK	4	ST, QL
TOPAMAX SPRINKLE 25 MG CAP SPRINK	4	ST, QL
<i>topiramate (25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL
<i>topiramate 15 mg cap sprink</i>	1	QL
<i>topiramate 25 mg/ml solution</i>	4	AGE, QL
<i>zonisamide 100 mg cap</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>zonisamide 25 mg cap</i>	1	QL
<i>zonisamide 50 mg cap</i>	1	QL
CARBAMATES		
<i>felbamate 400 mg tab</i>	2	QL
<i>felbamate 600 mg tab</i>	2	QL
<i>felbamate 600 mg/5ml suspension</i>	2	QL
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	4	QL, MFL (28 / Fill)
XCOPRI (150 MG TAB, 200 MG TAB)	4	QL
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	QL
XCOPRI (250 MG DAILY DOSE)	4	QL, MFL (56 / Fill)
XCOPRI (350 MG DAILY DOSE)	4	QL, MFL (56 / Fill)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	MFL (28 / Fill)
GABA MODULATORS		
TIAGABINE HCL (12 MG TAB, 16 MG TAB)	2	QL
<i>tiagabine hcl 2 mg tab</i>	2	QL
<i>tiagabine hcl 4 mg tab</i>	2	QL
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	4	ST, QL
DILANTIN-125	4	ST, QL
<i>phenytek</i>	1	QL
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	QL
<i>phenytoin infatabs</i>	1	QL
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	QL
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>methsuximide</i>	2	QL
VALPROIC ACID		
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr)</i>	1	QL
<i>divalproex sodium (250 mg tab dr, 500 mg tab dr)</i>	1	QL
<i>divalproex sodium er</i>	1	QL
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	QL
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	3	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	1	
FLUOXETINE HCL 60 MG TAB	1	
FLUOXETINE HCL 90 MG CAP DR	2	ST, MFL (4 / Fill)
<i>fluvoxamine maleate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine maleate er</i>	4	ST, QL
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	1	
<i>paroxetine hcl er</i>	2	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	1	QL
SEROTONIN MODULATORS		
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>vilazodone hcl</i>	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	2	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>trimipramine maleate</i>	2	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	2	
BIGUANIDES		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl 750 mg tab</i>	1	
<i>metformin hcl er</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide</i>	4	
<i>glucagon emergency 1 mg recon soln</i>	2	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	1	QL
<i>saxagliptin hcl</i>	1	QL
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL	1	QL
<i>saxagliptin-metformin er</i>	1	QL
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL

Drug Name	Drug Tier	Requirements / Limits
HUMAN INSULIN		
FIASP	3	MDS1 (40 / Fill)
FIASP FLEXTOUCH	3	MDS1 (40 / Fill)
FIASP PENFILL	3	MDS1 (40 / Fill)
FIASP PUMPCART	3	MDS1 (40 / Fill)
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG TEMPO PEN	3	
HUMULIN R U-500 (CONCENTRATED)	3	PA, QL, MDS1 (40 / Fill)
HUMULIN R U-500 KWIKPEN	3	PA, QL, MDS1 (40 / Fill)
INSULIN ASP PROT & ASP FLEXPEN	3	MDS1 (40 / Fill)
INSULIN ASPART	3	MDS1 (40 / Fill)
INSULIN ASPART FLEXPEN	3	MDS1 (40 / Fill)
INSULIN ASPART PENFILL	3	MDS1 (40 / Fill)
INSULIN ASPART PROT & ASPART	3	MDS1 (40 / Fill)
INSULIN LISPRO	3	
INSULIN LISPRO (1 UNIT DIAL)	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO PROT & LISPRO	3	
LANTUS	3	MDS1 (40 / Fill)
LANTUS SOLOSTAR	3	MDS1 (40 / Fill)
NOVOLIN 70/30	1	MDS1 (40 / Fill)
NOVOLIN N	1	MDS1 (40 / Fill)
NOVOLOG	3	MDS1 (40 / Fill)
NOVOLOG 70/30 FLEXPEN RELION	3	MDS1 (40 / Fill)

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG FLEXPEN	3	MDS1 (40 / Fill)
NOVOLOG FLEXPEN RELION	3	MDS1 (40 / Fill)
NOVOLOG MIX 70/30	3	MDS1 (40 / Fill)
NOVOLOG MIX 70/30 FLEXPEN	3	MDS1 (40 / Fill)
NOVOLOG MIX 70/30 RELION	3	MDS1 (40 / Fill)
NOVOLOG PENFILL	3	MDS1 (40 / Fill)
TOUJEO MAX SOLOSTAR	3	MDS1 (40 / Fill)
TOUJEO SOLOSTAR	3	MDS1 (40 / Fill)
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO	3	PA, QL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY	3	PA, QL
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	3	ST, MFL (30 / Fill), MDS1 (50 / Fill)
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN	3	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY	3	QL
FARXIGA	3	QL, MFL (30 / Fill)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
XIGDUO XR	3	QL
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	1	QL
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	1	QL
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
CHEMET	4	
<i>deferiprone</i>	2	
VISTOGARD	5	MDS1 (31 / Fill)
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	3	QL, MFL (60 / Fill)
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	MFL (120 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	1	MFL (120 / Fill)
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>scopolamine</i>	3	
<i>trimethobenzamide hcl</i>	2	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	3	PA, QL, MFL (60 / Fill)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 125 mg cap)</i>	2	MFL (1 / fill(s))
<i>aprepitant 80 & 125 mg cap thpk</i>	2	MFL (3 / day(s))
<i>aprepitant 80 mg cap</i>	2	MFL (2 / fill(s))
EMEND 125 MG/5ML RECON SUSP	4	MDS1 (3 / Fill)
ANTIFUNGALS (CONTINUED)		
<i>griseofulvin microsize 125 mg/5ml suspension</i>	2	
<i>griseofulvin microsize 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	3	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	1	QL
IMIDAZOLES		
<i>ketoconazole 200 mg tab</i>	1	
TRIAZOLES		
CRESEMBA 186 MG CAP	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
CRESEMBA 74.5 MG CAP	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole 150 mg tab</i>	1	MFL (7 / Fill)
<i>itraconazole 10 mg/ml solution</i>	2	
<i>itraconazole 100 mg cap</i>	2	MFL (126 / Fill)
<i>posaconazole 100 mg tab dr</i>	5	
<i>posaconazole 40 mg/ml suspension</i>	5	PA, MFL (600 / Fill)
<i>voriconazole 200 mg tab</i>	5	QL
<i>voriconazole 40 mg/ml recon susp</i>	5	QL
<i>voriconazole 50 mg tab</i>	5	QL
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	QL
ANTIHISTAMINES - NON-SEDATING		
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	2	QL
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	2	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	2	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	QL
ANTIHYPERLIPIDEMICS (CONTINUED)		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	3	QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	QL

Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	3	MFL (120 / Fill)
<i>omega-3-acid ethyl esters</i>	2	QL
BILE ACID SEQUESTRANTS		
<i>cholestyramine 4 gm packet</i>	3	MFL (180 / Fill)
<i>cholestyramine 4 gm/dose powder</i>	2	MFL (1890 / Fill)
<i>cholestyramine light 4 gm packet</i>	3	MFL (180 / Fill)
<i>cholestyramine light 4 gm/dose powder</i>	3	MFL (1197 / Fill)
<i>colesevelam hcl</i>	3	QL
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	2	
<i>colestipol hcl 1 gm tab</i>	2	QL
<i>prevalite 4 gm packet</i>	3	MFL (180 / Fill)
<i>prevalite 4 gm/dose powder</i>	3	MFL (1197 / Fill)
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	QL
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	1	QL
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	QL
<i>gemfibrozil</i>	1	QL
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab)</i>	1	QL, MDS1 (90 / day(s))
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	MDS1 (90 / day(s))
<i>fluvastatin sodium</i>	2	ST, QL
<i>fluvastatin sodium er</i>	1	ST, AGE, QL
<i>lovastatin</i>	1	QL
<i>pitavastatin calcium</i>	2	ST, QL
<i>pravastatin sodium</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	QL
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL
<i>simvastatin (5 mg tab, 80 mg tab)</i>	1	
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	1	QL
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTIHYPERLIPIDEMIC)	2	QL
PCSK9 INHIBITORS		
REPATHA	3	MFL (2 / Fill)
REPATHA PUSHTRONEX SYSTEM	3	MFL (3.5 / Fill), MDS1 (28 / Fill)
REPATHA SURECLICK	3	MFL (2 / Fill)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	2	QL
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalapril maleate 1 mg/ml solution</i>	3	AGE, MFL (1200 / Fill)
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	1	

Drug Name	Drug Tier	Requirements / Limits
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril-hydrochlorothiazide</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl</i>	2	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hctz</i>	1	QL
<i>olmesartan-amlodipine-hctz</i>	1	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
TELMISARTAN-AMLODIPINE	1	QL
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
EDARBI	4	QL
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	2	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa 250 mg tab</i>	1	
METHYLDOPA 500 MG TAB	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	3	QL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<i>minoxidil</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	2	
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	2	
<i>hydroxychloroquine sulfat</i>	2	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	5	PA, MDS1 (31 / Fill)
<i>quinine sulfat</i>	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
PYRIDOSTIGMINE BROMIDE 30 MG TAB	3	
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	AGE
<i>pyridostigmine bromide er 180 mg tab er</i>	3	QL
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
<i>ethambutol hcl</i>	2	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	2	QL
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	4	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate 250 mg tab</i>	1	QL, MDS1 (90 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>abirtega</i>	1	QL, MDS1 (90 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
ANTIADRENALS		
LYSODREN	4	QL
ANTIANDROGENS		
<i>bicalutamide</i>	1	MFL (90 / Fill)
NUBEQA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
XTANDI	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTIESTROGENS		
<i>tamoxifen citrate</i>	1	QL
<i>toremifene citrate</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTIMETABOLITES		
<i>capecitabine 150 mg tab</i>	2	MFL (120 / fill(s))
<i>capecitabine 500 mg tab</i>	2	MFL (300 / fill(s))
<i>mercaptopurine 2000 mg/100ml suspension</i>	2	PA, MFL (200 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>mercaptopurine 50 mg tab</i>	2	
METHOTREXATE SODIUM (1 GM RECON SOLN, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
TABLOID	4	QL
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
TRUQAP 200 MG TAB	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
LORBRENA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
XALKORI (200 MG CAP, 250 MG CAP)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
VENCLEXTA 100 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
VENCLEXTA 50 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
VENCLEXTA STARTING PACK	5	PA, QL (42 per 274 days), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
<i>dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>dasatinib 140 mg tab</i>	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ICLUSIG	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>imatinib mesylate</i>	2	QL
<i>nilotinib hcl</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
SCEMBLIX (20 MG TAB, 40 MG TAB)	5	PA, QL, MDS1 (31 / Fill)
SCEMBLIX 100 MG TAB	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
TAFINLAR (50 MG CAP, 75 MG CAP)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ZELBORAF	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
BRUKINSA 80 MG CAP	5	PA, QL, MDS1 (31 / fill(s))
CALQUENCE 100 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
IMBRUVICA (140 MG CAP, 420 MG TAB)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
IMBRUVICA 70 MG CAP	5	PA, QL, MFL (31 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
JAYPIRCA 100 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
JAYPIRCA 50 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>gefitinib</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
TAGRISSO	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
LYTGOBI (12 MG DAILY DOSE)	5	PA, QL, MDS1 (31 / Fill)
LYTGOBI (16 MG DAILY DOSE)	5	PA, QL, MDS1 (31 / Fill)
LYTGOBI (20 MG DAILY DOSE)	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
FARYDAK	5	PA, MFL (6 / Fill), MDS1 (28 / Fill)
ZOLINZA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide</i>	5	PA, MFL (21 / fill(s)), MDS1 (28 / day(s))
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
LUMAKRAS	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	5	PA, MDS1 (31 / Fill)
MEKINIST 0.5 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
MEKINIST 2 MG TAB	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - MET INHIBITORS		
TEPMETKO	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	2	PA, MFL (60 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>everolimus (2.5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>everolimus 5 mg tab</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>torpenz (2.5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2	PA, QL, MDS1 (31 / Fill)
<i>torpenz 5 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
COMETRIQ (100 MG DAILY DOSE)	5	PA, QL, MDS1 (31 / Fill)
COMETRIQ (140 MG DAILY DOSE)	5	PA, QL, MDS1 (31 / Fill)
COMETRIQ (60 MG DAILY DOSE)	5	PA, QL, MDS1 (31 / Fill)
<i>lapatinib ditosylate</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>pazopanib hcl 200 mg tab</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>sorafenib tosylate</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
STIVARGA	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>sunitinib malate</i>	2	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
VANFLYTA	5	PA, QL, MDS1 (31 / Fill)
XOSPATA	5	PA, QL, MDS1 (31 / fill(s))
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK (100 MG CAP, 200 MG CAP)	5	QL, MDS1 (31 / Fill)
ANTINEOPLASTIC COMBINATIONS		
INQOVI	5	PA, MDS1 (31 / Fill)
LONSURF 15-6.14 MG TAB	5	PA, MFL (60 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
LONSURF 20-8.19 MG TAB	5	PA, MFL (80 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTINEOPLASTICS MISC.		
<i>hydroxyurea</i>	1	
MATULANE	4	
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>exemestane</i>	2	QL
<i>letrozole</i>	1	QL
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
KISQALI (200 MG DOSE)	5	PA, MFL (63 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
KISQALI (400 MG DOSE)	5	PA, MFL (63 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
KISQALI (600 MG DOSE)	5	PA, MFL (63 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
VERZENIO	5	PA, MFL (60 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	QL
IMIDAZOTETRAZINES		
<i>temozolomide</i>	4	QL
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO	5	PA, QL, MDS1 (31 / Fill)
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
JAKAFI	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
LHRH ANALOGS		
ELIGARD 22.5 MG KIT	5	MFL (1 / Fill), MDS1 (90 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
ELIGARD 30 MG KIT	5	MFL (1 / Fill), MDS1 (120 / Fill), SUM7 (Specialty Pharmacy Lock)
ELIGARD 45 MG KIT	5	MFL (1 / Fill), MDS1 (180 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>leuprolide acetate</i>	2	PA, MFL (1 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
LEUPROLIDE ACETATE (3 MONTH)	5	MDS1 (31 / Fill)
LUPRON DEPOT (3-MONTH)	5	MFL (1 / Fill), MDS1 (90 / Fill), SUM7 (Specialty Pharmacy Lock)
LUPRON DEPOT (4-MONTH)	5	MFL (1 / Fill), MDS1 (120 / Fill), SUM7 (Specialty Pharmacy Lock)
LUPRON DEPOT (6-MONTH)	5	MFL (1 / Fill), MDS1 (180 / Fill), SUM7 (Specialty Pharmacy Lock)
LUTRATE DEPOT	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
VABRINTY 22.5 MG KIT	5	MFL (1 / Fill), MDS1 (90 / Fill)
ZOLADEX	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	2	
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	2	
LEUKERAN	4	
NITROSOUREAS		
<i>lomustine</i>	5	PA, MDS1 (31 / fill(s)), SUM7 (Specialty Pharmacy Lock)
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
ZYDELIG	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
TALZENNA	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
RETINOIDS		
<i>tretinoin 10 mg cap</i>	5	QL
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU	5	PA, QL, MDS1 (31 / Fill)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna 400 mg tab</i>	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	QL
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (100 mg cap, 100 mg tab)</i>	2	QL
<i>amantadine hcl (50 mg/5ml solution, 100 mg/10ml solution)</i>	2	
<i>bromocriptine mesylate</i>	3	QL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	2	QL
<i>selegiline hcl</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	3	
LEVODOPA COMBINATIONS		
<i>carbidopa-levodopa</i>	2	QL
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2	QL
<i>carbidopa-levodopa-entacapone</i>	2	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
<i>apomorphine hcl</i>	2	PA, QL, MDS1 (31 / Fill)
<i>pramipexole dihydrochloride</i>	1	QL
<i>pramipexole dihydrochloride er</i>	2	QL
<i>ropinirole hcl</i>	1	QL
<i>ropinirole hcl er</i>	2	QL
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl</i>	2	
<i>ziprasidone hcl</i>	1	
BENZISOXAZOLES		
ERZOFRI	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
FANAPT	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
FANAPT TITRATION PACK A	5	PA, QL, MDS1 (31 / Fill)
FANAPT TITRATION PACK B	5	PA, MFL (12 / Fill), MDS1 (31 / Fill)
FANAPT TITRATION PACK C	5	PA, MFL (8 / Fill), MDS1 (31 / Fill)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 per 135 days), MDS1 (180 / Fill), SUM7 (Specialty Pharmacy Lock)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 per 135 days), MDS1 (180 / Fill), SUM7 (Specialty Pharmacy Lock)
INVEGA SUSTENNA	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
INVEGA TRINZA	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>paliperidone er</i>	2	QL
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	QL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	2	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR)	5	QL, MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	MFL (0.28 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 per 42 days), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 per 42 days), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 per 42 days), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
BUTYROPHENONES		
<i>haloperidol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate 2 mg/ml conc</i>	1	
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	3	QL, MFL (60 / Fill)
DIBENZODIAZEPINES		
<i>clozapine (25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	2	QL
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL
<i>clozapine 12.5 mg tab disp</i>	2	QL
DIBENZOTHIAZEPINES		
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
DIBENZOAZEPINES		
<i>loxapine succinate</i>	1	
DIHYDROINDOLONES		
MOLINDONE HCL	2	QL
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 per 42 days), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 per 42 days), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
ABILIFY MAINTENA	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	2	QL
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
THIENBENZODIAZEPINES		
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>olanzapine 10 mg recon soln</i>	2	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ZYPREXA RELPREVV	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	2	QL
BIKTARVY	5	QL, MDS1 (90 / Fill)
CIMDUO	5	QL, MDS1 (90 / Fill)
DELSTRIGO	5	MDS1 (90 / Fill)
DESCOVY	5	QL, MDS1 (90 / Fill)
DOVATO	5	QL, MDS1 (90 / Fill)
<i>efavirenz-emtricitab-tenofo df</i>	2	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	2	QL
<i>emtricitab-rilpivir-tenofov df</i>	5	QL, MDS1 (90 / Fill)
<i>emtricitabine-tenofovir df</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
EVOTAZ	5	QL, MDS1 (90 / Fill)
GENVOYA	5	QL, MDS1 (90 / Fill)
JULUCA	5	QL, MDS1 (90 / Fill)
<i>lamivudine-zidovudine</i>	2	QL
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	2	QL
ODEFSEY	5	QL, MDS1 (90 / Fill)
PREZCOBIX	5	QL, MDS1 (90 / Fill)
STRIBILD	5	QL, MDS1 (90 / Fill)
SYMTUZA	5	QL, MDS1 (90 / Fill)
TRIUMEQ	5	QL, MDS1 (90 / Fill)
TRIUMEQ PD	5	QL, MDS1 (90 / Fill)
TRIZIVIR	2	QL
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	5	QL (5 per 135 days), MDS1 (31 / Fill)
SUNLENCA 463.5 MG/1.5ML SOLUTION	5	MFL (3 / Fill), MDS1 (31 / Fill)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc</i>	2	QL, MDS1 (90 / Fill)
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	5	PA, QL, MDS1 (90 / Fill)
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB)	5	QL, MDS1 (90 / Fill)
ISENTRESS HD	5	QL, MDS1 (90 / Fill)
TIVICAY 50 MG TAB	5	MFL (180 / Fill), MDS1 (90 / Fill)
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	5	QL, MDS1 (90 / Fill)
<i>atazanavir sulfate</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>darunavir</i>	2	QL, MDS1 (90 / Fill)
<i>fosamprenavir calcium</i>	2	QL
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	5	QL, MDS1 (90 / Fill)
REYATAZ 50 MG PACKET	5	MDS1 (90 / Fill)
<i>ritonavir</i>	2	QL
VIRACEPT	5	QL, MDS1 (90 / Fill)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
<i>efavirenz 600 mg tab</i>	2	QL
<i>etravirine</i>	2	QL
INTELENCE 25 MG TAB	5	QL, MDS1 (90 / Fill)
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	2	QL
<i>nevirapine er 400 mg tab er 24h</i>	2	QL
PIFELTRO	5	QL, MDS1 (90 / Fill)
<i>rilpivirine hcl</i>	5	QL, MDS1 (90 / day(s))
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate 20 mg/ml solution</i>	2	MFL (900 / Fill)
<i>abacavir sulfate 300 mg tab</i>	2	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	2	QL
EMTRIVA 10 MG/ML SOLUTION	5	QL, MDS1 (90 / Fill)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	2	MFL (900 / Fill)
<i>lamivudine (150 mg tab, 300 mg tab)</i>	2	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	2	QL
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5	QL, MDS1 (90 / Fill)
ANTIRETROVIRALS ADJUVANTS		
TYBOST	5	QL, MDS1 (90 / Fill)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	5	QL, MFL (20 / Fill), MDS1 (5 / Fill)
PAXLOVID (300/100 & 150/100)	5	MFL (11 / Fill), MDS1 (5 / Fill)
PAXLOVID (300/100)	5	QL, MFL (30 / Fill), MDS1 (5 / Fill)
CMV AGENTS		
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (100 per 365 days), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>valganciclovir hcl 450 mg tab</i>	5	MFL (102 / Fill)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	MFL (1144 / Fill), MDS1 (31 / Fill)
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	5	QL
<i>entecavir</i>	2	QL
<i>lamivudine 100 mg tab</i>	2	QL
HEPATITIS C AGENT - COMBINATIONS		
HARVONI 33.75-150 MG PACKET	4	ST, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
HARVONI 45-200 MG PACKET	4	ST, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
LEDIPASVIR-SOFOSBUVIR	4	ST, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
MAVYRET 100-40 MG TAB	3	QL, MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
MAVYRET 50-20 MG PACKET	3	QL, MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)

Drug Name	Drug Tier	Requirements / Limits
SOFOSBUVIR-VELPATASVIR	3	QL, MFL (28 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
VOSEVI	4	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
HEPATITIS C AGENTS		
PEGASYS	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
RIBAVIRIN 200 MG CAP	3	QL
RIBAVIRIN 200 MG TAB	3	QL
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>valacyclovir hcl</i>	1	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir</i>	1	
INFLUENZA AGENTS		
RIMANTADINE HCL	2	
MISC. ANTIVIRALS		
LAGEVRIO	5	AGE, QL, MFL (40 / Fill), MDS1 (5 / Fill)
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	2	MFL (10 / Fill)
<i>oseltamivir phosphate 30 mg cap</i>	2	MFL (20 / Fill)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	MFL (180 / Fill)
RELENZA DISKHALER	4	MFL (10 / Fill)
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol phosphate er</i>	2	QL
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	1	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	4	AGE, QL
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg tab er 24h, 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	2	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine 30 mg cap</i>	3	
NIMODIPINE 60 MG/20ML SOLUTION	4	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	2	
<i>verapamil hcl er (120 mg tab er, 180 mg tab er, 240 mg tab er)</i>	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digoxin (62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin 0.05 mg/ml solution</i>	3	
DIGOXIN 0.05 MG/ML SOLUTION	3	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL
<i>sacubitril-valsartan</i>	2	QL
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	2	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ORENITRAM 0.125 MG TAB ER	5	PA, QL, MDS1 (31 / Fill)
ORENITRAM 0.25 MG TAB ER	5	PA, QL, MDS1 (31 / Fill)
ORENITRAM 1 MG TAB ER	5	PA, QL, MDS1 (31 / Fill)
ORENITRAM 2.5 MG TAB ER	5	PA, QL, MDS1 (31 / Fill)
ORENITRAM 5 MG TAB ER	5	PA, QL, MDS1 (31 / Fill)
ORENITRAM MONTH 1	5	PA, MFL (336 / Fill), MDS1 (31 / Fill)
ORENITRAM MONTH 2	5	PA, MFL (336 / Fill), MDS1 (31 / Fill)
ORENITRAM MONTH 3	5	PA, MFL (336 / Fill), MDS1 (31 / Fill)
TYVASO	5	PA, QL, MDS1 (31 / Fill)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	5	PA, MFL (112 / Fill), MDS1 (31 / Fill)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	5	PA, MFL (112 / Fill), MDS1 (31 / Fill)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	5	PA, MFL (252 / Fill), MDS1 (31 / Fill)
TYVASO REFILL	5	PA, QL, MDS1 (31 / Fill)
TYVASO STARTER	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	5	PA, QL, MDS1 (31 / Fill)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR	5	PA, MDS1 (31 / Fill)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	5	PA, QL, MDS1 (31 / Fill)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	3	PA, QL
<i>sildenafil citrate 10 mg/ml recon susp</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>sildenafil citrate 20 mg tab</i>	1	PA, QL
<i>tadalafil (pah)</i>	3	PA, QL
TADLIQ	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>tadalafil (2.5 mg tab, 10 mg tab, 20 mg tab)</i>	3	PA, MFL (30 / Fill)
<i>tadalafil 5 mg tab</i>	3	ST, MFL (30 / Fill)
SINUS NODE INHIBITORS		
<i>ivabradine hcl</i>	3	ST, QL
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	

Drug Name	Drug Tier	Requirements / Limits
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	2	
CONTRACEPTIVES (CONTINUED)		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>azurette</i>	1	MDS1 (90 / Fill)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MDS1 (90 / Fill)
<i>kariva</i>	1	MDS1 (90 / Fill)
LO LOESTRIN FE	4	
<i>pimtrea</i>	1	MDS1 (90 / Fill)
<i>simliya</i>	1	MDS1 (90 / Fill)
<i>viorele</i>	1	MDS1 (90 / Fill)
<i>volnea</i>	1	MDS1 (90 / Fill)
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	MDS1 (180 / day(s))
<i>altavera</i>	1	MDS1 (180 / day(s))
<i>alyacen 1/35</i>	1	MDS1 (180 / day(s))
<i>apri</i>	1	MDS1 (180 / day(s))
<i>aubra</i>	1	MDS1 (180 / day(s))
<i>aubra eq</i>	1	MDS1 (180 / day(s))
<i>aurovela 1.5/30</i>	1	MDS1 (180 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 1/20</i>	1	MDS1 (180 / day(s))
<i>aurovela 24 fe</i>	1	MDS1 (90 / Fill)
<i>aurovela fe 1.5/30</i>	1	MDS1 (90 / Fill)
<i>aurovela fe 1/20</i>	1	MDS1 (90 / Fill)
AVERI	4	MDS1 (180 / Fill)
<i>aviane</i>	1	MDS1 (180 / day(s))
<i>ayuna</i>	1	MDS1 (180 / day(s))
<i>balziva</i>	1	MDS1 (180 / day(s))
<i>blisovi 24 fe</i>	1	MDS1 (90 / Fill)
<i>blisovi fe 1.5/30</i>	1	MDS1 (90 / Fill)
<i>blisovi fe 1/20</i>	1	MDS1 (90 / Fill)
<i>briellyn</i>	1	MDS1 (180 / day(s))
<i>charlotte 24 fe</i>	1	MDS1 (180 / Fill)
<i>chateal</i>	1	MDS1 (180 / day(s))
<i>chateal eq</i>	1	MDS1 (180 / day(s))
<i>cryselle</i>	1	MDS1 (180 / day(s))
<i>cryselle-28</i>	1	MDS1 (180 / day(s))
<i>cyclafem 1/35</i>	1	MDS1 (180 / day(s))
<i>cyred</i>	1	MDS1 (180 / day(s))
<i>cyred eq</i>	1	MDS1 (180 / day(s))
<i>dasetta 1/35</i>	1	MDS1 (180 / day(s))
<i>delyla</i>	1	MDS1 (180 / day(s))
<i>drospiren-eth estrad-levomefol</i>	1	MDS1 (90 / Fill)
<i>drospirenone-ethinyl estradiol</i>	1	MDS1 (180 / day(s))
<i>elinest</i>	1	MDS1 (180 / day(s))
<i>emoquette</i>	1	MDS1 (180 / day(s))
<i>enskyce</i>	1	MDS1 (180 / day(s))
<i>estarylla</i>	1	MDS1 (180 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>ethynodiol diac-eth estradiol</i>	1	MDS1 (180 / day(s))
<i>falmina</i>	1	MDS1 (180 / day(s))
<i>feirza 1.5/30</i>	1	MDS1 (90 / Fill)
<i>feirza 1/20</i>	1	MDS1 (90 / Fill)
FEMLYV	4	MDS1 (180 / day(s))
<i>femynor</i>	1	MDS1 (180 / day(s))
<i>finzala</i>	1	MDS1 (180 / Fill)
<i>galbriela</i>	1	MDS1 (90 / Fill)
<i>gemmily</i>	1	MDS1 (90 / Fill)
<i>hailey 1.5/30</i>	1	MDS1 (180 / day(s))
<i>hailey 24 fe</i>	1	MDS1 (90 / Fill)
<i>hailey fe 1.5/30</i>	1	MDS1 (90 / Fill)
<i>hailey fe 1/20</i>	1	MDS1 (90 / Fill)
<i>isibloom</i>	1	MDS1 (180 / day(s))
<i>jasmiel</i>	1	MDS1 (180 / day(s))
<i>joyeaux</i>	1	MDS1 (180 / Fill)
<i>juleber</i>	1	MDS1 (180 / day(s))
<i>junel 1.5/30</i>	1	MDS1 (180 / day(s))
<i>junel 1/20</i>	1	MDS1 (180 / day(s))
<i>junel fe 1.5/30</i>	1	MDS1 (90 / Fill)
<i>junel fe 1/20</i>	1	MDS1 (90 / Fill)
<i>junel fe 24</i>	1	MDS1 (90 / Fill)
<i>kaitlib fe</i>	1	MDS1 (90 / Fill)
<i>kalliga</i>	1	MDS1 (180 / day(s))
<i>kelnor 1/35</i>	1	MDS1 (180 / day(s))
<i>kelnor 1/50</i>	1	MDS1 (180 / day(s))
<i>kurvelo</i>	1	MDS1 (180 / day(s))
<i>larin 1.5/30</i>	1	MDS1 (180 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>larin 1/20</i>	1	MDS1 (180 / day(s))
<i>larin 24 fe</i>	1	MDS1 (90 / Fill)
<i>larin fe 1.5/30</i>	1	MDS1 (90 / Fill)
<i>larin fe 1/20</i>	1	MDS1 (90 / Fill)
<i>larissia</i>	1	MDS1 (180 / day(s))
<i>layolis fe</i>	1	MDS1 (90 / Fill)
<i>lessina</i>	1	MDS1 (180 / day(s))
<i>levonorgest-eth estradiol-iron</i>	1	MDS1 (90 / Fill)
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	MDS1 (180 / day(s))
<i>levora 0.15/30 (28)</i>	1	MDS1 (180 / day(s))
<i>lillow</i>	1	MDS1 (180 / day(s))
<i>lo-zumandimine</i>	1	MDS1 (180 / day(s))
<i>loestrin 1.5/30 (21)</i>	1	MDS1 (180 / day(s))
<i>loestrin 1/20 (21)</i>	1	MDS1 (180 / day(s))
<i>loestrin fe 1.5/30</i>	1	MDS1 (90 / Fill)
<i>loestrin fe 1/20</i>	1	MDS1 (90 / Fill)
<i>loryna</i>	1	MDS1 (180 / day(s))
<i>low-ogestrel</i>	1	MDS1 (180 / day(s))
<i>luizza 1.5/30</i>	1	MDS1 (180 / day(s))
<i>luizza 1/20</i>	1	MDS1 (180 / day(s))
<i>lutra</i>	1	MDS1 (180 / day(s))
<i>marlissa</i>	1	MDS1 (180 / day(s))
<i>merzee</i>	1	MDS1 (90 / Fill)
<i>mibelas 24 fe</i>	1	MDS1 (180 / Fill)
<i>microgestin 1.5/30</i>	1	MDS1 (180 / day(s))
<i>microgestin 1/20</i>	1	MDS1 (180 / day(s))
<i>microgestin 24 fe</i>	1	MDS1 (90 / Fill)
<i>microgestin fe 1.5/30</i>	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1/20</i>	1	MDS1 (90 / Fill)
<i>mili</i>	1	MDS1 (180 / day(s))
<i>minzoya</i>	1	MDS1 (180 / Fill)
<i>mono-linyah</i>	1	MDS1 (180 / day(s))
<i>necon 0.5/35 (28)</i>	1	MDS1 (180 / day(s))
<i>nikki</i>	1	MDS1 (180 / day(s))
<i>norethin ace-eth estrad-fe (1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	1	MDS1 (90 / Fill)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	MDS1 (180 / Fill)
<i>norethin-eth estradiol-fe</i>	1	MDS1 (90 / Fill)
<i>norethindrone acet-ethinyl est</i>	1	MDS1 (180 / day(s))
<i>norgestimate-eth estradiol</i>	1	MDS1 (180 / day(s))
<i>nortrel 0.5/35 (28)</i>	1	MDS1 (180 / day(s))
<i>nortrel 1/35 (21)</i>	1	MDS1 (180 / day(s))
<i>nortrel 1/35 (28)</i>	1	MDS1 (180 / day(s))
<i>nylia 1/35</i>	1	MDS1 (180 / day(s))
<i>nymyo</i>	1	MDS1 (180 / day(s))
<i>ocella</i>	1	MDS1 (180 / day(s))
<i>orsythia</i>	1	MDS1 (180 / day(s))
<i>philith</i>	1	MDS1 (180 / day(s))
<i>pirmella 1/35</i>	1	MDS1 (180 / day(s))
<i>portia-28</i>	1	MDS1 (180 / day(s))
<i>previfem</i>	1	MDS1 (180 / day(s))
<i>reclipsen</i>	1	MDS1 (180 / day(s))
<i>sprintec 28</i>	1	MDS1 (180 / day(s))
<i>sronyx</i>	1	MDS1 (180 / day(s))
<i>syeda</i>	1	MDS1 (180 / day(s))
<i>tarina 24 fe</i>	1	MDS1 (90 / Fill)
<i>tarina fe 1/20</i>	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1/20 eq</i>	1	MDS1 (90 / Fill)
<i>taysofy</i>	1	MDS1 (90 / Fill)
<i>turqoz</i>	1	MDS1 (180 / day(s))
TYBLUME	4	MFL (224 / Fill), MDS1 (180 / day(s))
<i>tydemy</i>	1	MDS1 (180 / Fill)
<i>valtya 1/35</i>	1	MDS1 (180 / day(s))
<i>valtya 1/50</i>	1	MDS1 (180 / day(s))
<i>vestura</i>	1	MDS1 (180 / day(s))
<i>vienva</i>	1	MDS1 (180 / day(s))
<i>vyfemla</i>	1	MDS1 (180 / day(s))
<i>vylibra</i>	1	MDS1 (180 / day(s))
<i>wera</i>	1	MDS1 (180 / day(s))
<i>wymzya fe</i>	1	MDS1 (90 / Fill)
<i>xelria fe</i>	1	MDS1 (90 / Fill)
<i>zovia 1/35 (28)</i>	1	MDS1 (180 / day(s))
<i>zumandimine</i>	1	MDS1 (180 / day(s))
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	2	MFL (32 / Fill), MDS1 (180 / Fill)
TWIRLA	4	MDS1 (180 / Fill)
<i>xulane</i>	2	MFL (16 / Fill), MDS1 (90 / Fill)
<i>zafemy</i>	2	MFL (16 / Fill), MDS1 (90 / Fill)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	2	MFL (1 / Fill), MDS1 (90 / Fill)
<i>enilloring</i>	2	MFL (1 / Fill), MDS1 (90 / Fill)
<i>etonogestrel-ethinyl estradiol</i>	2	MFL (1 / Fill), MDS1 (90 / Fill)
<i>haloette</i>	2	MFL (1 / Fill), MDS1 (90 / Fill)
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>amethyst</i>	1	MDS1 (180 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>dolishale</i>	1	MDS1 (180 / Fill)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	MDS1 (180 / Fill)
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	MDS1 (90 / Fill)
<i>afterpill</i>	1	MDS1 (90 / Fill)
<i>curae</i>	1	MDS1 (90 / Fill)
<i>econtra ez</i>	1	MDS1 (90 / Fill)
<i>econtra one-step</i>	1	MDS1 (90 / Fill)
ELLA	3	MDS1 (90 / Fill)
<i>her style</i>	1	MDS1 (90 / Fill)
<i>levonorgestrel</i>	1	MDS1 (90 / Fill)
<i>my choice</i>	1	MDS1 (90 / Fill)
<i>my way</i>	1	MDS1 (90 / Fill)
<i>new day</i>	1	MDS1 (90 / Fill)
<i>opcicon one-step</i>	1	MDS1 (90 / Fill)
<i>option 2</i>	1	MDS1 (90 / Fill)
<i>plan b one-step</i>	1	MDS1 (90 / Fill)
<i>react</i>	1	MDS1 (90 / Fill)
<i>shewise</i>	1	MDS1 (90 / Fill)
<i>take action</i>	1	MDS1 (90 / Fill)
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>amethia</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>ashlyna</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>camrese</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>camrese lo</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>daysee</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>fayosim</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>iclevia</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>introvale</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>jaimiess</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>jolessa</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>levonorgest-eth est & eth est</i>	1	MFL (182 / Fill), MDS1 (182 / Fill)
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	1	MFL (182 / Fill), MDS1 (182 / Fill)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>lojaimiess</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>rivelsa</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>rosyrah</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>setlakin</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
<i>simpesse</i>	1	MFL (91 / Fill), MDS1 (91 / Fill)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA 150 MG/ML SUSP PRSYR	4	
DEPO-SUBQ PROVERA 104	4	MDS1 (180 / Fill)
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	1	MDS1 (180 / Fill)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	MDS1 (180 / day(s))
<i>deblitane</i>	1	MDS1 (180 / day(s))
<i>emzahh</i>	1	MDS1 (180 / day(s))
<i>errin</i>	1	MDS1 (180 / day(s))
<i>heather</i>	1	MDS1 (180 / day(s))
<i>incassia</i>	1	MDS1 (180 / day(s))
<i>jencycla</i>	1	MDS1 (180 / day(s))
<i>lyleq</i>	1	MDS1 (180 / day(s))
<i>lyza</i>	1	MDS1 (180 / day(s))
<i>meleya</i>	1	MDS1 (180 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>nora-be</i>	1	MDS1 (180 / day(s))
<i>norethindrone</i>	1	MDS1 (180 / day(s))
<i>norlyda</i>	1	MDS1 (180 / day(s))
<i>norlyroc</i>	1	MDS1 (180 / day(s))
<i>orquidea</i>	1	MDS1 (180 / day(s))
<i>sharobel</i>	1	MDS1 (180 / day(s))
SLYND	4	MDS1 (180 / day(s))
<i>tulana</i>	1	MDS1 (180 / day(s))
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>alyacen 7/7/7</i>	1	MDS1 (180 / Fill)
<i>cyclafem 7/7/7</i>	1	MDS1 (180 / Fill)
<i>dasetta 7/7/7</i>	1	MDS1 (180 / Fill)
<i>enpresse-28</i>	1	MDS1 (90 / Fill)
<i>leena</i>	1	MDS1 (180 / Fill)
<i>levonest</i>	1	MDS1 (90 / Fill)
<i>levonorg-eth estrad triphasic</i>	1	MDS1 (180 / Fill)
<i>norethindron-ethinyl estrad-fe</i>	1	MDS1 (90 / Fill)
<i>norgestim-eth estrad triphasic</i>	1	MDS1 (90 / Fill)
<i>nortrel 7/7/7</i>	1	MDS1 (180 / Fill)
<i>nylia 7/7/7</i>	1	MDS1 (180 / Fill)
<i>pirmella 7/7/7</i>	1	MDS1 (180 / Fill)
<i>tilia fe</i>	1	MDS1 (90 / Fill)
<i>tri femynor</i>	1	MDS1 (90 / Fill)
<i>tri-estarylla</i>	1	MDS1 (90 / Fill)
<i>tri-legest fe</i>	1	MDS1 (90 / Fill)
<i>tri-linyah</i>	1	MDS1 (90 / Fill)
<i>tri-lo-estarylla</i>	1	MDS1 (90 / Fill)
<i>tri-lo-marzia</i>	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-mili</i>	1	MDS1 (90 / Fill)
<i>tri-lo-sprintec</i>	1	MDS1 (90 / Fill)
<i>tri-mili</i>	1	MDS1 (90 / Fill)
<i>tri-nymyo</i>	1	MDS1 (90 / Fill)
<i>tri-sprintec</i>	1	MDS1 (90 / Fill)
<i>tri-vylibra</i>	1	MDS1 (90 / Fill)
<i>tri-vylibra lo</i>	1	MDS1 (90 / Fill)
<i>trivora (28)</i>	1	MDS1 (90 / Fill)
<i>xarah fe</i>	1	MDS1 (90 / Fill)

CORTICOSTEROIDS (CONTINUED)

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	3	QL
<i>budesonide er</i>	5	ST, MFL (30 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
CORTISONE ACETATE	2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
EOHILIA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	2	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	

Drug Name	Drug Tier	Requirements / Limits
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVE - NONNARCOTIC		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
ANTITUSSIVE - OPIOID		
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
ANTITUSSIVE-EXPECTORANT		
<i>g tussin ac</i>	1	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>maxi-tuss ac</i>	1	
DECONGESTANT & ANTIHISTAMINE		
PROMETHAZINE VC	3	
PROMETHAZINE-PHENYLEPHRINE	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL	4	
NEBUSAL 3 % NEBU SOLN	4	
NEBUSAL 6 % NEBU SOLN	4	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine-dm</i>	1	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
<i>pseudoeph-bromphen-dm</i>	2	QL
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	2	QL
<i>promethazine-codeine</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE ANTIBIOTICS		
<i>clindacin</i>	3	ST
<i>clindamycin phos (twice-daily)</i>	2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	2	
<i>clindamycin phosphate 1 % foam</i>	3	ST
<i>dapsone 5 % gel</i>	3	ST
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin 2 % solution</i>	2	
<i>sulfacetamide sodium (acne)</i>	3	
ACNE COMBINATIONS		
<i>benzoyl peroxide-erythromycin</i>	2	
BP 10-1	1	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	3	ST
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	
SSS 10-5 10-5 % CREAM	3	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4.25 % SUSPENSION, 9.8-4.8 % CREAM, 10-5 % CREAM, 10-5 % SUSPENSION)	3	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	2	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	

Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE-SULFUR IN UREA	2	
SULFAMEZ WASH	1	
ACNE PRODUCTS		
<i>acutane</i>	3	
<i>adapalene 0.1 % cream</i>	3	ST
<i>adapalene 0.3 % gel</i>	2	ST
<i>amnesteem</i>	3	
<i>claravis</i>	3	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	3	
<i>myorisan</i>	3	
<i>tretinoin (0.025 % cream, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	3	AGE
<i>tretinoin microsphere 0.04 % gel</i>	3	ST, AGE
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	3	ST, AGE
<i>zenatane</i>	3	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>mupirocin</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	2	MFL (6.6 / Fill)
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	2	
<i>ciclopirox 8 % solution</i>	2	MFL (6.6 / Fill)
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>klayesta</i>	1	MFL (60 / Fill)
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	3	
<i>nyamyc</i>	1	MFL (60 / Fill)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin 100000 unit/gm powder</i>	1	MFL (60 / Fill)
<i>nystop</i>	1	MFL (60 / Fill)
ANTIFUNGALS - TOPICAL COMBINATIONS		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<i>nystatin-triamcinolone</i>	2	
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
FLUOROURACIL (2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	2	
FLUOROURACIL 0.5 % CREAM	2	PA, MFL (30 / Fill)
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
<i>diclofenac sodium 3 % gel</i>	3	PA
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	3	
<i>calcitrene</i>	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	ST, MFL (200 / Fill)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	3	ST, AGE
VTAMA	4	ST, QL
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	4	QL
BIMZELX	5	PA, MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
COSENTYX (300 MG DOSE)	5	PA, MFL (2 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	5	PA, MFL (2 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
COSENTYX SENSOREADY (300 MG)	5	PA, MFL (2 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
COSENTYX SENSOREADY PEN	5	PA, MFL (2 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
COSENTYX UNOREADY	5	PA, MFL (2 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	2	PA, MDS1 (84 / Fill), SUM7 (Specialty Pharmacy Lock)
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	2	PA, MDS1 (84 / Fill), SUM7 (Specialty Pharmacy Lock)
SELARSDI 45 MG/0.5ML SOLUTION	2	PA, QL, MFL (1.5 / Fill), MDS1 (84 / Fill), SUM7 (Specialty Pharmacy Lock)
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, MFL (2 / Fill), MDS1 (84 / Fill), SUM7 (Specialty Pharmacy Lock)
SKYRIZI PEN	5	PA, MFL (2 / Fill), MDS1 (84 / Fill), SUM7 (Specialty Pharmacy Lock)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>	2	
SELENIUM SULFIDE 2.3 % SHAMPOO	3	
<i>sodium sulfacetamide wash</i>	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	2	
ASTRINGENTS		
XERAC AC	4	
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
CIBINQO	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY 150 MG/ML SOLN PRSYR	5	PA, MFL (2 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
ADBRY 300 MG/2ML SOLN A-INJ	5	PA, MFL (2 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
EBGLYSS	5	PA, MFL (2 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2	
AMCINONIDE 0.1 % OINTMENT	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	2	
<i>clobetasol prop emollient base</i>	2	
<i>clobetasol propionate (0.025 % cream, 0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	2	
<i>clobetasol propionate 0.05 % liquid</i>	2	MFL (125 / Fill)
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
DESONIDE 0.05 % GEL	4	MFL (60 / fill(s))
<i>desoximetasone (0.05 % gel, 0.25 % cream)</i>	2	
<i>desoximetasone 0.05 % cream</i>	3	
<i>desrx</i>	4	MFL (60 / fill(s))
<i>diflorasone diacetate 0.05 % ointment</i>	3	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	2	
<i>fluocinonide 0.1 % cream</i>	2	ST, MFL (60 / Fill)
<i>fluocinonide emulsified base</i>	2	
FLURANDRENOLIDE 0.05 % LOTION	3	MFL (120 / Fill)
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	
<i>hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2	
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>tovet 0.05 % foam</i>	3	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	3	MFL (63 / Fill)
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	3	ST, MFL (63 / Fill)
<i>triderm</i>	3	
EMOLLIENTS		
<i>ammonium lactate 12 % cream</i>	2	
ENZYMES - TOPICAL		
SANTYL	4	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>econazole nitrate 1 % cream</i>	2	
<i>ketoconazole 2 % cream</i>	2	
<i>ketoconazole 2 % foam</i>	4	ST
<i>ketoconazole 2 % shampoo</i>	1	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod 5 % cream</i>	2	
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	5	PA, MFL (1 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
KERALYT 6 % SHAMPOO	3	
SALICYLIC ACID 6 % SHAMPOO	3	
LOCAL ANESTHETICS - TOPICAL		
<i>glydo</i>	2	
<i>lidocaine 5 % ointment</i>	2	
<i>lidocaine hcl 4 % solution</i>	2	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	2	
PREMIUM LIDOCAINE	2	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
<i>pimecrolimus</i>	4	ST, MFL (100 / Fill)
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	3	MFL (100 / Fill)
MISC. TOPICAL		
DRYSOL	4	
QBREXZA	4	MFL (30 / Fill)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	3	MFL (100 / Fill)
ROSACEA AGENTS		
<i>azelaic acid</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin 1 % cream</i>	3	ST, MFL (45 / Fill(s))
<i>metronidazole 0.75 % cream</i>	2	
<i>metronidazole 0.75 % gel</i>	3	MFL (90 / Fill)
<i>metronidazole 0.75 % lotion</i>	3	
<i>metronidazole 1 % gel</i>	3	MFL (60 / Fill)
SCABICIDES & PEDICULICIDES		
<i>malathion</i>	3	
PERMETHRIN	2	
SPINOSAD	2	MFL (120 / Fill)
TOPICAL ANESTHETIC COMBINATIONS		
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
TOPICAL STEROID COMBINATIONS		
<i>calcipotriene-betameth diprop</i>	4	ST
WOUND DRESSINGS		
FILSUVEZ	5	PA, MDS1 (31 / Fill)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP	4	PA, QL
ACCU-CHEK GUIDE TEST	4	PA, QL
ACCU-CHEK SMARTVIEW	4	PA, QL
ACCUTREND GLUCOSE	4	PA, QL
ADVANCE INTUITION TEST	4	PA, QL
ADVANCE MICRO-DRAW TEST	4	PA, QL
ADVOCATE REDI-CODE STRIP	4	PA, QL
ADVOCATE REDI-CODE+ TEST	4	PA, QL
ADVOCATE TEST	4	PA, QL
AGAMATRIX AMP TEST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
AGAMATRIX JAZZ TEST	4	PA, QL
AGAMATRIX KEYNOTE TEST	4	PA, QL
AGAMATRIX PRESTO TEST	4	PA, QL
ASSURE 3 TEST	4	PA, QL
ASSURE 4 TEST	4	PA, QL
ASSURE II	4	PA, QL
ASSURE II CHECK	4	PA, QL
ASSURE PLATINUM	4	PA, QL
ASSURE PRISM MULTI TEST	4	PA, QL
ASSURE PRO TEST	4	PA, QL
ASSURE TITANIUM	4	PA, QL
BIOSCANNER GLUCOSE TEST	4	PA, QL
BIOTEL CARE TEST STRIPS	4	PA, QL
BLOOD GLUCOSE TEST	2	PA, QL
BLOOD GLUCOSE TEST STRIPS 333	2	PA, QL
BLULINK GLUCOSE TEST	4	PA, QL
CAREONE BLOOD GLUCOSE TEST	4	PA, QL
CARESENS N GLUCOSE TEST	4	PA, QL
CARESENS S GLUCOSE TEST	4	PA, QL
CARETOUCH TEST	4	PA, QL
CLEVER CHEK AUTO-CODE TEST	4	PA, QL
CLEVER CHEK AUTO-CODE VOICE STRIP	4	PA, QL
CLEVER CHEK TEST	4	PA, QL
CLEVER CHOICE AUTO-CODE TEST	4	PA, QL
CLEVER CHOICE MICRO TEST	4	PA, QL
CLEVER CHOICE NO CODING	4	PA, QL
CLEVER CHOICE TALK SYSTEM STRIP	4	PA, QL
CONTOUR NEXT TEST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
CONTOUR PLUS TEST	4	PA, QL
CONTOUR TEST	4	PA, QL
COOL BLOOD GLUCOSE TEST STRIPS	4	PA, QL
CVS ADVANCED GLUCOSE TEST	4	PA, QL
CVS GLUCOSE METER TEST STRIPS	4	PA, QL
CVS TRUE METRIX GLUCOSE TEST	4	PA, QL
D-CARE BLOOD GLUCOSE	4	PA, QL
DIATHRIVE BLOOD GLUCOSE TEST	4	PA, QL
DIATHRIVE GLUCOSE TEST	4	PA, QL
DIATHRIVE+ GLUCOSE TEST	4	PA, QL
DIATRUE PLUS TEST	4	PA, QL
DUO-CARE TEST	4	PA, QL
EASY MAX BLOOD GLUCOSE TEST	4	PA, QL
EASY PLUS II GLUCOSE TEST	4	PA, QL
EASY STEP TEST	4	PA, QL
EASY TALK BLOOD GLUCOSE TEST	4	PA, QL
EASY TALK PLUS II TEST STRIPS	4	PA, QL
EASY TOUCH HEALTHPRO GLUCOSE STRIP	4	PA, QL
EASY TOUCH TEST	4	PA, QL
EASY TRAK BLOOD GLUCOSE TEST	4	PA, QL
EASY TRAK II GLUCOSE TEST	4	PA, QL
EASYGLUCO STRIP	4	PA, QL
EASYMAX 15 TEST	4	PA, QL
EASYMAX TEST	4	PA, QL
EASYPRO BLOOD GLUCOSE TEST	4	PA, QL
EASYPRO PLUS STRIP	4	PA, QL
ELEMENT COMPACT TEST	4	PA, QL
ELEMENT TEST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
EMBRACE BLOOD GLUCOSE TEST	4	PA, QL
EMBRACE EVO BLOOD GLUCOSE TEST	4	PA, QL
EMBRACE PRO GLUCOSE TEST	4	PA, QL
EMBRACE TALK GLUCOSE TEST	4	PA, QL
EMBRACE WAVE BLOOD GLUCOSE STRIP	4	PA, QL
EQ BLOOD GLUCOSE TEST	4	PA, QL
EVOLUTION AUTOCODE STRIP	4	PA, QL
FIFTY50 GLUCOSE TEST 2.0	4	PA, QL
FONDCIRCLE BLOOD GLUCOSE TEST	4	PA, QL
FORA 6 CONNECT STRIP	4	PA, QL
FORA 6 CONNECT/GTEL TEST	4	PA, QL
FORA BLOOD GLUCOSE TEST	4	PA, QL
FORA D15G BLOOD GLUCOSE TEST	4	PA, QL
FORA D20 BLOOD GLUCOSE TEST	4	PA, QL
FORA D40/G31 BLOOD GLUCOSE	4	PA, QL
FORA G20 BLOOD GLUCOSE TEST	4	PA, QL
FORA G30/PREM V10 GLUCOSE TEST	4	PA, QL
FORA GD20 TEST	4	PA, QL
FORA GD50 BLOOD GLUCOSE TEST	4	PA, QL
FORA GTEL BLOOD GLUCOSE TEST	4	PA, QL
FORA TN'G ADVANCE PRO STRIP	4	PA, QL
FORA TN'G/TN'G VOICE	4	PA, QL
FORA V10 BLOOD GLUCOSE TEST	4	PA, QL
FORA V12 BLOOD GLUCOSE TEST	4	PA, QL
FORA V20 BLOOD GLUCOSE TEST	4	PA, QL
FORA V30A BLOOD GLUCOSE TEST	4	PA, QL
FORACARE GD40 TEST	4	PA, QL
FORACARE PREMIUM V10 TEST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
FORACARE TEST N GO TEST	4	PA, QL
FORTISCARE G1 TEST STRIP	4	PA, QL
FORTISCARE TEST	4	PA, QL
FREESTYLE INSULINX TEST	3	QL, MDS1 (90 / Fill)
FREESTYLE LITE TEST	3	QL, MDS1 (90 / Fill)
FREESTYLE PRECISION NEO TEST	3	QL, MDS1 (90 / Fill)
FREESTYLE TEST	3	QL, MDS1 (90 / Fill)
GE100 BLOOD GLUCOSE TEST	4	PA, QL
GENULTIMATE TEST	4	PA, QL
GHT TEST	4	PA, QL
GLUCO PERFECT 3 TEST	4	PA, QL
GLUCOCARD 01 SENSOR PLUS	4	PA, QL
GLUCOCARD EXPRESSION TEST	4	PA, QL
GLUCOCARD SHINE TEST	4	PA, QL
GLUCOCARD VITAL TEST	4	PA, QL
GLUCOCARD X-SENSOR	4	PA, QL
GLUCOCOM TEST	4	PA, QL
GLUCONAVII BLOOD GLUCOSE TEST	4	PA, QL
GLUCOSE METER TEST	4	PA, QL
GNP EASY TOUCH GLUCOSE TEST	4	PA, QL
GNP TRUE METRIX GLUCOSE STRIPS	4	PA, QL
GNP TRUETRACK SMART SYSTEM	4	PA, QL
GNP TRUETRACK TEST STRIPS	4	PA, QL
GOJJI BLOOD GLUCOSE TEST	4	PA, QL
GOJJI BLOOD TEST STRIP/LANCETS	4	PA, QL
GOODSENSE BLOOD GLUCOSE STRIP	4	PA, QL
HW EMBRACE PRO GLUCOSE TEST	4	PA, QL
HW EMBRACE TALK GLUCOSE TEST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
IGLUCOSE TEST STRIPS	4	PA, QL
IHEALTH BLOOD GLUCOSE TEST STR	4	PA, QL
IN TOUCH BLOOD GLUCOSE TEST	4	PA, QL
INFINITY BLOOD GLUCOSE TEST	4	PA, QL
INFINITY VOICE STRIP	4	PA, QL
KROGER BLOOD GLUCOSE TEST	4	PA, QL
KROGER HEALTHPRO GLUCOSE TEST	4	PA, QL
KROGER PREMIUM GLUCOSE TEST	4	PA, QL
LIBERTY NEXT GENERATION TEST	4	PA, QL
LIBERTY TEST	4	PA, QL
MEIJER BLOOD GLUCOSE TEST	4	PA, QL
MEIJER ESSENTIAL GLUCOSE TEST	4	PA, QL
MEIJER TRUETEST TEST	4	PA, QL
MEIJER TRUETRACK TEST	4	PA, QL
MICRODOT TEST	4	PA, QL
MM BLULINK GLUCOSE TEST	4	PA, QL
MM EASY TOUCH GLUCOSE	4	PA, QL
MYGLUCOHEALTH TEST	4	PA, QL
NEUTEK 2TEK TEST	4	PA, QL
NOVA MAX GLUCOSE TEST	4	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	4	PA, QL
ONE DROP TEST	4	PA, QL
ONETOUCH ULTRA	4	PA, QL
ONETOUCH ULTRA BLUE TEST	4	PA, QL
ONETOUCH ULTRA TEST	4	PA, QL
ONETOUCH VERIO STRIP	4	PA, QL
OPTIUMEZ TEST	4	PA, QL
PHARMACIST CHOICE AUTOCODE	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PHARMACIST CHOICE NO CODING	4	PA, QL
PIP BLOOD GLUCOSE TEST STRIP	4	PA, QL
POCKETCHEM EZ TEST	4	PA, QL
PRECISION XTRA BLOOD GLUCOSE	4	PA, QL, MDS1 (90 / Fill)
PRECISION XTRA KETONE	3	QL
PREMIUM BLOOD GLUCOSE TEST	4	PA, QL
PRO VOICE V8/V9 GLUCOSE	4	PA, QL
PRODIGY NO CODING BLOOD GLUC STRIP	4	PA, QL
PTS PANELS GLUCOSE TEST	4	PA, QL
PTS PANELSEGLU TEST	4	PA, QL
QUICK TOUCH BLOOD GLUCOSE TEST	4	PA, QL
QUICKTEK TEST	4	PA, QL
QUINTET AC BLOOD GLUCOSE TEST	4	PA, QL
QUINTET BLOOD GLUCOSE TEST	4	PA, QL
REFUAH PLUS BLOOD GLUCOSE TEST	4	PA, QL
RELION BLOOD GLUCOSE TEST	4	PA, QL
RELION CONFIRM/MICRO TEST	4	PA, QL
RELION GLUCOSE TEST STRIPS	4	PA, QL
RELION PREMIER TEST	4	PA, QL
RELION PRIME TEST	4	PA, QL
RELION TRUE METRIX TEST STRIPS	4	PA, QL
RELION ULTIMA TEST	4	PA, QL
REXALL BLOOD GLUCOSE TEST	4	PA, QL
RIGHTEST GS100 BLOOD GLUCOSE	4	PA, QL
RIGHTEST GS300 BLOOD GLUCOSE	4	PA, QL
RIGHTEST GS550 BLOOD GLUCOSE	4	PA, QL
RIGHTEST GT333 BLOOD GLUCOSE STRIP	4	PA, QL
RIGHTEST GT333 GLUCOSE TEST	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SMART SENSE PREMIUM TEST	4	PA, QL
SMART SENSE VALUE TEST	4	PA, QL
SMARTTEST BLOOD GLUCOSE TEST	4	PA, QL
SOLUS V2 TEST	4	PA, QL
SUPREME TEST	4	PA, QL
TGT BLOOD GLUCOSE TEST	4	PA, QL
TRUE FOCUS BLOOD GLUCOSE STRIP	4	PA, QL
TRUE METRIX BLOOD GLUCOSE TEST	4	PA, QL
TRUE METRIX PRO BLOOD GLUCOSE	4	PA, QL
TRUETEST TEST	4	PA, QL
TRUETRACK TEST	4	PA, QL
UNISTRIP1 GENERIC	4	PA, QL
VERASENS BLOOD GLUCOSE TEST	4	PA, QL
VIVAGUARD INO TEST STRIPS	4	PA, QL
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	3	QL
ZENPEP	3	QL
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>dichlorphenamide</i>	5	PA, AGE, QL, MDS1 (31 / Fill)
<i>methazolamide</i>	3	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	3	PA, QL
<i>furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>triamterene</i>	3	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
DIURIL	3	AGE, QL
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BISPHOSPHONATES		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	MFL (4 / Fill)
<i>alendronate sodium (5 mg tab, 10 mg tab)</i>	1	QL
<i>ibandronate sodium 150 mg tab</i>	1	MFL (1 / Fill)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	2	ST, QL
<i>risedronate sodium 150 mg tab</i>	2	MFL (1 / Fill)
<i>risedronate sodium 35 mg tab</i>	2	MFL (4 / Fill)
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
CALCITONINS		
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	3	
<i>levocarnitine sf</i>	3	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
XPHOZAH	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	2	QL
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	3	PA, QL
GROWTH HORMONES		
GENOTROPIN 12 MG CARTRIDGE	5	PA, MFL (8 / Fill), MDS1 (38 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
GENOTROPIN 5 MG CARTRIDGE	5	PA, MFL (18 / Fill), MDS1 (38 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
GENOTROPIN MINIQUICK	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
ZOMACTON (FOR ZOMA-JET 10)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
ZOMACTON 10 MG RECON SOLN	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
ZOMACTON 5 MG RECON SOLN	5	PA, MFL (18 / Fill), MDS1 (38 / Fill), SUM7 (Specialty Pharmacy Site of Care Lock)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
<i>nitisinone</i>	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
HOMOCYSTINURIA TREATMENT - AGENTS		
<i>betaine</i>	2	PA, MDS1 (31 / fill(s))
CYSTADANE	5	PA, MDS1 (31 / fill(s))
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1	
CALCITRIOL 1 MCG/ML SOLUTION	1	QL
<i>calcitriol 1 mcg/ml solution</i>	1	QL
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ 18 MG/0.45ML SOLUTION	5	PA, MFL (10.8 / Fill), MDS1 (31 / Fill)
STRENSIQ 28 MG/0.7ML SOLUTION	5	PA, MFL (16.8 / Fill), MDS1 (31 / Fill)
STRENSIQ 40 MG/ML SOLUTION	5	PA, MFL (24 / Fill), MDS1 (31 / Fill)
STRENSIQ 80 MG/0.8ML SOLUTION	5	PA, MFL (19.2 / Fill), MDS1 (31 / Fill)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
LUPRON DEPOT-PED (3-MONTH)	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
OVULATION STIMULANTS-GONADOTROPINS		
CHORIONIC GONADOTROPIN	3	PA
NOVAREL	4	PA
PREGNYL	4	PA
PARATHYROID HORMONE AND DERIVATIVES		
TYMLOS	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PHENYLKETONURIA TREATMENT - AGENTS		
<i>javygtor</i>	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	5	PA, QL, MDS1 (31 / Fill)
<i>sapropterin dihydrochloride 100 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
<i>zelvysia</i>	5	PA, QL, MDS1 (31 / Fill)
RANK LIGAND (RANKL) INHIBITORS		
BILDYOS	5	MFL (1 / rx), MDS1 (180 / Fill)
JUBBONTI	5	MFL (1 / Fill), MDS1 (180 / Fill)
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	4	QL
<i>raloxifene hcl</i>	1	QL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	2	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>tolvaptan (hyponatremia) 15 mg tab</i>	2	PA, QL, MDS1 (31 / day(s)), SUM7 (Specialty Pharmacy Lock)
<i>tolvaptan (hyponatremia) 30 mg tab</i>	2	PA, QL, MDS1 (31 / day(s)), SUM7 (Specialty Pharmacy Lock)
SOMATOSTATIC AGENTS		
BYNFEZIA PEN	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>octreotide acetate (10 mg kit, 20 mg kit, 30 mg kit)</i>	5	MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
OCTREOTIDE ACETATE (100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	3	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>octreotide acetate 100 mcg/ml solution</i>	3	QL, SUM7 (Specialty Pharmacy Lock)
<i>octreotide acetate 1000 mcg/ml solution</i>	3	QL, SUM7 (Specialty Pharmacy Lock)
<i>octreotide acetate 200 mcg/ml solution</i>	3	QL, SUM7 (Specialty Pharmacy Lock)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	3	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate 50 mcg/ml solution</i>	3	QL, SUM7 (Specialty Pharmacy Lock)
<i>octreotide acetate 500 mcg/ml solution</i>	3	QL, SUM7 (Specialty Pharmacy Lock)
SANDOSTATIN	5	PA, SUM7 (Specialty Pharmacy Lock)
UREA CYCLE DISORDER - AGENTS		
OLPRUVA (2 GM DOSE)	5	PA, QL, MDS1 (31 / Fill)
OLPRUVA (3 GM DOSE)	5	PA, QL, MDS1 (31 / Fill)
OLPRUVA (4 GM DOSE)	5	PA, QL, MDS1 (31 / Fill)
OLPRUVA (5 GM DOSE)	5	PA, QL, MDS1 (31 / Fill)
OLPRUVA (6 GM DOSE)	5	PA, QL, MDS1 (31 / Fill)
OLPRUVA (6.67 GM DOSE)	5	PA, QL, MDS1 (31 / Fill)
PHEBURANE	5	PA, QL, MDS1 (31 / Fill)
VASOPRESSIN		
<i>desmopressin ace spray refrig</i>	2	MFL (15 / fill(s))
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	QL
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	2	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>desmopressin acetate 4 mcg/ml solution</i>	2	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>desmopressin acetate pf</i>	2	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>desmopressin acetate spray</i>	2	MFL (15 / Fill)
ESTROGENS (CONTINUED)		
ESTROGEN & ANDROGEN		
<i>est estrogens-methyltest</i>	2	QL, MDS1 (180 / Fill)
<i>est estrogens-methyltest ds</i>	2	QL, MDS1 (180 / Fill)
<i>est estrogens-methyltest hs</i>	2	QL, MDS1 (180 / Fill)
ESTROGEN & PROGESTIN		
<i>abigale</i>	1	QL, MDS1 (180 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>abigale lo</i>	1	QL, MDS1 (180 / Fill)
<i>amabelz</i>	1	QL, MDS1 (180 / Fill)
<i>estradiol-norethindrone acet</i>	1	QL, MDS1 (180 / Fill)
<i>fyavolv</i>	1	MDS1 (180 / Fill)
<i>jinteli</i>	1	MDS1 (180 / Fill)
<i>mimvey</i>	1	QL, MDS1 (180 / Fill)
<i>norethindrone-eth estradiol</i>	1	MDS1 (180 / Fill)
PREMPHASE	4	QL, MDS1 (180 / Fill)
PREMPRO	4	QL, MDS1 (180 / Fill)
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	3	QL, MDS1 (180 / Fill)
DEPO-ESTRADIOL	4	
<i>dotti</i>	2	MFL (8 / Fill), MDS1 (28 / Fill)
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	MFL (8 / Fill), MDS1 (28 / Fill)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	2	
<i>estradiol (0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel)</i>	3	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	2	MFL (50 / Fill)
<i>estradiol valerate</i>	2	
EVAMIST	4	MFL (16.2 / Fill)
<i>lyllana</i>	2	MFL (8 / Fill), MDS1 (28 / Fill)
MENEST	4	QL
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
FLUOROQUINOLONES (CONTINUED)		
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	3	AGE, QL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	3	QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl</i>	2	ST, QL, MDS1 (90 / Fill)
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	3	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i>	3	QL
<i>mesalamine 1000 mg suppos</i>	2	QL
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	3	QL
<i>mesalamine er 500 mg cap er</i>	3	QL

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<i>sulfasalazine</i>	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
INTERLEUKIN ANTAGONISTS		
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, MFL (1.2 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, MFL (2.4 / Fill), MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
INTESTINAL ACIDIFIERS		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	5	ST, MFL (12 / Fill), MDS1 (31 / Fill)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab)</i>	5	PA, QL
<i>lanthanum carbonate 1000 mg chew tab</i>	5	PA, QL
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet)</i>	5	ST
<i>sevelamer carbonate 800 mg tab</i>	2	
<i>sevelamer hcl</i>	5	ST
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
CIMZIA (1 SYRINGE)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
CIMZIA (2 SYRINGE)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
CIMZIA-STARTER	5	PA, QL, MDS1 (56 / Fill), SUM7 (Specialty Pharmacy Lock)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL
<i>finasteride 5 mg tab</i>	1	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl er</i>	1	QL
<i>silodosin</i>	2	QL
<i>tamsulosin hcl</i>	1	QL
ANTI-INFECTIVE GENITOURINARY IRRIGANTS		
NEOMYCIN-POLYMYXIN B GU	2	
CITRATES		
<i>pot & sod cit-cit ac</i>	2	
<i>potassium citrate er</i>	2	
POTASSIUM CITRATE-CITRIC ACID	1	
<i>sod citrate-citric acid</i>	1	
SODIUM CITRATE-CITRIC ACID	1	
TRICITRATES	2	
CYSTINOSIS AGENTS		
CYSTAGON	3	
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	
RENACIDIN	4	

Drug Name	Drug Tier	Requirements / Limits
SODIUM CHLORIDE 0.9 % SOLUTION	1	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	2	QL
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	2	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	2	
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	2	MDS1 (31 / Fill)
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	2	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	2	QL
<i>febuxostat</i>	2	QL
URICOSURICS		
<i>probenecid</i>	2	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	5	PA, MFL (9 / Fill), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>sajazir</i>	5	PA
DIRECT-ACTING P2Y12 INHIBITORS		
<i>ticagrelor</i>	2	QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
<i>aspirin-dipyridamole er</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3	
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	3	
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate</i>	1	QL
<i>prasugrel hcl</i>	2	QL
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
<i>miglustat</i>	5	PA, QL, MDS1 (31 / Fill)
<i>yargesa</i>	5	PA, QL, MDS1 (31 / Fill)
COBALAMINS		
<i>cyanocobalamin (1000 mcg/ml solution, 2000 mcg/ml solution)</i>	1	MDS1 (90 / day(s))
<i>cyanocobalamin 500 mcg/0.1ml solution</i>	1	MDS1 (90 / day(s))
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (1 mg tab, 400 mcg tab, 800 mcg tab)</i>	1	
<i>ft folic acid</i>	1	
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	
IRON		
<i>bprotected pedia iron</i>	1	AGE, MFL (50 / Fill)
<i>fe-vite iron</i>	1	AGE, MFL (50 / Fill)
<i>fer-in-sol</i>	1	AGE, MFL (50 / Fill)
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 300 mg/6.8ml solution)</i>	1	AGE, MFL (50 / Fill)
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	1	AGE, MFL (50 / Fill)
<i>iron infant & toddler</i>	1	AGE, MFL (50 / Fill)
<i>iron infant/toddler</i>	1	AGE, MFL (50 / Fill)
<i>iron supplement</i>	1	AGE, MFL (50 / Fill)
<i>iron supplement childrens</i>	1	AGE, MFL (50 / Fill)
<i>one vite ferrous sulfate</i>	1	AGE, MFL (50 / Fill)
<i>pc pediatric iron drops</i>	1	AGE, MFL (50 / Fill)
IRON COMBINATIONS		
MULTIGEN	4	QL
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid 0.25 gm/ml solution</i>	3	QL
<i>aminocaproic acid 1000 mg tab</i>	3	MFL (240 / Fill), MDS1 (10 / Fill)
<i>aminocaproic acid 500 mg tab</i>	3	MFL (480 / Fill), MDS1 (10 / Fill)
<i>tranexamic acid 650 mg tab</i>	2	MFL (30 / Fill)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	2	QL
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	2	ST, QL
QUAZEPAM	2	QL
<i>temazepam (15 mg cap, 30 mg cap)</i>	2	QL
<i>triazolam</i>	2	QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
<i>eszopiclone</i>	2	QL
<i>zaleplon</i>	2	QL
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	QL
<i>zolpidem tartrate er</i>	2	QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	2	QL
LAXATIVES (CONTINUED)		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	
GAVILYTE-C	4	
<i>gavilyte-g</i>	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
PEG-PREP	2	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	1	
<i>azithromycin (250 mg tab, 500 mg tab)</i>	1	MFL (30 / Fill)
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	
<i>clarithromycin er</i>	2	
ERYTHROMYCINS		
<i>e.e.s. 400</i>	3	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	3	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	3	AGE
<i>erythromycin ethylsuccinate 400 mg tab</i>	3	
FIDAXOMICIN		
<i>fidaxomicin</i>	5	PA, MFL (20 / Fill), MDS1 (28 / Fill), SUM7 (Specialty Pharmacy Lock)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CERVICAL CAPS		
FEMCAP	3	MDS1 (180 / Fill)
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	3	MFL (12 / Fill), MDS1 (180 / Fill)
CONDOMS - MALE		
AIMSCO LUBRICATED	3	MFL (12 / Fill)

Drug Name	Drug Tier	Requirements / Limits
CONDOMS	2	MFL (12 / Fill)
DUREX EXTRA SENSITIVE THIN	3	MFL (12 / Fill)
DUREX REALFEEL	3	MFL (12 / Fill)
DUREX TROPICAL	3	MFL (12 / Fill)
FANTASY LUBRICATED	3	MFL (12 / Fill)
FANTASY LUBRICATED/SPERMICIDE	3	MFL (12 / Fill)
K-Y ME & YOU EXTRA LUBRICATED	3	MFL (12 / Fill)
K-Y ME & YOU INTENSE	3	MFL (12 / Fill)
KAMELEON LUBRICATED	3	MFL (12 / Fill)
KIMONO	3	MFL (12 / Fill)
KIMONO COLORS	3	MFL (12 / Fill)
KIMONO MAXX-LARGE FLARE	3	MFL (12 / Fill)
KIMONO MICRO THIN	3	MFL (12 / Fill)
KIMONO MICRO THIN PLUS	3	MFL (12 / Fill)
KIMONO PLUS	3	MFL (12 / Fill)
KIMONO PS	3	MFL (12 / Fill)
KIMONO PS PLUS	3	MFL (12 / Fill)
KIMONO SENSATION	3	MFL (12 / Fill)
KIMONO SENSATION PLUS	3	MFL (12 / Fill)
KIMONO SPECIAL	3	MFL (12 / Fill)
MAXX	3	MFL (12 / Fill)
MAXX PLUS	3	MFL (12 / Fill)
PREMIUM CONDOMS LUBRICATED	3	MFL (12 / Fill)
REALITY LATEX CONDOMS	3	MFL (12 / Fill)
REALITY LATEX/ULTRA TEXTURED	3	MFL (12 / Fill)
REALITY LATEX/ULTRA THIN	3	MFL (12 / Fill)
TROJAN BARESKIN	3	MFL (12 / Fill)
TROJAN ENZ	3	MFL (12 / Fill)

Drug Name	Drug Tier	Requirements / Limits
TROJAN MAGNUM	3	MFL (12 / Fill)
TROJAN ULTRA RIBBED LUBRICATED	3	MFL (12 / Fill)
TROJAN ULTRA THIN	3	MFL (12 / Fill)
TROJAN ULTRA THIN/SPERMICIDAL	3	MFL (12 / Fill)
TROJAN-ENZ LUBRICATED	3	MFL (12 / Fill)
TROJAN-ENZ/SPERMICIDAL	3	MFL (12 / Fill)
TRUE COVER	3	MFL (12 / Fill)
TRUSTEX COLOR CONDOMS + LUBE	3	MFL (12 / Fill)
TRUSTEX LUB/RIBBED/STUDED	3	MFL (12 / Fill)
TRUSTEX LUB/SPERMICIDE EX ST	3	MFL (12 / Fill)
TRUSTEX LUB/SPERMICIDE XL	3	MFL (12 / Fill)
TRUSTEX LUBRICATED	3	MFL (12 / Fill)
TRUSTEX LUBRICATED EX LARGE	3	MFL (12 / Fill)
TRUSTEX LUBRICATED EXTRA ST	3	MFL (12 / Fill)
TRUSTEX LUBRICATED/SPERMICIDE	3	MFL (12 / Fill)
TRUSTEX NATURAL CONDOMS + LUBE	3	MFL (12 / Fill)
TRUSTEX NON-LUBRICATED	3	MFL (12 / Fill)
TRUSTEX RIA LUB/SPERMICIDE	3	MFL (12 / Fill)
TRUSTEX RIA LUBRICATED	3	MFL (12 / Fill)
TRUSTEX RIA NON-LUBRICATED	3	MFL (12 / Fill)
TRUSTEX-NONOXYNOL-9/RIB/STUD	3	MFL (12 / Fill)
DIAPHRAGMS		
OMNIFLEX DIAPHRAGM	3	MFL (1 / Fill)
GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS		
PRECISION XTRA-GLUCOSE/KETONE	3	MFL (1 / Fill), MDS1 (365 / Fill)
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	MDS1 (90 / Fill)
ACCU-CHEK FASTCLIX LANCETS	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SAFE-T PRO LANCETS	1	MDS1 (90 / Fill)
ACCU-CHEK SOFTCLIX LANCETS	1	MDS1 (90 / Fill)
ACTI-LANCE 28G	1	MDS1 (90 / Fill)
ACTI-LANCE LITE LANCETS 28G	1	MDS1 (90 / Fill)
ACTI-LANCE SPECIAL LANCETS 17G	1	MDS1 (90 / Fill)
ACTI-LANCE UNIVERSAL 23G	1	MDS1 (90 / Fill)
ADVANCED MOBILE LANCET	1	MDS1 (90 / Fill)
ADVANTAGE SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
ADVOCATE LANCETS	1	MDS1 (90 / Fill)
ADVOCATE LANCETS 30G	1	MDS1 (90 / Fill)
ADVOCATE SAFETY LANCETS	1	MDS1 (90 / Fill)
ADVOCATE SAFETY LANCETS 21G	1	MDS1 (90 / Fill)
ADVOCATE SAFETY LANCETS 23G	1	MDS1 (90 / Fill)
ADVOCATE SAFETY LANCETS 26G	1	MDS1 (90 / Fill)
ADVOCATE SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
AGAMATRIX ULTRA-THIN LANCETS	1	MDS1 (90 / Fill)
AIMSCO TWIST LANCETS 32G	1	MDS1 (90 / Fill)
AIMSCO TWIST LANCETS 33G	1	MDS1 (90 / Fill)
AQUALANCE LANCETS 30G	1	MDS1 (90 / Fill)
ASSURE COMFORT LANCETS 28G	1	MDS1 (90 / Fill)
ASSURE HAEMOLANCE PLUS HIGH	1	MDS1 (90 / Fill)
ASSURE HAEMOLANCE PLUS LOW	1	MDS1 (90 / Fill)
ASSURE HAEMOLANCE PLUS MICRO	1	MDS1 (90 / Fill)
ASSURE HAEMOLANCE PLUS NORMAL	1	MDS1 (90 / Fill)
ASSURE HAEMOLANCE PLUS PED	1	MDS1 (90 / Fill)
ASSURE LANCE LANCETS	1	MDS1 (90 / Fill)
ASSURE LANCE LANCETS 21G	1	MDS1 (90 / Fill)
ASSURE LANCE PLUS SAFETY 25G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
ASSURE LANCE PLUS SAFETY 30G	1	MDS1 (90 / Fill)
ASSURE LANCE SAFETY LANCET 28G	1	MDS1 (90 / Fill)
AURORA LANCET SUPER THIN 30G	1	MDS1 (90 / Fill)
AURORA LANCET THIN 23G	1	MDS1 (90 / Fill)
BD MICROTAINER LANCETS	1	MDS1 (90 / Fill)
CAREONE LANCET SUPER THIN 30G	1	MDS1 (90 / Fill)
CAREONE LANCET THIN 23G	1	MDS1 (90 / Fill)
CARESENS LANCETS	1	MDS1 (90 / Fill)
CARESENS LANCETS 30G	1	MDS1 (90 / Fill)
CARETOUCH SAFETY LANCETS	1	MDS1 (90 / Fill)
CARETOUCH SAFETY LANCETS 26G	1	MDS1 (90 / Fill)
CARETOUCH TWIST LANCETS 28G	1	MDS1 (90 / Fill)
CARETOUCH TWIST LANCETS 30G	1	MDS1 (90 / Fill)
CARETOUCH TWIST LANCETS 33G	1	MDS1 (90 / Fill)
CARETOUCH TWIST MC LANCETS 30G	1	MDS1 (90 / Fill)
CHOSEN LANCETS 30G	1	MDS1 (90 / Fill)
CHOSEN SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
CLEANLET LANCETS 28G	1	MDS1 (90 / Fill)
CLEVER CHEK LANCETS	1	MDS1 (90 / Fill)
CLEVER CHOICE COMFORT EZ MISC	1	MDS1 (90 / Fill)
CLEVER CHOICE LANCETS 21G	1	MDS1 (90 / Fill)
CLEVER CHOICE LANCETS 23G	1	MDS1 (90 / Fill)
CLEVER CHOICE LANCETS 28G	1	MDS1 (90 / Fill)
COAGUCHEK LANCETS	1	MDS1 (90 / Fill)
COMFORT ASSURED LANCETS 28G	1	MDS1 (90 / Fill)
COMFORT ASSURED LANCETS 33G	1	MDS1 (90 / Fill)
COMFORT LANCETS	1	MDS1 (90 / Fill)
COMFORT TOUCH LANCETS 31G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
COMFORT TOUCH PLUS LANCETS 28G	1	MDS1 (90 / Fill)
COMFORT TOUCH PLUS LANCETS 30G	1	MDS1 (90 / Fill)
COMFORT TOUCH TWIST LANCET 30G	1	MDS1 (90 / Fill)
CVS LANCETS 21G	1	MDS1 (90 / Fill)
CVS LANCETS MICRO THIN 33G	1	MDS1 (90 / Fill)
CVS LANCETS ORIGINAL	1	MDS1 (90 / Fill)
CVS LANCETS THIN 26G	1	MDS1 (90 / Fill)
CVS LANCETS ULTRA THIN 30G	1	MDS1 (90 / Fill)
CVS LANCETS ULTRA-THIN 30G	1	MDS1 (90 / Fill)
CVS ULTRA THIN LANCETS	1	MDS1 (90 / Fill)
DEXCOM G6 RECEIVER	3	ST, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
DEXCOM G6 SENSOR	3	ST, AGE, QL, MDS1 (90 / Fill)
DEXCOM G6 TRANSMITTER	3	ST, AGE, MDS1 (90 / Fill)
DEXCOM G7 15 DAY SENSOR	3	ST, AGE, QL, MDS1 (90 / day(s))
DEXCOM G7 RECEIVER	3	ST, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
DEXCOM G7 SENSOR	3	ST, AGE, MDS1 (90 / Fill)
DIATHRIVE LANCET ULTRA THIN 30	1	MDS1 (90 / Fill)
DIATHRIVE LANCETS	1	MDS1 (90 / Fill)
DROPLET LANCETS ULTRA THIN 30G	1	MDS1 (90 / Fill)
DROPLET PERSONAL LANCETS 30G	1	MDS1 (90 / Fill)
DROPSAFE ACTI-LANCE 23G	1	MDS1 (90 / Fill)
DROPSAFE MEDLANCE LANCET 30G	1	MDS1 (90 / Fill)
DRUG MART LANCETS THIN 26G	1	MDS1 (90 / Fill)
DRUG MART ON-THE-GO LANCET 30G	1	MDS1 (90 / Fill)
DRUG MART UNILET LANCETS 28G	1	MDS1 (90 / Fill)
DRUG MART UNILET LANCETS 30G	1	MDS1 (90 / Fill)
DRUG MART UNILET LANCETS 33G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
E-Z JECT LANCET MICRO-THIN 33G	1	MDS1 (90 / Fill)
E-Z JECT LANCET SUPER THIN 30G	1	MDS1 (90 / Fill)
E-Z JECT LANCETS	1	MDS1 (90 / Fill)
E-Z JECT LANCETS 21G	1	MDS1 (90 / Fill)
E-Z JECT LANCETS THIN 26G	1	MDS1 (90 / Fill)
EASY COMFORT LANCETS	1	MDS1 (90 / Fill)
EASY COMFORT LANCETS TWIST TOP	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 21G	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 23G	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 26G	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 28G	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 28G/TWIST	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 30G	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 30G/TWIST	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 32G	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 32G/TWIST	1	MDS1 (90 / Fill)
EASY TOUCH LANCETS 33G/TWIST	1	MDS1 (90 / Fill)
EASY TOUCH SAFETY LANCETS 21G	1	MDS1 (90 / Fill)
EASY TOUCH SAFETY LANCETS 23G	1	MDS1 (90 / Fill)
EASY TOUCH SAFETY LANCETS 26G	1	MDS1 (90 / Fill)
EASY TOUCH SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
EMBRACE LANCETS ULTRA THIN 30G	1	MDS1 (90 / Fill)
EMBRACE PRESSURE ACTIVATED 21G	1	MDS1 (90 / Fill)
EMBRACE PRESSURE ACTIVATED 28G	1	MDS1 (90 / Fill)
ENLITE GLUCOSE SENSOR	4	PA, QL, MDS1 (90 / Fill)
EQL COLOR LANCETS 21G	1	MDS1 (90 / Fill)
EQL COLOR LANCETS MICRO 33G	1	MDS1 (90 / Fill)
EQL SUPER THIN LANCETS 30G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
EQL THIN LANCETS 26G	1	MDS1 (90 / Fill)
EZ-LETS LANCETS 21G	1	MDS1 (90 / Fill)
EZ-LETS LANCETS 26G	1	MDS1 (90 / Fill)
EZ-LETS LANCETS 28G	1	MDS1 (90 / Fill)
EZ-LETS LANCETS 30G	1	MDS1 (90 / Fill)
FIFTY50 SAFETY SEAL LANCETS	1	MDS1 (90 / Fill)
FIFTY50 UNILET LANCETS 33G	1	MDS1 (90 / Fill)
FINE 30	1	MDS1 (90 / Fill)
FINGERSTIX LANCETS	1	MDS1 (90 / Fill)
FONDCIRCLE SINGLE USE LANCETS	1	MDS1 (90 / Fill)
FORA LANCETS	1	MDS1 (90 / Fill)
FREDS PHARMACY UNILET LANC 28G	1	MDS1 (90 / Fill)
FREDS PHARMACY UNILET LANC 30G	1	MDS1 (90 / Fill)
FREESTYLE FREEDOM LITE	3	MFL (1 / Fill), MDS1 (365 / Fill)
FREESTYLE LANCETS	1	MDS1 (90 / Fill)
FREESTYLE LIBRE 14 DAY READER	3	ST, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
FREESTYLE LIBRE 14 DAY SENSOR	3	ST, AGE, QL, MDS1 (90 / Fill)
FREESTYLE LIBRE 2 PLUS SENSOR	3	ST, AGE, QL, MDS1 (90 / Fill)
FREESTYLE LIBRE 2 READER	3	ST, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
FREESTYLE LIBRE 2 SENSOR	3	ST, AGE, QL, MDS1 (90 / Fill)
FREESTYLE LIBRE 3 PLUS SENSOR	3	ST, QL, MDS1 (90 / Fill)
FREESTYLE LIBRE 3 READER	3	ST, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
FREESTYLE LIBRE 3 SENSOR	3	ST, AGE, QL, MDS1 (90 / Fill)
FREESTYLE LIBRE READER	3	ST, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
FREESTYLE LITE W/DEVICE KIT	3	MFL (1 / Fill), MDS1 (365 / Fill)
FREESTYLE PRECISION NEO SYSTEM	3	MFL (1 / Fill), MDS1 (365 / Fill)

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE UNISTICK II LANCETS	1	MDS1 (90 / Fill)
GENTEEL BUTTERFLY TOUCH LANCET	1	MDS1 (90 / Fill)
GENTLE-LET GP LANCETS	1	MDS1 (90 / Fill)
GENTLE-LET LANCETS	1	MDS1 (90 / Fill)
GLOBAL INJECT EASE LANCETS 28G	1	MDS1 (90 / Fill)
GLOBAL INJECT EASE LANCETS 30G	1	MDS1 (90 / Fill)
GLUCOCOM LANCETS 28G	1	MDS1 (90 / Fill)
GLUCOCOM LANCETS 30G	1	MDS1 (90 / Fill)
GLUCOCOM LANCETS 33G	1	MDS1 (90 / Fill)
GNP LANCETS 21G	1	MDS1 (90 / Fill)
GNP LANCETS THIN 26G	1	MDS1 (90 / Fill)
GNP STERILE LANCETS 28G	1	MDS1 (90 / Fill)
GNP STERILE LANCETS 30G	1	MDS1 (90 / Fill)
GNP STERILE LANCETS 33G	1	MDS1 (90 / Fill)
GOJJI STERILE LANCETS	1	MDS1 (90 / Fill)
GOODSENSE COLOR LANCETS 33G	1	MDS1 (90 / Fill)
GOODSENSE LANCETS 26G UNIV	1	MDS1 (90 / Fill)
GOODSENSE LANCETS 30G	1	MDS1 (90 / Fill)
GOODSENSE LANCETS 30G UNIV	1	MDS1 (90 / Fill)
GOODSENSE LANCETS 33G	1	MDS1 (90 / Fill)
GOODSENSE LANCETS 33G UNIV	1	MDS1 (90 / Fill)
GUARDIAN 4 GLUCOSE SENSOR	4	PA, AGE, QL, MDS1 (90 / Fill)
GUARDIAN 4 TRANSMITTER	4	PA, AGE, MDS1 (90 / Fill)
GUARDIAN CONNECT TRANSMITTER	4	PA, AGE, MDS1 (90 / Fill)
GUARDIAN LINK 3 TRANSMITTER	4	PA, AGE, MDS1 (90 / Fill)
GUARDIAN REAL-TIME REPLACE PED	4	PA, QL (1 per 292 day(s)), AGE, MFL (1 / fill(s)), MDS1 (365 / fill(s))
GUARDIAN SENSOR (3)	4	PA, AGE, QL, MDS1 (90 / Fill)
GUARDIAN SENSOR 3	4	PA, AGE, QL, MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
H-E-B INCONTROL LANCETS 28G	1	MDS1 (90 / Fill)
H-E-B INCONTROL LANCETS 30G	1	MDS1 (90 / Fill)
H-E-B INCONTROL LANCETS 33G	1	MDS1 (90 / Fill)
HAEMOLANCE	1	MDS1 (90 / Fill)
HAEMOLANCE LOW FLOW LANCETS	1	MDS1 (90 / Fill)
HAEMOLANCE PLUS	1	MDS1 (90 / Fill)
HAEMOLANCE PLUS HIGH FLOW	1	MDS1 (90 / Fill)
HAEMOLANCE PLUS LOW FLOW	1	MDS1 (90 / Fill)
HAEMOLANCE PLUS MAX FLOW	1	MDS1 (90 / Fill)
HAEMOLANCE PLUS PEDIATRIC FLOW	1	MDS1 (90 / Fill)
HEALTHY ACCENTS UNILET LANCETS	1	MDS1 (90 / Fill)
HY-VEE LANCETS	1	MDS1 (90 / Fill)
HY-VEE THIN LANCETS	1	MDS1 (90 / Fill)
IN TOUCH STERILE LANCETS 30G	1	MDS1 (90 / Fill)
KINNEY LANCETS	1	MDS1 (90 / Fill)
KINNEY THIN LANCETS	1	MDS1 (90 / Fill)
KROGER HEALTHPRO LANCET 26G	1	MDS1 (90 / Fill)
KROGER LANCETS	1	MDS1 (90 / Fill)
KROGER LANCETS 21G	1	MDS1 (90 / Fill)
KROGER LANCETS MICRO THIN 33G	1	MDS1 (90 / Fill)
KROGER LANCETS SUPER THIN	1	MDS1 (90 / Fill)
KROGER LANCETS THIN	1	MDS1 (90 / Fill)
KROGER LANCETS THIN 26G	1	MDS1 (90 / Fill)
KROGER LANCETS ULTRATHIN 30G	1	MDS1 (90 / Fill)
LANCETS	1	MDS1 (90 / Fill)
LANCETS 28G THIN	1	MDS1 (90 / Fill)
LANCETS 30G	1	MDS1 (90 / Fill)
LANCETS 33G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
LANCETS MICRO THIN 33G	1	MDS1 (90 / Fill)
LANCETS SUPER THIN	1	MDS1 (90 / Fill)
LANCETS SUPER THIN 28G	1	MDS1 (90 / Fill)
LANCETS THIN	1	MDS1 (90 / Fill)
LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
LANCETS ULTRA THIN 30G	1	MDS1 (90 / Fill)
LIBERTY MEDICAL LANCETS	1	MDS1 (90 / Fill)
LITE TOUCH LANCETS	1	MDS1 (90 / Fill)
LITETOUCH LANCETS	1	MDS1 (90 / Fill)
LIVE BETTER LANCET SUPER THIN	1	MDS1 (90 / Fill)
LIVE BETTER LANCET ULTRA THIN	1	MDS1 (90 / Fill)
LONGS LANCETS STANDARD	1	MDS1 (90 / Fill)
LONGS LANCETS THIN	1	MDS1 (90 / Fill)
LONGS LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
MEDICHOICE SAFETY LANCET	1	MDS1 (90 / Fill)
MEDICHOICE SAFETY LANCET EXTRA	1	MDS1 (90 / Fill)
MEDICHOICE SAFETY LANCET NORM	1	MDS1 (90 / Fill)
MEDLANCE EXTRA 21G	1	MDS1 (90 / Fill)
MEDLANCE LITE 25G	1	MDS1 (90 / Fill)
MEDLANCE PLUS EXTRA 21G	1	MDS1 (90 / Fill)
MEDLANCE PLUS LANCETS	1	MDS1 (90 / Fill)
MEDLANCE PLUS LITE 25G	1	MDS1 (90 / Fill)
MEDLANCE PLUS SPECIAL 0.8MM	1	MDS1 (90 / Fill)
MEDLANCE PLUS SUPERLITE 30G	1	MDS1 (90 / Fill)
MEDLANCE PLUS UNIVERSAL 21G	1	MDS1 (90 / Fill)
MEDLANCE UNIVERSAL 21G	1	MDS1 (90 / Fill)
MEIJER LANCETS	1	MDS1 (90 / Fill)
MEIJER LANCETS THIN	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
MEIJER LANCETS UNIVERSAL 21G	1	MDS1 (90 / Fill)
MEIJER LANCETS UNIVERSAL 30G	1	MDS1 (90 / Fill)
MEIJER LANCETS UNIVERSAL 33G	1	MDS1 (90 / Fill)
MEIJER SUPER THIN LANCETS	1	MDS1 (90 / Fill)
MICROLET LANCETS	1	MDS1 (90 / Fill)
MICROLET NEXT LANCETS	1	MDS1 (90 / Fill)
MINILINK REAL-TIME TRANSMITTER	4	PA, AGE, MDS1 (90 / Fill)
MINIMED 630G GUARDIAN PRESS	4	PA, AGE, MDS1 (90 / Fill)
MINIMED INSTINCT GLUC SENSOR	4	PA
MM TWIST LANCETS	1	MDS1 (90 / Fill)
MOBILE LANCETS 30G	1	MDS1 (90 / Fill)
MONOLET LANCETS	1	MDS1 (90 / Fill)
MONOLET OPD LANCETS	1	MDS1 (90 / Fill)
MONOLETTOR SAFETY LANCETS	1	MDS1 (90 / Fill)
MPD SAFETY LANCET 21G	1	MDS1 (90 / Fill)
MPD SAFETY LANCET 23G	1	MDS1 (90 / Fill)
MPD SAFETY LANCET 28G	1	MDS1 (90 / Fill)
MPD SAFETY LANCET 30G	1	MDS1 (90 / Fill)
MYGLUCOHEALTH LANCETS 30G	1	MDS1 (90 / Fill)
NOVA SAFETY LANCETS 23G	1	MDS1 (90 / Fill)
NOVA SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
NOVA SUREFLEX LANCETS	1	MDS1 (90 / Fill)
ONETOUCH DELICA PLUS LANCET30G	1	MDS1 (90 / Fill)
ONETOUCH DELICA PLUS LANCET33G	1	MDS1 (90 / Fill)
ONETOUCH DELICA SAFETY LANCING	1	MDS1 (90 / Fill)
ONETOUCH ULTRASOFT 2 LANCETS	1	MDS1 (90 / Fill)
ONETOUCH ULTRASOFT LANCETS	1	MDS1 (90 / Fill)
PARADIGM REAL-TIME TRANSMITTER	4	PA, AGE, MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
PC LANCETS SUPER THIN 30G	1	MDS1 (90 / Fill)
PERFECT LANCETS 28G	1	MDS1 (90 / Fill)
PERFECT LANCETS 30G	1	MDS1 (90 / Fill)
PERFECT POINT SAFETY LANCETS	1	MDS1 (90 / Fill)
PHARMACIST CHOICE LANCETS	1	MDS1 (90 / Fill)
PHARMACY COUNTER LANCETS	1	MDS1 (90 / Fill)
PIP LANCETS 28G	1	MDS1 (90 / Fill)
PIP LANCETS 30G	1	MDS1 (90 / Fill)
PRECISION THINS GP LANCETS	1	MDS1 (90 / Fill)
PREFERRED PLUS LANCETS COLORED	1	MDS1 (90 / Fill)
PREFERRED PLUS LANCETS THIN	1	MDS1 (90 / Fill)
PRO COMFORT LANCETS 30G	1	MDS1 (90 / Fill)
PRO COMFORT LANCETS 31G	1	MDS1 (90 / Fill)
PRO COMFORT SAFETY LANCETS 30G	1	MDS1 (90 / Fill)
PRODIGY LANCETS 28G	1	MDS1 (90 / Fill)
PRODIGY SAFETY LANCETS 26G	1	MDS1 (90 / Fill)
PRODIGY TWIST TOP LANCETS 28G	1	MDS1 (90 / Fill)
PSS SELECT GP LANCETS	1	MDS1 (90 / Fill)
PSS SELECT SAFETY LANCETS	1	MDS1 (90 / Fill)
PURE COMFORT LANCETS 30G	1	MDS1 (90 / Fill)
PURE COMFORT SAFETY LANCET 30G	1	MDS1 (90 / Fill)
PX LANCETS MICROTHIN 33G	1	MDS1 (90 / Fill)
PX LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
PX LANCETS ULTRA THIN 28G	1	MDS1 (90 / Fill)
QC LANCETS SUPER THIN 30G	1	MDS1 (90 / Fill)
QC LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
QC UNILET LANCETS 28G	1	MDS1 (90 / Fill)
QC UNILET LANCETS MICRO THIN	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
RA E-ZJECT LANCETS 28G	1	MDS1 (90 / Fill)
RA E-ZJECT LANCETS THIN 26G	1	MDS1 (90 / Fill)
RA E-ZJECT LANCETS THIN 28G	1	MDS1 (90 / Fill)
RA E-ZJECT LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
READYLANCE SAFETY LANCETS	1	MDS1 (90 / Fill)
REALITY LANCETS	1	MDS1 (90 / Fill)
REALITY TRIGGER LANCETS	1	MDS1 (90 / Fill)
RELION LANCET DEVICES 30G	1	MDS1 (90 / Fill)
RELION LANCETS	1	MDS1 (90 / Fill)
RELION LANCETS MICRO-THIN 33G	1	MDS1 (90 / Fill)
RELION LANCETS THIN 26G	1	MDS1 (90 / Fill)
RELION LANCETS ULTRA-THIN 30G	1	MDS1 (90 / Fill)
RELION ULTRA THIN LANCETS 30G	1	MDS1 (90 / Fill)
RELION ULTRA THIN PLUS LANCETS	1	MDS1 (90 / Fill)
REXALL LANCETS ULTRA THIN 30G	1	MDS1 (90 / Fill)
RIGHTEST GL300 LANCETS	1	MDS1 (90 / Fill)
SAFE-T-LANCE	1	MDS1 (90 / Fill)
SAFE-T-LANCE PLUS	1	MDS1 (90 / Fill)
SAFETY LANCET 30G/PRESSURE ACT	1	MDS1 (90 / Fill)
SAFETY LANCETS	1	MDS1 (90 / Fill)
SAFETY LANCETS 21G	1	MDS1 (90 / Fill)
SAFETY LANCETS 23G	1	MDS1 (90 / Fill)
SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
SAPS HEALTH PLUS LANCETS	1	MDS1 (90 / Fill)
SAPS HEALTH TWIST TOP LANCETS	1	MDS1 (90 / Fill)
SAPS TWIST TOP LANCETS	1	MDS1 (90 / Fill)
SAPSCARE TWIST TOP LANCETS	1	MDS1 (90 / Fill)
SB LANCETS THIN	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
SB LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
SENSILANCE SAFETY LANCETS 21G	1	MDS1 (90 / Fill)
SENSILANCE SAFETY LANCETS 26G	1	MDS1 (90 / Fill)
SENSILANCE SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
SHOPKO ON-THE-GO LANCETS 30G	1	MDS1 (90 / Fill)
SHOPKO UNILET LANCETS 28G	1	MDS1 (90 / Fill)
SHOPKO UNILET LANCETS 30G	1	MDS1 (90 / Fill)
SINGLE-LET	1	MDS1 (90 / Fill)
SM LANCETS 33G	1	MDS1 (90 / Fill)
SMART SENSE COLOR LANCETS 33G	1	MDS1 (90 / Fill)
SMART SENSE STANDARD LANCETS	1	MDS1 (90 / Fill)
SMART SENSE SUPER THIN LANCETS	1	MDS1 (90 / Fill)
SMART SENSE THIN LANCETS 26G	1	MDS1 (90 / Fill)
SMARTEST LANCETS 28G	1	MDS1 (90 / Fill)
SOLUS V2 LANCETS 28G	1	MDS1 (90 / Fill)
SOLUS V2 TWIST LANCETS 30G	1	MDS1 (90 / Fill)
STERILANCE TL	1	MDS1 (90 / Fill)
SUPER THIN LANCETS	1	MDS1 (90 / Fill)
SURE COMFORT LANCETS 18G	1	MDS1 (90 / Fill)
SURE COMFORT LANCETS 21G	1	MDS1 (90 / Fill)
SURE COMFORT LANCETS 23G	1	MDS1 (90 / Fill)
SURE COMFORT LANCETS 28G	1	MDS1 (90 / Fill)
SURE COMFORT LANCETS 30G	1	MDS1 (90 / Fill)
SURELITE LANCETS	1	MDS1 (90 / Fill)
TECHLITE AST LANCETS	1	MDS1 (90 / Fill)
TECHLITE LANCETS	1	MDS1 (90 / Fill)
TECHLITE LANCETS 26G	1	MDS1 (90 / Fill)
TECHLITE LANCETS 30G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
TGT LANCET MICRO THIN 33G	1	MDS1 (90 / Fill)
TGT LANCET THIN 26G	1	MDS1 (90 / Fill)
TGT LANCET ULTRA THIN 30G	1	MDS1 (90 / Fill)
THINLETS GP LANCETS	1	MDS1 (90 / Fill)
TODAYS HEALTH THIN LANCETS 28G	1	MDS1 (90 / Fill)
TODAYS HEALTH THIN LANCETS 30G	1	MDS1 (90 / Fill)
TOPCARE LANCETS MICRO-THIN 33G	1	MDS1 (90 / Fill)
TRAVEL LANCETS	1	MDS1 (90 / Fill)
TRAVEL LANCETS ADVANCED 28G	1	MDS1 (90 / Fill)
TRUE COMFORT SAFETY LANCETS	1	MDS1 (90 / Fill)
TRUE COMFORT TWIST TOP LANCETS	1	MDS1 (90 / Fill)
TRUEPLUS LANCETS 26G	1	MDS1 (90 / Fill)
TRUEPLUS LANCETS 28G	1	MDS1 (90 / Fill)
TRUEPLUS LANCETS 30G	1	MDS1 (90 / Fill)
TRUEPLUS LANCETS 33G	1	MDS1 (90 / Fill)
TRUEPLUS SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
TWIST TOP LANCETS 30G	1	MDS1 (90 / Fill)
ULTILET CLASSIC LANCETS	1	MDS1 (90 / Fill)
ULTILET LANCETS	1	MDS1 (90 / Fill)
ULTILET SAFETY LANCETS	1	MDS1 (90 / Fill)
ULTILET SAFETY LANCETS 23G	1	MDS1 (90 / Fill)
ULTRA THIN LANCETS 31G	1	MDS1 (90 / Fill)
ULTRA-CARE LANCETS 30G	1	MDS1 (90 / Fill)
ULTRA-THIN II AUTO LANCET	1	MDS1 (90 / Fill)
ULTRA-THIN II LANCETS	1	MDS1 (90 / Fill)
UNILET COMFORTOUCH LANCET	1	MDS1 (90 / Fill)
UNILET EXCELITE	1	MDS1 (90 / Fill)
UNILET EXCELITE II	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
UNILET G.P. LANCET	1	MDS1 (90 / Fill)
UNILET G.P. SUPERLITE LANCET	1	MDS1 (90 / Fill)
UNILET GP 28 ULTRA THIN	1	MDS1 (90 / Fill)
UNILET LANCET	1	MDS1 (90 / Fill)
UNILET MICRO-THIN 33G	1	MDS1 (90 / Fill)
UNILET SUPER-THIN 30G	1	MDS1 (90 / Fill)
UNILET SUPERLITE LANCET	1	MDS1 (90 / Fill)
UNILET ULTRA-THIN 28G	1	MDS1 (90 / Fill)
UNISTIK 1	1	MDS1 (90 / Fill)
UNISTIK 2	1	MDS1 (90 / Fill)
UNISTIK 2 COMFORT	1	MDS1 (90 / Fill)
UNISTIK 2 EXTRA	1	MDS1 (90 / Fill)
UNISTIK 2 NEONATAL	1	MDS1 (90 / Fill)
UNISTIK 2 NORMAL	1	MDS1 (90 / Fill)
UNISTIK 2 SUPER	1	MDS1 (90 / Fill)
UNISTIK 3	1	MDS1 (90 / Fill)
UNISTIK 3 COMFORT	1	MDS1 (90 / Fill)
UNISTIK 3 EXTRA	1	MDS1 (90 / Fill)
UNISTIK 3 GENTLE	1	MDS1 (90 / Fill)
UNISTIK 3 NEONATAL	1	MDS1 (90 / Fill)
UNISTIK 3 NORMAL	1	MDS1 (90 / Fill)
UNISTIK CZT COMFORT	1	MDS1 (90 / Fill)
UNISTIK CZT NORMAL	1	MDS1 (90 / Fill)
UNISTIK NORMAL	1	MDS1 (90 / Fill)
UNISTIK PRO SAFETY LANCET	1	MDS1 (90 / Fill)
UNISTIK SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
UNISTIK SAFETY LANCETS 30G	1	MDS1 (90 / Fill)
UNISTIK TOUCH SAFETY LANC 21G	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
UNISTIK TOUCH SAFETY LANC 23G	1	MDS1 (90 / Fill)
UNISTIK TOUCH SAFETY LANC 28G	1	MDS1 (90 / Fill)
UNISTIK TOUCH SAFETY LANC 30G	1	MDS1 (90 / Fill)
UNIVERSAL 1 LANCETS THIN 26G	1	MDS1 (90 / Fill)
UNIVERSAL 1 LANCETS THIN 33G	1	MDS1 (90 / Fill)
UNIVERSAL 1 LANCETS ULTRA THIN	1	MDS1 (90 / Fill)
VALUE PLUS LANCET STANDARD 21G	1	MDS1 (90 / Fill)
VALUE PLUS LANCETS SUPER THIN	1	MDS1 (90 / Fill)
VALUE PLUS LANCETS THIN 26G	1	MDS1 (90 / Fill)
VALUMARK LANCET SUPER THIN 30G	1	MDS1 (90 / Fill)
VALUMARK LANCET ULTRA THIN 28G	1	MDS1 (90 / Fill)
VERIFINE SAFE LANCET MINI 21G	1	MDS1 (90 / Fill)
VERIFINE SAFE LANCET MINI 23G	1	MDS1 (90 / Fill)
VERIFINE SAFE LANCET MINI 28G	1	MDS1 (90 / Fill)
VERIFINE SAFE LANCET MINI 30G	1	MDS1 (90 / Fill)
VERIFINE UNIVERSAL LANCETS 28G	1	MDS1 (90 / Fill)
VERIFINE UNIVERSAL LANCETS 30G	1	MDS1 (90 / Fill)
VERIFINE UNIVERSAL LANCETS 33G	1	MDS1 (90 / Fill)
VIDA MIA UNILET LANCETS 28G	1	MDS1 (90 / Fill)
VIDA MIA UNILET LANCETS 30G	1	MDS1 (90 / Fill)
VIVAGUARD LANCETS	1	MDS1 (90 / Fill)
VIVAGUARD LANCETS 30G	1	MDS1 (90 / Fill)
VIVAGUARD SAFETY LANCETS 28G	1	MDS1 (90 / Fill)
WALGREENS ADV TRAVEL LANCETS	1	MDS1 (90 / Fill)
WALGREENS LANCETS	1	MDS1 (90 / Fill)
WALGREENS LANCETS MICRO THIN	1	MDS1 (90 / Fill)
WALGREENS LANCETS SUPER THIN	1	MDS1 (90 / Fill)
WALGREENS THIN LANCETS	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
WALGREENS ULTRA THIN LANCETS	1	MDS1 (90 / Fill)
ZEV RX TWIST TOP LANCETS 30G	1	MDS1 (90 / Fill)
INSULIN ADMINISTRATION SUPPLIES		
ACCU-CHEK LINKASSIST	4	PA, MFL (1 / fill(s)), MDS1 (90 / Fill)
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	PA, MFL (1 / Fill)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA, QL (45 per 68 day(s)), QL, MDS1 (90 / day(s))
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA, MFL (1 / year(s))
OMNIPOD 5 G7 PODS (GEN 5)	3	PA, QL (45 per 68 day(s)), QL, MDS1 (90 / day(s))
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	3	PA, MFL (1 / fill(s))
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA, QL (45 per 68 day(s)), QL, MDS1 (90 / day(s))
OMNIPOD CLASSIC PDM (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	PA, QL (45 per 68 day(s)), QL, MDS1 (90 / day(s))
OMNIPOD DASH INTRO (GEN 4)	3	PA, MFL (1 / Fill)
OMNIPOD DASH PDM (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	PA, QL (45 per 68 day(s)), QL, MDS1 (90 / day(s))
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	4	MDS1 (90 / Fill)
1ST TIER UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)
ABOUTTIME PEN NEEDLE	4	MDS1 (90 / Fill)
ADVOCATE INSULIN PEN NEEDLE	4	MDS1 (90 / Fill)
ADVOCATE INSULIN PEN NEEDLES	4	MDS1 (90 / Fill)
ADVOCATE INSULIN SYRINGE	4	MDS1 (90 / Fill)
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	1	MDS1 (90 / Fill)
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
AQINJECT PEN NEEDLE	4	MDS1 (90 / Fill)
ASSURE ID DUO PRO PEN NEEDLES	4	MDS1 (90 / Fill)
ASSURE ID INSULIN SAFETY SYR	4	MDS1 (90 / Fill)
ASSURE ID PRO PEN NEEDLES	4	MDS1 (90 / Fill)
ASSURE ID SAFETY PEN NEEDLES	4	MDS1 (90 / Fill)
AUM INSULIN SAFETY PEN NEEDLE	4	MDS1 (90 / Fill)
AUM MINI INSULIN PEN NEEDLE	4	MDS1 (90 / Fill)
AUM PEN NEEDLE	4	MDS1 (90 / Fill)
AUM READYGARD DUO PEN NEEDLE	4	MDS1 (90 / Fill)
AUM SAFETY PEN NEEDLE	4	MDS1 (90 / Fill)
AURORA PEN NEEDLES	4	MDS1 (90 / Fill)
AURORA UNIFINE PENTIPS	4	MDS1 (90 / Fill)
AUTOPEN	1	
BARDIA BULB IRRIGATION SYRINGE	4	
BARDIA PISTON IRRIGATION SYR	4	
BD ALLERGY SYRINGE	4	
BD AUTOSHIELD DUO	4	MDS1 (90 / Fill)
BD BLUNT FILL NEEDLE	4	
BD BLUNT FILL NEEDLE W/FILTER	4	
BD CONTROL SYRING LUER-LOK	4	
BD DISP NEEDLE	4	
BD DISP NEEDLES	4	
BD ECLIPSE LUER-LOK NEEDLE	4	
BD ECLIPSE NEEDLE	4	
BD ECLIPSE SHIELDED NEEDLE	4	
BD ECLIPSE SYRINGE	4	
BD ECLIPSE SYRINGE/NEEDLE	4	
BD FILTER NEEDLE	4	

Drug Name	Drug Tier	Requirements / Limits
BD HYPODERMIC NEEDLE	4	
BD INSULIN SYR ULTRAFINE II	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE HALF-UNIT	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE MICROFINE	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE U-500	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE U/F	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE U/F 1/2UNIT	4	MDS1 (90 / Fill)
BD INSULIN SYRINGE ULTRAFINE	4	MDS1 (90 / Fill)
BD INTEGRA NEEDLE	4	
BD INTEGRA SYRINGE	4	
BD LUER-LOCK SYRINGE	4	
BD LUER-LOK SYRINGE	4	
BD NOKOR ADMIX NEEDLE	4	
BD PEN	4	
BD PEN MINI	4	
BD PEN NEEDLE MICRO ULTRAFINE	4	MDS1 (90 / Fill)
BD PEN NEEDLE MINI ULTRAFINE	4	MDS1 (90 / Fill)
BD PEN NEEDLE NANO 2ND GEN	4	MDS1 (90 / Fill)
BD PEN NEEDLE NANO ULTRAFINE	4	MDS1 (90 / Fill)
BD PEN NEEDLE ORIG ULTRAFINE	4	MDS1 (90 / Fill)
BD PEN NEEDLE SHORT ULTRAFINE	4	MDS1 (90 / Fill)
BD PLASTIPAK SYRINGE	4	
BD PRECISIONGLIDE NEEDLE	4	
BD SAFETYGLIDE ALLERGY SYRINGE	4	
BD SAFETYGLIDE INSULIN SYRINGE	4	MDS1 (90 / Fill)
BD SAFETYGLIDE NEEDLE	4	
BD SAFETYGLIDE SHIELDED NEEDLE	4	

Drug Name	Drug Tier	Requirements / Limits
BD SAFETYGLIDE SYRINGE/NEEDLE	4	
BD SYRINGE	4	
BD SYRINGE BLUNT CANNULA 17G	4	
BD SYRINGE DISPOSABLE	4	
BD SYRINGE DUAL CANNULA	4	
BD SYRINGE LUER SLIP TIP	4	
BD SYRINGE LUER-LOK	4	
BD SYRINGE SLIP TIP	4	
BD SYRINGE/NEEDLE	4	
BD TB SYRINGE	4	
BD VEO INSULIN SYR U/F 1/2UNIT	4	MDS1 (90 / Fill)
BD VEO INSULIN SYR ULTRAFINE	4	MDS1 (90 / Fill)
CAREFINE PEN NEEDLES	4	MDS1 (90 / Fill)
CAREONE INSULIN SYRINGE	4	MDS1 (90 / Fill)
CAREONE UNIFINE PENTIPS	4	MDS1 (90 / Fill)
CAREONE UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)
CAREPOINT POLY HUB NEEDLE	4	
CAREPOINT PRECISION POLY HUB	4	
CAREPOINT SAFETY 1ST NEEDLE	4	
CAREPOINT SAFETY1ST SYR/NEEDLE	4	
CAREPOINT SYRINGE CATHETER TIP	4	
CAREPOINT SYRINGE LUER LOCK	4	
CAREPOINT SYRINGE LUER SLIP	4	
CAREPOINT TUBERCLN SYR/LUER SL	4	
CARETOUCH CATHETER TIP SYRINGE	4	
CARETOUCH HYPODERMIC NEEDLE	4	
CARETOUCH INSULIN SYRINGE	4	MDS1 (90 / Fill)
CARETOUCH LUER LOCK	4	

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH LUER LOCK SYR/NEEDLE	4	
CARETOUCH LUER SLIP	4	
CARETOUCH PEN NEEDLES	4	MDS1 (90 / Fill)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	4	MDS1 (90 / Fill)
CLICKFINE PEN NEEDLES	4	MDS1 (90 / Fill)
COMFORT ASSIST INSULIN SYRINGE	4	MDS1 (90 / Fill)
COMFORT EZ INSULIN SYRINGE	4	MDS1 (90 / Fill)
COMFORT EZ MICRO PEN NEEDLES	4	MDS1 (90 / Fill)
COMFORT EZ PEN NEEDLES	4	MDS1 (90 / Fill)
COMFORT EZ PRO PEN NEEDLES	4	MDS1 (90 / Fill)
COMFORT EZ SHORT PEN NEEDLES	4	MDS1 (90 / Fill)
COMFORT TOUCH INSULIN PEN NEED	4	MDS1 (90 / Fill)
CRONO SYRINGE	4	
DEFLUX METAL NEEDLE	4	
DIATHRIVE PEN NEEDLE	4	MDS1 (90 / Fill)
DROPLET INSULIN SYRINGE	4	MDS1 (90 / Fill)
DROPLET MICRON	4	MDS1 (90 / Fill)
DROPLET PEN NEEDLES	4	MDS1 (90 / Fill)
DROPSAFE AUTOPROTECT DUO	4	MDS1 (90 / Fill)
DROPSAFE SAFETY PEN NEEDLES	4	MDS1 (90 / Fill)
DROPSAFE SAFETY SYRINGE/NEEDLE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	4	MDS1 (90 / Fill)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC	1	MDS1 (90 / Fill)
DROPSAFE SICURA	4	
DRUG MART UNIFINE PENTIPS	4	MDS1 (90 / Fill)
DRUG MART UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC)	4	MDS1 (90 / Fill)
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	4	MDS1 (90 / day(s))
EASY COMFORT PEN NEEDLES	4	MDS1 (90 / Fill)
EASY GLIDE CATH TIP SYRINGE	4	
EASY GLIDE LUER LOCK SYRINGE	4	
EASY GLIDE PEN NEEDLES	4	MDS1 (90 / Fill)
EASY GLIDE SLIP LOCK SYRINGE	4	
EASY TOUCH ALLERGY SYRINGE	4	
EASY TOUCH FLIPLOCK INSULIN SY	4	MDS1 (90 / Fill)
EASY TOUCH FLIPLOCK NEEDLES	4	
EASY TOUCH FLIPLOCK SAFETY SYR	4	
EASY TOUCH FLURINGE	4	
EASY TOUCH FLURINGE FLIPLOCK	4	
EASY TOUCH FLURINGE SHEATHLOCK	4	
EASY TOUCH HYPODERMIC NEEDLE	4	
EASY TOUCH INSULIN BARRELS	4	MDS1 (90 / Fill)
EASY TOUCH INSULIN SAFETY SYR	4	MDS1 (90 / Fill)
EASY TOUCH INSULIN SYRINGE	4	MDS1 (90 / Fill)
EASY TOUCH PEN NEEDLES	4	MDS1 (90 / Fill)
EASY TOUCH SAFETY PEN NEEDLES	4	MDS1 (90 / Fill)
EASY TOUCH SAFETY SYRINGE	4	
EASY TOUCH SHEATHLOCK SYRINGE (21G X 1" 3 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 10 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 10 ML MISC, 25G X 1" 3 ML MISC, 25G X 1" 5 ML MISC, 25G X 5/8" 3 ML MISC)	4	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	4	MDS1 (90 / Fill)
EASY TOUCH SYRINGE BARREL	4	
EASY TOUCH TB FLIPLOCK SYRINGE	4	
EASY TOUCH TB SHEATHLOCK SYR	4	
EASYPOINT NEEDLE	4	
EASYPOINT NEEDLE/SYRINGE	4	
EMBECTA AUTOSHIELD DUO	4	MDS1 (90 / Fill)
EMBECTA INS SYR U/F 1/2 UNIT	4	MDS1 (90 / Fill)
EMBECTA INSULIN SYRINGE	4	MDS1 (90 / Fill)
EMBECTA INSULIN SYRINGE U-100	4	MDS1 (90 / Fill)
EMBECTA INSULIN SYRINGE U-500	4	MDS1 (90 / Fill)
EMBECTA INSULIN SYRINGE U/F	4	MDS1 (90 / Fill)
EMBECTA PEN NEEDLE NANO	4	MDS1 (90 / Fill)
EMBECTA PEN NEEDLE NANO 2 GEN	4	MDS1 (90 / Fill)
EMBECTA PEN NEEDLE U/F	4	MDS1 (90 / Fill)
EMBECTA PEN NEEDLE ULTRAFINE	4	MDS1 (90 / Fill)
EMBRACE PEN NEEDLES	4	MDS1 (90 / Fill)
EQL INSULIN SYRINGE	4	MDS1 (90 / Fill)
EXEL COMFORT POINT INSULIN SYR	4	MDS1 (90 / Fill)
EXEL COMFORT POINT PEN NEEDLE	4	MDS1 (90 / Fill)
FIFTY50 PEN NEEDLES	4	MDS1 (90 / Fill)
FIFTY50 SUPERIOR COMFORT SYR	4	MDS1 (90 / Fill)
FLOW-EZE VENTED NEEDLE	4	
FREDS PHARMACY UNIFINE PENTIP+	4	MDS1 (90 / Fill)
FREDS PHARMACY UNIFINE PENTIPS	4	MDS1 (90 / Fill)
GLOBAL EASE INJECT PEN NEEDLES	4	MDS1 (90 / Fill)
GLOBAL EASY GLIDE INSULIN SYR	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
GLOBAL EASY GLIDE PEN NEEDLES	4	MDS1 (90 / Fill)
GLOBAL INJECT EASE INSULIN SYR	4	MDS1 (90 / Fill)
GLOBAL INSULIN SYRINGES	4	MDS1 (90 / Fill)
GLUCOPRO INSULIN SYRINGE	4	MDS1 (90 / Fill)
GNP CLICKFINE PEN NEEDLES	4	MDS1 (90 / Fill)
GNP INSULIN SYRINGE	4	MDS1 (90 / Fill)
GNP INSULIN SYRINGES	4	MDS1 (90 / Fill)
GNP INSULIN SYRINGES 28GX1/2"	4	MDS1 (90 / Fill)
GNP INSULIN SYRINGES 29GX1/2"	4	MDS1 (90 / Fill)
GNP INSULIN SYRINGES 30GX5/16"	4	MDS1 (90 / Fill)
GNP INSULIN SYRINGES 31GX5/16"	4	MDS1 (90 / Fill)
GNP PEN NEEDLES	4	MDS1 (90 / Fill)
GNP ULTICARE PEN NEEDLES	4	MDS1 (90 / Fill)
GNP ULTIGUARD SAFEPAK NEEDLE	4	MDS1 (90 / Fill)
GNP ULTRA COM INSULIN SYRINGE	4	MDS1 (90 / Fill)
GOODSENSE CLICKFINE PEN NEEDLE	4	MDS1 (90 / Fill)
GOODSENSE PEN NEEDLE PENFINE	4	MDS1 (90 / Fill)
H-E-B INCONTROL PEN NEEDLES	4	MDS1 (90 / Fill)
H-E-B INCONTROL UNIFINE PENTIP	4	MDS1 (90 / Fill)
HEALTHWISE INSULIN SYR/NEEDLE	4	MDS1 (90 / Fill)
HEALTHWISE MICRON PEN NEEDLES	4	MDS1 (90 / Fill)
HEALTHWISE MINI PEN NEEDLES	4	MDS1 (90 / Fill)
HEALTHWISE PEN NEEDLES	4	MDS1 (90 / Fill)
HEALTHWISE SHORT PEN NEEDLES	4	MDS1 (90 / Fill)
HEALTHWISE UNIFINE PENTIPS	4	MDS1 (90 / Fill)
HEALTHY ACCENTS UNIFINE PENTIP	4	MDS1 (90 / Fill)
HM ULTICARE INSULIN SYRINGE	4	MDS1 (90 / Fill)
HM ULTICARE MINI PEN NEEDLES	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
HM ULTICARE SHORT PEN NEEDLES	4	MDS1 (90 / Fill)
HUBER NEEDLE (20G X 1" MISC, 20G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC)	2	
HYPODERMIC NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1/2" MISC, 27G X 1-1/2" MISC, 27G X 1/2" MISC)	2	
INCONTROL ULTICARE PEN NEEDLES	4	MDS1 (90 / Fill)
INPEN 100-BLUE-LILLY-HUMALOG	3	QL (2 per 365 days)
INPEN 100-BLUE-NOVOLOG-FIASP	3	QL (2 per 365 days)
INPEN 100-GREY-LILLY-HUMALOG	3	QL (2 per 365 days)
INPEN 100-GREY-NOVOLOG-FIASP	3	QL (2 per 365 days)
INPEN 100-PINK-LILLY-HUMALOG	3	QL (2 per 365 days)
INPEN 100-PINK-NOVOLOG-FIASP	3	QL (2 per 365 days)
INSULIN SYRINGE	1	MDS1 (90 / Fill)
INSULIN SYRINGE-NEEDLE U-100	1	MDS1 (90 / Fill)
INSULIN SYRINGE/NEEDLE	1	MDS1 (90 / Fill)
INSUPEN PEN NEEDLES	4	MDS1 (90 / Fill)
INSUPEN SENSITIVE	4	MDS1 (90 / Fill)
INSUPEN ULTRAFIN	4	MDS1 (90 / Fill)
INSUPEN32G EXTR3ME	4	MDS1 (90 / Fill)
KINRAY INSULIN SYRINGE	4	MDS1 (90 / Fill)
KMART VALU INSULIN SYRINGE 29G	4	MDS1 (90 / Fill)
KMART VALU INSULIN SYRINGE 30G	4	MDS1 (90 / Fill)
KROGER INSULIN SYRINGE	4	MDS1 (90 / Fill)
KROGER PEN NEEDLES	4	MDS1 (90 / Fill)
LEADER INSULIN SYRINGE	4	MDS1 (90 / Fill)
LEADER UNIFINE PENTIPS	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
LEADER UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)
LITETOUCH INSULIN SYRINGE	4	MDS1 (90 / Fill)
LITETOUCH PEN NEEDLES	4	MDS1 (90 / Fill)
LONGS INSULIN SYRINGE	4	MDS1 (90 / Fill)
LUER LOCK SAFETY SYRINGES	4	
MAGELLAN INSULIN SAFETY SYR	1	MDS1 (90 / Fill)
MAGELLAN SYRINGE-SAFETY NEEDLE	4	
MAGELLAN TUBERCULIN SYRINGE	4	
MARATHON MEDICAL PENTIPS	4	MDS1 (90 / Fill)
MAXI-COMFORT INSULIN SYRINGE	4	MDS1 (90 / Fill)
MAXI-COMFORT SAFETY PEN NEEDLE	4	MDS1 (90 / Fill)
MAXICOMFORT II PEN NEEDLE	4	MDS1 (90 / Fill)
MAXICOMFORT SYR 27G X 1/2"	4	MDS1 (90 / Fill)
MEDIC INSULIN SYRINGE	4	MDS1 (90 / Fill)
MEDICINE SHOPPE PEN NEEDLES	4	MDS1 (90 / Fill)
MEIJER PEN NEEDLES	4	MDS1 (90 / Fill)
MICRODOT PEN NEEDLE	4	MDS1 (90 / Fill)
MM INSULIN SYRINGE/NEEDLE	4	MDS1 (90 / Fill)
MM PEN NEEDLES	4	MDS1 (90 / Fill)
MONOJECT BLUNTIP CANNULA	4	
MONOJECT BLUNTIP SYR/CANNULA	4	
MONOJECT CONTROL SYRINGE	4	
MONOJECT FILTER NEEDLE	4	
MONOJECT HYPODERMIC NEEDLE	4	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	4	MDS1 (90 / Fill)
MONOJECT INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
MONOJECT INTRODUCER NEEDLE	4	
MONOJECT LIFESHIELD SYRINGE	4	
MONOJECT MAGELLAN SAFETY NDL	4	
MONOJECT MAGELLAN SYRINGE	4	
MONOJECT MEDICATION TRANSF NDL	4	
MONOJECT PHARMACY TRAY	4	
MONOJECT PISTON SYRINGE	4	
MONOJECT SOFTPACK/CATH TIP	4	
MONOJECT SOFTPACK/LLOCK	4	
MONOJECT SOFTPACK/LTIP	4	
MONOJECT SOFTPACK/RG LOCK	4	
MONOJECT SOFTPACK/RG LUER	4	
MONOJECT SYRINGE	4	
MONOJECT SYRINGE CATH TIP	4	
MONOJECT SYRINGE ECC LUER	4	
MONOJECT SYRINGE ECCENTRIC TIP	4	
MONOJECT SYRINGE LUER LOCK	4	
MONOJECT SYRINGE LUER-LOCK TIP	4	
MONOJECT SYRINGE PHARMACY TRAY	4	
MONOJECT SYRINGE REG LUER	4	
MONOJECT SYRINGE REGULAR TIP	4	
MONOJECT SYRINGE TOOMEY TYPE	4	
MONOJECT TB SAFETY SYRINGE	4	
MONOJECT TB SYRINGE	4	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	4	MDS1 (90 / Fill)
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
MS INSULIN SYRINGE	4	MDS1 (90 / Fill)
MULTI-DRAW NEEDLE (20G X 1-1/2" MISC, 21G X 1-1/2" MISC, 22G X 1-1/2" MISC)	2	
NOKOR VENTED NEEDLE	4	
NORM-JECT LUER LOCK SYRINGE	4	
NORM-JECT LUER SLIP SYRINGE	4	
NOVOFINE AUTOCOVER PEN NEEDLE	4	MDS1 (90 / Fill)
NOVOFINE PEN NEEDLE	4	MDS1 (90 / Fill)
NOVOFINE PLUS PEN NEEDLE	4	MDS1 (90 / Fill)
NOVOPEN ECHO	3	QL (2 per 365 days)
NOVOTWIST PEN NEEDLE	4	MDS1 (90 / Fill)
PC UNIFINE PENTIPS	4	MDS1 (90 / Fill)
PEN NEEDLE/5-BEVEL TIP	1	MDS1 (90 / Fill)
PEN NEEDLES	1	MDS1 (90 / Fill)
PEN NEEDLES 5/16"	1	MDS1 (90 / Fill)
PENTIPS	4	MDS1 (90 / Fill)
PENTIPS GENERIC PEN NEEDLES	4	MDS1 (90 / Fill)
PERFECT POINT SAFETY NEEDLE	4	
PIP PEN NEEDLES 31G X 5MM	4	MDS1 (90 / Fill)
PIP PEN NEEDLES 32G X 4MM	4	MDS1 (90 / Fill)
POLY HUB NEEDLE	4	
PRECISION SURE-DOSE SYRINGE	4	MDS1 (90 / Fill)
PREFERRED PLUS INSULIN SYRINGE	4	MDS1 (90 / Fill)
PREFERRED PLUS UNIFINE PENTIPS	4	MDS1 (90 / Fill)
PREVENT DROPSAFE PEN NEEDLES	4	MDS1 (90 / Fill)
PREVENT SAFETY PEN NEEDLES	4	MDS1 (90 / Fill)
PRO COMFORT INSULIN SYRINGE	4	MDS1 (90 / Fill)
PRO COMFORT PEN NEEDLES	4	MDS1 (90 / Fill)
PRODIGY INSULIN SYRINGE	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
PURE COMFORT PEN NEEDLE	4	MDS1 (90 / Fill)
PURE COMFORT SAFETY PEN NEEDLE	4	MDS1 (90 / Fill)
PX EXTRA SHORT PEN NEEDLES	4	MDS1 (90 / Fill)
PX INSULIN SYRINGE	4	MDS1 (90 / Fill)
PX MINI PEN NEEDLES	4	MDS1 (90 / Fill)
PX PEN NEEDLE	4	MDS1 (90 / Fill)
PX SHORTLENGTH PEN NEEDLES	4	MDS1 (90 / Fill)
QC PEN NEEDLES	4	MDS1 (90 / Fill)
QC UNIFINE PENTIPS	4	MDS1 (90 / Fill)
QUICK TOUCH INSULIN PEN NEEDLE	4	MDS1 (90 / Fill)
RA INSULIN SYRINGE	4	MDS1 (90 / Fill)
RA PEN NEEDLES	4	MDS1 (90 / Fill)
RAYA SURE PEN NEEDLE	4	MDS1 (90 / Fill)
REALITY INSULIN SYRINGE	4	MDS1 (90 / Fill)
RELION INSULIN SYRINGE	4	MDS1 (90 / Fill)
RELION MINI PEN NEEDLES	4	MDS1 (90 / Fill)
RELION PEN NEEDLES	4	MDS1 (90 / Fill)
RELION SHORT PEN NEEDLES	4	MDS1 (90 / Fill)
SAFETY INSULIN SYRINGES	4	MDS1 (90 / Fill)
SAFETY PEN NEEDLES	1	MDS1 (90 / Fill)
SB INSULIN SYRINGE	4	MDS1 (90 / Fill)
SECURESAFE HYPODERMIC NEEDLE	4	
SECURESAFE INSULIN SYRINGE	4	MDS1 (90 / Fill)
SECURESAFE SAFETY PEN NEEDLES	4	MDS1 (90 / Fill)
SECURESAFE SYRINGE/NEEDLE	4	
SHOPKO UNIFINE PENTIPS	4	MDS1 (90 / Fill)
SHOPKO UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)
SURE COMFORT INSULIN SYRINGE	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT PEN NEEDLES	4	MDS1 (90 / Fill)
SYRINGE (SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC)	1	
SYRINGE 2-3 ML	1	
SYRINGE 30-35 ML	1	
SYRINGE 50-60 ML	1	
SYRINGE DISPOSABLE	1	
SYRINGE ECCENTRIC TIP	1	
SYRINGE LUER LOCK	1	
SYRINGE LUER SLIP	1	
SYRINGE/HYPODERMIC SAFETY	1	
TECHLITE INSULIN SYRINGE	4	MDS1 (90 / Fill)
TECHLITE PEN NEEDLES	4	MDS1 (90 / Fill)
TECHLITE PLUS PEN NEEDLES	4	MDS1 (90 / Fill)
TODAYS HEALTH MINI PEN NEEDLES	4	MDS1 (90 / Fill)
TODAYS HEALTH PEN NEEDLES	4	MDS1 (90 / Fill)
TODAYS HEALTH SHORT PEN NEEDLE	4	MDS1 (90 / Fill)
TOOMEY SYRINGE	1	
TOPCARE CLICKFINE PEN NEEDLES	4	MDS1 (90 / Fill)
TOPCARE ULTRA COMFORT INS SYR	4	MDS1 (90 / Fill)
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	MDS1 (90 / Fill)
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	4	MDS1 (90 / day(s))
TRUE COMFORT PEN NEEDLES	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC)	4	MDS1 (90 / Fill)
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC	4	MDS1 (90 / day(s))
TRUE COMFORT PRO PEN NEEDLES	4	MDS1 (90 / Fill)
TRUE COMFORT SAFETY PEN NEEDLE	4	MDS1 (90 / Fill)
TRUEPLUS 5-BEVEL PEN NEEDLES	4	MDS1 (90 / Fill)
TRUEPLUS INSULIN SYRINGE	4	MDS1 (90 / Fill)
TRUEPLUS PEN NEEDLES	4	MDS1 (90 / Fill)
ULTICARE INSULIN SAFETY SYR	1	MDS1 (90 / Fill)
ULTICARE INSULIN SYR 1/2 UNIT	4	MDS1 (90 / Fill)
ULTICARE INSULIN SYRINGE	4	MDS1 (90 / Fill)
ULTICARE MICRO PEN NEEDLES	4	MDS1 (90 / Fill)
ULTICARE MINI PEN NEEDLES	4	MDS1 (90 / Fill)
ULTICARE PEN NEEDLES	4	MDS1 (90 / Fill)
ULTICARE SHORT PEN NEEDLES	4	MDS1 (90 / Fill)
ULTICARE SYRINGE	4	
ULTICARE TUBERCULIN SAFETY SYR	4	
ULTIGUARD SAFEPACK PEN NEEDLE	4	MDS1 (90 / Fill)
ULTIGUARD SAFEPACK SYR/NEEDLE	4	MDS1 (90 / Fill)
ULTILET PEN NEEDLE	4	MDS1 (90 / Fill)
ULTRA COMFORT INSULIN SYRINGE	4	MDS1 (90 / Fill)
ULTRA FLO INSULIN PEN NEEDLES	4	MDS1 (90 / Fill)
ULTRA FLO INSULIN SYR 1/2 UNIT	4	MDS1 (90 / Fill)
ULTRA FLO INSULIN SYRINGE	4	MDS1 (90 / Fill)
ULTRA THIN PEN NEEDLES	4	MDS1 (90 / Fill)
ULTRA-THIN II INS SYR SHORT	4	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II INSULIN SYRINGE	4	MDS1 (90 / Fill)
ULTRA-THIN II MINI PEN NEEDLE	4	MDS1 (90 / Fill)
ULTRA-THIN II PEN NEEDLE SHORT	4	MDS1 (90 / Fill)
ULTRA-THIN II PEN NEEDLES	4	MDS1 (90 / Fill)
ULTRACARE INSULIN SYRINGE	4	MDS1 (90 / Fill)
ULTRACARE PEN NEEDLES	4	MDS1 (90 / Fill)
UNIFINE OTC PEN NEEDLES	4	MDS1 (90 / Fill)
UNIFINE PEN NEEDLES	4	MDS1 (90 / Fill)
UNIFINE PENTIPS	4	MDS1 (90 / Fill)
UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)
UNIFINE PROTECT PEN NEEDLE	4	MDS1 (90 / Fill)
UNIFINE SAFECONTROL PEN NEEDLE	4	MDS1 (90 / Fill)
UNIFINE ULTRA PEN NEEDLE	4	MDS1 (90 / Fill)
VALUE HEALTH INSULIN SYRINGE	4	MDS1 (90 / Fill)
VALUMARK PEN NEEDLES	4	MDS1 (90 / Fill)
VANISHPOINT INSULIN SYRINGE	4	MDS1 (90 / Fill)
VANISHPOINT SAFETY SYRINGE	4	
VANISHPOINT SYRINGE	4	
VANISHPOINT TUBERCULIN SYRINGE	4	
VERIFINE INSULIN PEN NEEDLE	4	MDS1 (90 / Fill)
VERIFINE INSULIN SYRINGE	4	MDS1 (90 / Fill)
VERIFINE PLUS PEN NEEDLE	4	MDS1 (90 / Fill)
VERISAFE SAFE STERILE SYRINGE	4	
VERISAFE SAFETY STERILE NEEDLE	4	
VIDA MIA UNIFINE PENTIPS	4	MDS1 (90 / Fill)
VP INSULIN SYRINGE	4	MDS1 (90 / Fill)
WEGMANS UNIFINE PENTIPS PLUS	4	MDS1 (90 / Fill)
YALE DISP NEEDLES	4	

Drug Name	Drug Tier	Requirements / Limits
ZEV RX INSULIN SYRINGE	4	MDS1 (90 / Fill)
ZEV RX PEN NEEDLES	4	MDS1 (90 / Fill)
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	1	MFL (2 / Fill)
AEROCHAMBER MINI CHAMBER	1	MFL (2 / Fill)
AEROCHAMBER MV	1	MFL (2 / Fill)
AEROCHAMBER PLS FLOVU MTHPIECE	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLO-VU	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLO-VU INTERM	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLO-VU LARGE	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLO-VU MEDIUM	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLO-VU SMALL	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLO-VU W/MASK	1	MFL (2 / Fill)
AEROCHAMBER PLUS FLOW VU	1	MFL (2 / Fill)
AEROCHAMBER W/FLOWSIGNAL	1	MFL (2 / Fill)
AEROCHAMBER Z-STAT PLUS	1	MFL (2 / Fill)
AEROCHAMBER Z-STAT PLUS CHAMBR	1	MFL (2 / Fill)
AEROCHAMBER Z-STAT PLUS/LARGE	1	MFL (2 / Fill)
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	MFL (2 / Fill)
AEROCHAMBER Z-STAT PLUS/SMALL	1	MFL (2 / Fill)
AEROCHAMBER2GO ANTI-STATIC	1	MFL (2 / Fill)
AEROVENT PLUS	1	MFL (2 / Fill)
BREATHE EASE LARGE	1	MFL (2 / Fill)
BREATHE EASE MEDIUM	1	MFL (2 / Fill)
BREATHE EASE SMALL	1	MFL (2 / Fill)
BREATHRITE VALVED MDI CHAMBER	1	MFL (2 / Fill)
CLEVER CHOICE HOLDING CHAMBER	1	MFL (2 / Fill)
COMPACT SPACE CHAMBER	1	MFL (2 / Fill)

Drug Name	Drug Tier	Requirements / Limits
COMPACT SPACE CHAMBER/LG MASK	1	MFL (2 / Fill)
COMPACT SPACE CHAMBER/MED MASK	1	MFL (2 / Fill)
COMPACT SPACE CHAMBER/SM MASK	1	MFL (2 / Fill)
EASIVENT	1	MFL (2 / Fill)
EASIVENT MASK LARGE	1	MFL (2 / Fill)
EASIVENT MASK MEDIUM	1	MFL (2 / Fill)
EASIVENT MASK SMALL	1	MFL (2 / Fill)
EQ SPACE CHAMBER ANTI-STATIC	1	MFL (2 / Fill)
EQ SPACE CHAMBER ANTI-STATIC L	1	MFL (2 / Fill)
EQ SPACE CHAMBER ANTI-STATIC M	1	MFL (2 / Fill)
EQ SPACE CHAMBER ANTI-STATIC S	1	MFL (2 / Fill)
FLEXICHAMBER	1	MFL (2 / Fill)
FLEXICHAMBER ADULT MASK/SMALL	4	MFL (2 / Fill)
FLEXICHAMBER CHILD MASK/LARGE	4	MFL (2 / Fill)
FLEXICHAMBER CHILD MASK/SMALL	4	MFL (2 / Fill)
INSPIREASE	1	MFL (2 / Fill)
INSPIREASE RESERVOIR BAGS	4	MFL (2 / Fill)
MICROCHAMBER	1	MFL (2 / Fill)
MICROSPACER	1	MFL (2 / Fill)
OPTICHAMBER DIAMOND	1	MFL (2 / Fill)
OPTICHAMBER DIAMOND-LG MASK	1	MFL (2 / Fill)
OPTICHAMBER DIAMOND-MD MASK	1	MFL (2 / Fill)
OPTICHAMBER DIAMOND-SM MASK	1	MFL (2 / Fill)
POCKET CHAMBER	1	MFL (2 / Fill)
POCKET SPACER	1	MFL (2 / Fill)
PROCHAMBER VHC	1	MFL (2 / Fill)
RITEFLO	1	MFL (2 / Fill)
VORTEX HOLD CHMBR/MASK/CHILD	1	MFL (2 / Fill)

Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLD CHMBR/MASK/TODDLER	1	MFL (2 / Fill)
VORTEX VALVE CHAMBER-PEDI MASK	1	MFL (2 / Fill)
VORTEX VALVED HOLDING CHAMBER	1	MFL (2 / Fill)
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	3	PA, MFL (8 / Fill)
UBRELVY	3	PA, MFL (10 / Fill)
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
AJOVY	3	MFL (1.5 / Fill)
EMGALITY	3	MFL (2 / fill(s))
EMGALITY (300 MG DOSE)	3	MFL (3 / Fill)
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	5	QL
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5	PA, QL
ERGOMAR	4	PA
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	3	ST, MFL (9 / Fill(s))
<i>eletriptan hydrobromide</i>	2	MFL (9 / Fill(s))
<i>frovatriptan succinate</i>	2	ST, MFL (9 / Fill(s))
<i>naratriptan hcl</i>	1	MFL (9 / Fill(s))
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	3	ST, QL
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	3	ST, MFL (3 / Fill(s))
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	4	ST, MFL (3 / Fill(s))
SUMATRIPTAN SUCCINATE REFILL	3	ST, MFL (3 / Fill(s))
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	3	ST, MFL (12 / Fill(s))

Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2	MFL (9 / Fill(s))
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW	4	PA, MFL (8 / Fill)
MINERALS & ELECTROLYTES (CONTINUED)		
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	1	AGE, QL
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	AGE, MFL (50 / Fill)
PHOSPHATE		
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHOROUS	1	
<i>virt-phos 250 neutral</i>	1	
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
<i>k-prime</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	3	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	3	
<i>potassium chloride crys er</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	4	
SODIUM		
AQUASTAT	4	
AQUASTAT SFR	4	
BD POSIFLUSH	4	
BD POSIFLUSH SAFESCRUB	4	
MONOJECT FLUSH SYRINGE	4	
MONOJECT SODIUM CHLORIDE FLUSH	4	
NORMAL SALINE FLUSH	1	
SALINE FLUSH	1	
<i>sodium chloride (0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution)</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
ANTILEPTOTICS		
THALOMID (50 MG CAP, 100 MG CAP)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
CHELATING AGENTS		
<i>trientine hcl 250 mg cap</i>	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
TRIENTINE HCL 500 MG CAP	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
CYCLOSPORINE ANALOGS		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
<i>mycophenolate mofetil (200 mg/ml recon susp, 500 mg tab)</i>	1	
<i>mycophenolate mofetil 250 mg cap</i>	2	
<i>mycophenolate sodium</i>	2	QL
<i>mycophenolic acid</i>	2	QL
MACROLIDE IMMUNOSUPPRESSANTS		
ENVARUSUS XR	4	ST
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	3	
<i>sirolimus 1 mg/ml solution</i>	5	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	1	
LOKELMA	3	QL, MDS1 (90 / Fill)
<i>sodium polystyrene sulfonate powder</i>	4	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
VELTASSA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PURINE ANALOGS		
<i>azasan</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine</i>	2	
ROCK INHIBITORS		
REZUROCK	5	PA, AGE, MFL (30 / Fill), MDS1 (31 / Fill)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
FLUORIDE DENTAL PRODUCTS		
<i>dentagel</i>	1	
FRAICHE 5000 DENTAL	1	
<i>just right 5000 1.1 % gel</i>	1	
SF	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	3	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MULTIVITAMINS (CONTINUED)		
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	4	
QUFLORA FE PEDIATRIC	4	
PED MV W/ FLUORIDE		
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
FLORAFOL PEDIATRIC 0.25 MG/ML SUSPENSION	1	
FLORIVA PLUS	1	
FLOTREX	4	
MULTI-VIT-FLOR	4	
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	4	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
POLY-VI-FLOR 0.25 MG/ML SUSPENSION	1	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 0.5 MG/ML SUSPENSION, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC 0.25 MG/ML SUSPENSION	1	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	1	

Drug Name	Drug Tier	Requirements / Limits
TRI-VITAMIN WITH FLUORIDE	1	
PED VITAMINS ACD & FA W/ FLUORIDE		
TRI-VI-FLORO	4	
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE	4	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	4	
ATABEX OB	4	
CO-NATAL FA	4	
COMPLETENATE	1	
CONCEPT OB	4	
DERMACINRX PRETRATE	4	
FOLIVANE-OB	4	
INATAL GT	4	
JENLIVA PRENATAL/POSTNATAL	4	
KOSHER PRENATAL PLUS IRON	4	
M-NATAL PLUS	1	
MATERVIA	4	
MATRONEX	1	
NATALCHEW	1	
NATALVIT	4	
NEO-VITAL RX	4	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	4	
NESTABS	4	
NIVA-PLUS	4	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	
ONE VITE WOMENS PLUS	1	
ONENATAL RX	4	
PNV 27-CA/FE/FA	1	
PNV PRENATAL PLUS MULTIVIT+DHA	4	
PNV-OMEGA	4	
PNV-SELECT	4	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	1	
PRENATAL 19 29-1 MG TAB	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	4	
PRENATRIX	4	
PRENATRYL	4	
PRENATVITE COMPLETE	4	
PRENATVITE PLUS	4	
PREPLUS	1	
PROVIDA OB	4	
RELEVIA	4	
SE-NATAL 19 29-1 MG CHEW TAB	1	
SE-NATAL 19 29-1 MG TAB	1	
SELECT-OB	4	
THRIVITE RX	4	
TRICARE	4	
TRINATAL RX 1	1	

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
TRINATE	4	
VINATE II	4	
VITAFOL GUMMIES	4	
VITAFOL-OB	4	
VITATHELY WITH GINGER	4	
WESTAB PLUS	1	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	1	
WESNATAL DHA COMPLETE	1	
PRENATAL MV & MIN W/FE-FA-DHA		
NESTABS ONE	4	
PRENA 1 TRUE	4	
PRENAISSANCE PLUS	4	
PRENATE ENHANCE	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
SELECT-OB+DHA	4	
TRISTART DHA	4	
VITAFOL FE+	4	
VITAFOL-OB+DHA	4	
VITAMEDMD ONE RX/QUATREFOLIC	4	
VITATRUE	4	
WESTGEL DHA	4	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	4	
PRENATAL VITAMINS		
PREMESISRX	4	
PRENATE AM	4	

Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	MDS1 (90 / day(s))
<i>carisoprodol 350 mg tab</i>	1	QL
<i>chlorzoxazone 500 mg tab</i>	2	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>metaxalone 800 mg tab</i>	3	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	2	QL
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap)</i>	2	
<i>dantrolene sodium 100 mg cap</i>	1	
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE-ASPIRIN-CAFFEINE	4	ST, MFL (16 / Fill(s))
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
ANTI-HISTAMINE-STEROID		
<i>azelastine-fluticasone</i>	3	ST, MFL (23 / Fill)
DYMISTA	3	MFL (23 / Fill)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	
NASAL ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	MFL (120 / Fill), MDS1 (100 / Fill)
<i>olopatadine hcl 0.6 % solution</i>	2	ST
NASAL STEROIDS		
<i>flunisolide</i>	2	QL

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate 50 mcg/act suspension</i>	1	MFL (32 / Fill)
<i>mometasone furoate 50 mcg/act suspension</i>	2	MFL (17 / Fill)
XHANCE	3	PA, MFL (16 / Fill)
NEUROMUSCULAR AGENTS (CONTINUED)		
BENZATHIAZOLES		
<i>riluzole</i>	2	
OPHTHALMIC AGENTS (CONTINUED)		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	4	MFL (16 / Fill)
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	3	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	3	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	3	
<i>timolol maleate ocudose</i>	2	
<i>timolol maleate pf</i>	2	
BETA-BLOCKERS - OPTHALMIC COMBINATIONS		
COMBIGAN	2	MFL (10 / Fill)
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	2	MFL (10 / Fill)
CHOLINERGIC AGONISTS		
TYRVAYA	4	ST, MFL (8.4 / Fill)
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN	1	
<i>atropine sulfate (0.01 % solution, 0.025 % solution, 0.05 % solution, 1 % solution)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ATROPINE SULFATE 1 % SOLUTION	2	
<i>cyclopentolate hcl 1 % solution</i>	2	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
MIOTICS - CHOLINESTERASE INHIBITORS		
PHOSPHOLINE IODIDE	4	
MIOTICS - DIRECT ACTING		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	1	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin zn-polymyx (5-400-10000 ointment)</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
OPHTHALMIC ANTIALLERGIC		
<i>azelastine hcl 0.05 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>epinastine hcl</i>	2	ST
ZERVIAE	4	
OPHTHALMIC ANTIBIOTICS		
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	AGE
<i>gatifloxacin</i>	2	MFL (15 / Fill)
<i>gentamicin sulfate 0.3 % solution</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN HCL (0.5 % SOLUTION, 1 MG/ML SOLUTION, 5 MG/ML SOLUTION)	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide</i>	3	MFL (15 / Fill)
DORZOLAMIDE HCL	1	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (pf)</i>	3	
KLARITY-C DROPS	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
VERKAZIA	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
OPHTHALMIC LOCAL ANESTHETICS		
ALTACAINE	3	
<i>proparacaine hcl</i>	2	
TETRACAINE HCL 0.5 % SOLUTION	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	5	PA, MFL (14 / Fill), MDS1 (7 / Fill)
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac sodium (once-daily)</i>	3	
<i>diclofenac sodium 0.1 % solution</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
ALPHAGAN P 0.1 % SOLUTION	3	MFL (15 / Fill)

Drug Name	Drug Tier	Requirements / Limits
APRACLONIDINE HCL	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	2	
BLEPHAMIDE	4	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	2	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>difluprednate</i>	3	MFL (15 / Fill)
<i>fluorometholone</i>	2	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	3	MFL (15 / Fill)
<i>prednisolone acetate</i>	2	QL, MFL (30 / Fill)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	4	PA, QL
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	3	MFL (5 / Fill)

Drug Name	Drug Tier	Requirements / Limits
LATANOPROST	1	MFL (15 / Fill)
LUMIGAN	3	MFL (5 / day(s))
<i>tafluprost (pf)</i>	2	ST, MFL (60 / Fill)
<i>travoprost (bak free)</i>	3	ST, MFL (7.5 / Fill)
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	3	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
<i>neomycin-polymyxin-hc</i>	2	
OTIC STEROIDS		
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
OXYTOCICS (CONTINUED)		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	4	MFL (1 / Fill(s))
<i>methylergonovine maleate 0.2 mg tab</i>	2	PA, MFL (28 / Fill), MDS1 (7 / Fill)
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
NATURAL PENICILLINS		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION	2	MFL (3000 / Fill)

Drug Name	Drug Tier	Requirements / Limits
PENICILLIN G POT IN DEXTROSE 60000 UNIT/ML SOLUTION	2	MFL (1500 / Fill)
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate er</i>	2	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
PROGESTINS (CONTINUED)		
EC-RX PROGESTERONE	4	MFL (60 / Fill)
<i>gallifrey</i>	2	MDS1 (90 / Fill)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab)</i>	1	QL
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	3	
<i>norethindrone acetate</i>	2	MDS1 (90 / Fill)
<i>progesterone (100 mg cap, 200 mg cap)</i>	2	
<i>progesterone 50 mg/ml oil</i>	2	MFL (10 / Fill)
PROGESTERONE MICRONIZED	1	MFL (60 / Fill)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	

Drug Name	Drug Tier	Requirements / Limits
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
FIBROMYALGIA AGENT - SNRIS		
SAVELLA	3	ST, QL
SAVELLA TITRATION PACK	3	ST, MFL (55 / Fill)
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine</i>	5	PA, QL, MDS1 (31 / Fill)
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	2	QL, MDS1 (90 / Fill), SUM7 (Specialty Pharmacy Lock)
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate</i>	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
<i>glatopa</i>	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
<i>cladribine (10 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))
<i>cladribine (4 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))
<i>cladribine (5 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))
<i>cladribine (6 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))
<i>cladribine (7 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>cladribine (8 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))
<i>cladribine (9 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
AVONEX PREFILLED	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
BETASERON	5	PA, QL, MDS1 (31 / Fill)
EXTAVIA	5	PA, QL, MDS1 (31 / Fill)
PLEGRIDY	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PLEGRIDY STARTER PACK	5	PA, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	5	PA, MFL (0.4 / Fill(s)), MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
<i>dimethyl fumarate</i>	2	MFL (180 / Fill), MDS1 (90 / Fill)
<i>dimethyl fumarate starter pack</i>	2	QL, MDS1 (31 / Fill)
VUMERITY	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine er</i>	2	QL, MDS1 (31 / Fill)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	1	
<i>memantine hcl 10 mg tab</i>	1	QL
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	MFL (49 / Fill(s))
<i>memantine hcl 5 mg tab</i>	1	MFL (120 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>memantine hcl er</i>	1	QL
NAMENDA TITRATION PAK	1	MFL (49 / Fill(s))
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	1	
ERGOLOID MESYLATES	3	
<i>pimozide</i>	2	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	1	AGE
<i>cvs nicotine</i>	1	AGE
<i>cvs nicotine polacrilex</i>	1	AGE
<i>eq nicotine</i>	1	AGE
<i>eq nicotine polacrilex</i>	1	AGE
<i>eq nicotine step 3</i>	1	AGE
<i>eq nicotine polacrilex</i>	1	AGE
<i>ft nicotine</i>	1	AGE
<i>ft nicotine mini</i>	1	AGE
<i>gnp nicotine</i>	1	AGE
<i>gnp nicotine mini</i>	1	AGE
<i>gnp nicotine polacrilex</i>	1	AGE
<i>goodsense nicotine</i>	1	AGE
<i>goodsense nicotine polacrilex</i>	1	AGE
<i>habitrol</i>	1	AGE
<i>hm nicotine</i>	1	AGE
<i>hm nicotine polacrilex</i>	1	AGE
<i>kls quit2</i>	1	AGE
<i>kls quit4</i>	1	AGE
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	1	AGE
<i>nicorette</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>nicorette mini</i>	1	AGE
<i>nicorette starter kit</i>	1	AGE
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
NICOTINE 21-14-7 MG/24HR KIT	1	AGE
<i>nicotine mini</i>	1	AGE
<i>nicotine polacrilex</i>	1	AGE
<i>nicotine polacrilex mini</i>	1	AGE
<i>nicotine step 1</i>	1	AGE
<i>nicotine step 2</i>	1	AGE
<i>nicotine step 3</i>	1	AGE
NICOTROL	4	AGE
NICOTROL NS	4	AGE
<i>px stop smoking aid</i>	1	AGE
<i>qc nicotine transdermal system</i>	1	AGE
<i>ra mini nicotine</i>	1	AGE
<i>ra nicotine</i>	1	AGE
<i>ra nicotine gum</i>	1	AGE
<i>ra nicotine polacrilex</i>	1	AGE
<i>sm nicotine</i>	1	AGE
<i>sm nicotine polacrilex</i>	1	AGE
<i>thrive</i>	1	AGE
<i>varenicline tartrate</i>	4	AGE
<i>varenicline tartrate (starter)</i>	4	AGE
<i>varenicline tartrate(continue)</i>	4	AGE
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i>fingolimod hcl</i>	2	QL, MFL (90 / Fill), MDS1 (90 / Fill)
ZEPOSIA	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA 7-DAY STARTER PACK	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	5	PA, MFL (37 / fill(s)), MDS1 (31 / day(s))
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
THIENBENZODIAZEPINES & SSRIS		
<i>olanzapine-fluoxetine hcl</i>	3	
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5	PA, AGE, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
HYDROLYTIC ENZYMES		
PULMOZYME	5	QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	2	PA, QL, MDS1 (31 / Fill), SUM7 (Specialty Pharmacy Lock)
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
OFEV	5	PA, QL, MDS1 (31 / Fill)
SULFONAMIDES (CONTINUED)		
<i>sulfadiazine</i>	3	
TETRACYCLINES (CONTINUED)		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate 20 mg tab</i>	1	QL
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>mondoxyne nl</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	2	
THYROID HORMONES		
ADTHYZA	4	
ARMOUR THYROID	4	
<i>euthyrox</i>	1	
EVEKITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	4	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	4	ST, QL
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NIVA THYROID	4	

Drug Name	Drug Tier	Requirements / Limits
NP THYROID	4	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	4	
THYROID	4	
<i>unithroid</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	3	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	3	
PEDIARIX	3	AGE
VAXELIS	3	AGE, MFL (0.5 / Fill)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
BELLADONNA ALKALOIDS		
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	
NULEV	1	
OSCIMIN	1	
H-2 ANTAGONISTS		
<i>cimetidine</i>	2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	2	AGE
<i>nizatidine (150 mg cap, 300 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MISC. ANTI-ULCER		
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	3	
PROTON PUMP INHIBITORS		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	
<i>cvs omeprazole magnesium</i>	1	
<i>eq omeprazole magnesium</i>	1	
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	QL
FIRST-LANSOPRAZOLE	3	AGE
FIRST-OMEPRAZOLE	3	AGE, MFL (300 / Fill)
FIRST-PANTOPRAZOLE	2	AGE
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	
<i>kp omeprazole magnesium</i>	1	
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	1	QL
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	3	ST, AGE, QL
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	QL
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	AGE, MFL (300 / Fill)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	QL
<i>pantoprazole sodium 40 mg packet</i>	2	ST
<i>qc omeprazole magnesium</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL
QUATERNARY ANTICHOLINERGICS		
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	1	MFL (473 / Fill)
<i>methscopolamine bromide</i>	2	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	2	QL
<i>fesoterodine fumarate er</i>	3	QL
<i>oxybutynin chloride 5 mg tab</i>	1	QL
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	MFL (473 / Fill)
<i>oxybutynin chloride er</i>	1	QL
<i>solifenacin succinate</i>	1	QL
<i>tolterodine tartrate</i>	2	QL
<i>tolterodine tartrate er</i>	2	QL
<i>trospium chloride</i>	2	QL
<i>trospium chloride er</i>	3	QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>mirabegron er</i>	4	ST, QL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	3	AGE
CAPVAXIVE	3	AGE
HIBERIX	3	AGE
MENQUADFI	3	
PENBRAYA	3	AGE
PENMENVY	3	
PREVNAR 20	2	

Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE	3	
VIRAL VACCINE COMBINATIONS		
M-M-R II	3	
PRIORIX	2	
PROQUAD	3	AGE
VIRAL VACCINES		
ABRYSVO	3	QL (1 per lifetime)
AFLURIA PRESERVATIVE FREE	3	
AREXVY	3	QL (1 per lifetime), AGE
AUDENZ	3	
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	3	MFL (0.3 / Fill)
COMIRNATY 5-11 YEARS	3	MFL (0.3 / Fill)
DENGVAXIA	3	
ERVEBO	3	PA
FLUARIX	3	
FLUBLOK	3	
FLUCELVAX SUSPENSION	3	MDS1 (34 / Fill)
FLUCELVAX 0.5 ML SUSP PRSYR	3	
FLULAVAL	3	
FLUMIST	3	
FLUZONE 0.5 ML SUSP PRSYR	3	
GARDASIL 9	3	AGE
HAVRIX 720 EL U/0.5ML SUSP PRSYR	3	
MNEXSPIKE	3	MFL (0.2 / Fill)
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	3	MFL (0.25 / Fill)
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	3	MFL (0.5 / Fill)
NUVAXOVID COVID-19 VACCINE	3	MFL (0.5 / Fill)

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	3	MFL (0.3 / Fill)
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	3	MFL (0.3 / Fill)
ROTATEQ	3	AGE
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	AGE, MFL (1 / Fill)
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	3	AGE, MFL (1 / fill(s))
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	3	MFL (0.5 / Fill)
SPIKEVAX 50 MCG/0.5ML SUSPENSION	3	MFL (0.5 / Fill)
SPIKEVAX 6M-11Y	3	MFL (0.25 / Fill)
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	3	
VARIVAX	3	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	4	
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	2	
MISCELLANEOUS VAGINAL COMBINATIONS		
FEM PH	4	
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	4	QL
SPERMICIDES		
ENCARE	3	MFL (12 / Fill), MDS1 (180 / Fill)
VCF VAGINAL CONTRACEPTIVE 28 % FILM	3	MFL (18 / Fill), MDS1 (180 / Fill)
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phosphate 2 % cream</i>	3	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	4	MFL (60 / Fill), MDS1 (180 / Fill)

Drug Name	Drug Tier	Requirements / Limits
PHEXXI	4	MFL (60 / Fill), MDS1 (180 / Fill)
VAGINAL ESTROGENS		
<i>estradiol 0.01 % cream</i>	2	MFL (127.5 / Fill(s))
<i>estradiol 10 mcg tab</i>	3	QL
ESTRING	3	MFL (1 / Fill), MDS1 (90 / Fill)
IMVEXXY MAINTENANCE PACK	4	ST, QL
IMVEXXY STARTER PACK	4	ST, QL
PREMARIN 0.625 MG/GM CREAM	4	MFL (60 / Fill)
<i>yuvafem</i>	3	QL
VAGINAL PROGESTINS		
FIRST-PROGESTERONE VGS	4	AGE
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	MFL (2 / Fill)
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	2	MFL (2 / Fill)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa (100 mg cap, 200 mg cap)</i>	4	PA, QL
<i>droxidopa 300 mg cap</i>	4	PA, QL
<i>midodrine hcl</i>	2	
VITAMINS (CONTINUED)		
VITAMIN D		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
VITAMIN K		
<i>phytonadione 1 mg/0.5ml solution</i>	2	MFL (18 / Fill(s))

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione 10 mg/ml solution</i>	2	MFL (10 / Fill(s))
<i>phytonadione 5 mg tab</i>	3	QL
<i>vitamin k1 1 mg/0.5ml solution</i>	2	MFL (18 / Fill(s))
<i>vitamin k1 10 mg/ml solution</i>	2	MFL (10 / Fill(s))

Index

1

1ST TIER UNIFINE PENTIPS	112	ACTI-LANCE 28G	97	AEROCHAMBER PLUS FLO-VU	
1ST TIER UNIFINE PENTIPS		ACTI-LANCE LITE LANCETS 28G	97	INTERM	128
PLUS	112	ACTI-LANCE SPECIAL LANCETS		AEROCHAMBER PLUS FLO-VU	
1ST TIER UNILET		17G	97	LARGE	128
COMFORTOUCH	96	ACTI-LANCE UNIVERSAL 23G	97	AEROCHAMBER PLUS FLO-VU	
		acyclovir	50,69	MEDIUM	128
		ADACEL	152	AEROCHAMBER PLUS FLO-VU	
		adapalene	67	SMALL	128
		ADBRY	69	AEROCHAMBER PLUS FLO-VU	
		adefovir dipivoxil	49	W/MASK	128
		ADEMPAS	54	AEROCHAMBER PLUS FLOW VU	128
		ADTHYZA	151	AEROCHAMBER W/FLOWSIGNAL	128
		adult aspirin regimen	5	AEROCHAMBER Z-STAT PLUS	128
		ADVANCE INTUITION TEST	73	AEROCHAMBER Z-STAT PLUS	
		ADVANCE MICRO-DRAW TEST	73	CHAMBR	128
		ADVANCED MOBILE LANCET	97	AEROCHAMBER Z-STAT	
		ADVANTAGE SAFETY LANCETS		PLUS/LARGE	128
		28G	97	AEROCHAMBER Z-STAT	
		ADVOCATE INSULIN PEN		PLUS/MEDIUM	128
		NEEDLE	112	AEROCHAMBER Z-STAT	
		ADVOCATE INSULIN PEN		PLUS/SMALL	128
		NEEDLES	112	AEROCHAMBER2GO ANTI-	
		ADVOCATE INSULIN SYRINGE	112	STATIC	128
		ADVOCATE LANCETS	97	AEROVENT PLUS	128
		ADVOCATE LANCETS 30G	97	afirmelle	55
		ADVOCATE REDI-CODE	73	AFLURIA PRESERVATIVE FREE	155
		ADVOCATE REDI-CODE+ TEST	73	aftera	61
		ADVOCATE SAFETY LANCETS	97	afterpill	61
		ADVOCATE SAFETY LANCETS 21G	97	AGAMATRIX AMP TEST	73
		ADVOCATE SAFETY LANCETS 23G	97	AGAMATRIX JAZZ TEST	74
		ADVOCATE SAFETY LANCETS 26G	97	AGAMATRIX KEYNOTE TEST	74
		ADVOCATE SAFETY LANCETS 28G	97	AGAMATRIX PRESTO TEST	74
		ADVOCATE TEST	73	AGAMATRIX ULTRA-THIN	
		AEMCOLO	12	LANCETS	97
		AEROCHAMBER HOLDING		AIMSCO LUBRICATED	94
		CHAMBER	128	AIMSCO TWIST LANCETS 32G	97
		AEROCHAMBER MINI CHAMBER	128	AIMSCO TWIST LANCETS 33G	97
		AEROCHAMBER MV	128	AIRSUPRA	15
		AEROCHAMBER PLS FLOVU		AJOVY	130
		MTHPIECE	128	ala-cort	70
		AEROCHAMBER PLUS FLO-VU	128	albendazole	12

albuterol sulfate	16	ammonium lactate	71	aspirin adult low dose	5
albuterol sulfate hfa	16	amnesteam	67	aspirin adult low strength	5
alclometasone dipropionate	70	amoxapine	23	aspirin childrens	5
ALECENSA	35	amoxicillin	144	aspirin ec adult low dose	5
alendronate sodium	81	amoxicillin-pot clavulanate	145	aspirin ec low dose	5
alfuzosin hcl er	89	amoxicillin-pot clavulanate er	145	aspirin ec low strength	5
aliskiren fumarate	33	amphetamine sulfate	1	aspirin low dose	5
allopurinol	90	amphetamine-dextroamphet er	1	aspirin regimen	6
almotriptan malate	130	amphetamine-		aspirin-dipyridamole er	91
ALOGLIPTIN BENZOATE	24	dextroamphetamine	1	ASSURE 3 TEST	74
ALOGLIPTIN-METFORMIN HCL	24	ampicillin	144	ASSURE 4 TEST	74
ALOGLIPTIN-PIOGLITAZONE	24	anagrelide hcl	91	ASSURE COMFORT LANCETS 28G	97
alosetron hcl	87	anastrozole	39	ASSURE HAEMOLANCE PLUS HIGH	97
ALPHAGAN P	142	ANORO ELLIPTA	15	ASSURE HAEMOLANCE PLUS LOW	97
alprazolam	14	apomorphine hcl	43	ASSURE HAEMOLANCE PLUS	
alprazolam er	14	APRACLONIDINE HCL	143	MICRO	97
alprazolam xr	14	aprepitant	28	ASSURE HAEMOLANCE PLUS	
ALTACAINE	142	apri	55	NORMAL	97
ALTAFRIN	140	APTIVUS	47	ASSURE HAEMOLANCE PLUS PED	97
altavera	55	AQ INSULIN SYRINGE	112	ASSURE ID DUO PRO PEN	
alyacen 1/35	55	AQINJECT PEN NEEDLE	113	NEEDLES	113
alyacen 7/7/7	63	AQUALANCE LANCETS 30G	97	ASSURE ID INSULIN SAFETY SYR	113
alyq	54	AQUASTAT	132	ASSURE ID PRO PEN NEEDLES	113
amabelz	86	AQUASTAT SFR	132	ASSURE ID SAFETY PEN NEEDLES	113
amantadine hcl	42	AREXVY	155	ASSURE II	74
ambrisentan	54	arformoterol tartrate	16	ASSURE II CHECK	74
AMCINONIDE	70	ARGYLE STERILE SALINE	89	ASSURE LANCE LANCETS	97
amethia	61	aripiprazole	46	ASSURE LANCE LANCETS 21G	97
amethyst	60	armodafinil	1	ASSURE LANCE PLUS SAFETY 25G	97
amiloride hcl	81	ARMOUR THYROID	151	ASSURE LANCE PLUS SAFETY 30G	98
AMILORIDE-		ARNUIITY ELLIPTA	16	ASSURE LANCE SAFETY LANCET	
HYDROCHLOROTHIAZIDE	80	ascomp-codeine	8	28G	98
aminocaproic acid	92	asenapine maleate	45	ASSURE PLATINUM	74
amidarone hcl	15	ashlyna	61	ASSURE PRISM MULTI TEST	74
amitriptyline hcl	23	ASMANEX (120 METERED DOSES)	17	ASSURE PRO TEST	74
AMJEVITA	2	ASMANEX (14 METERED DOSES)	17	ASSURE TITANIUM	74
amlodipine besy-benazepril hcl	31	ASMANEX (30 METERED DOSES)	17	ATABEX EC	136
amlodipine besylate	51	ASMANEX (60 METERED DOSES)	17	ATABEX OB	136
amlodipine besylate-valsartan	32	ASMANEX HFA	17	atazanavir sulfate	47
amlodipine-olmesartan	32	aspirin	5	atenolol	51
amlodipine-valsartan-hctz	32	aspirin 81	5	atenolol-chlorthalidone	33

atomoxetine hcl	1	azithromycin	94	BD INSULIN SYRINGE MICROFINE	114
atorvastatin calcium	30	azurette	55	BD INSULIN SYRINGE U-500	114
atovaquone	12			BD INSULIN SYRINGE U/F	114
atovaquone-proguanil hcl	34	B		BD INSULIN SYRINGE U/F	
atropine sulfate	140	bac (butalbital-acetamin-caff)	5	1/2UNIT	114
ATROPINE SULFATE	141	BACITRA-NEOMYCIN-POLYMYXIN-		BD INSULIN SYRINGE ULTRAFINE	114
aubra	55	HC	143	BD INTEGRA NEEDLE	114
aubra eq	55	BACITRACIN	141	BD INTEGRA SYRINGE	114
AUDENZ	155	BACITRACIN-POLYMYXIN B	141	BD LUER-LOCK SYRINGE	114
AUM INSULIN SAFETY PEN		baclofen	139	BD LUER-LOK SYRINGE	114
NEEDLE	113	balsalazide disodium	87	BD MICROTAINER LANCETS	98
AUM MINI INSULIN PEN		balziva	56	BD NOKOR ADMIX NEEDLE	114
NEEDLE	113	BAQSIMI ONE PACK	24	BD PEN	114
AUM PEN NEEDLE	113	BAQSIMI TWO PACK	24	BD PEN MINI	114
AUM READYGARD DUO PEN		BARDIA BULB IRRIGATION		BD PEN NEEDLE MICRO	
NEEDLE	113	SYRINGE	113	ULTRAFINE	114
AUM SAFETY PEN NEEDLE	113	BARDIA PISTON IRRIGATION		BD PEN NEEDLE MINI ULTRAFINE	114
AURORA LANCET SUPER THIN		SYR	113	BD PEN NEEDLE NANO 2ND GEN	114
30G	98	bayer advanced aspirin reg st	6	BD PEN NEEDLE NANO	
AURORA LANCET THIN 23G	98	bayer aspirin	6	ULTRAFINE	114
AURORA PEN NEEDLES	113	bayer aspirin ec low dose	6	BD PEN NEEDLE ORIG ULTRAFINE	114
AURORA UNIFINE PENTIPS	113	bayer low dose	6	BD PEN NEEDLE SHORT	
aurovela 1.5/30	55	BD ALLERGY SYRINGE	113	ULTRAFINE	114
aurovela 1/20	56	BD AUTOSHIELD DUO	113	BD PLASTIPAK SYRINGE	114
aurovela 24 fe	56	BD BLUNT FILL NEEDLE	113	BD POSIFLUSH	132
aurovela fe 1.5/30	56	BD BLUNT FILL NEEDLE		BD POSIFLUSH SAFESCRUB	132
aurovela fe 1/20	56	W/FILTER	113	BD PRECISIONGLIDE NEEDLE	114
AUTOPEN	113	BD CONTROL SYRING LUER-LOK	113	BD SAFETYGLIDE ALLERGY	
AUVI-Q	157	BD DISP NEEDLE	113	SYRINGE	114
AVERI	56	BD DISP NEEDLES	113	BD SAFETYGLIDE INSULIN	
aviane	56	BD ECLIPSE LUER-LOK NEEDLE	113	SYRINGE	114
avidoxy	150	BD ECLIPSE NEEDLE	113	BD SAFETYGLIDE NEEDLE	114
AVONEX PEN	147	BD ECLIPSE SHIELDED NEEDLE	113	BD SAFETYGLIDE SHIELDED	
AVONEX PREFILLED	147	BD ECLIPSE SYRINGE	113	NEEDLE	114
ayuna	56	BD ECLIPSE SYRINGE/NEEDLE	113	BD SAFETYGLIDE	
AYVAKIT	39	BD FILTER NEEDLE	113	SYRINGE/NEEDLE	115
azasan	133	BD HYPODERMIC NEEDLE	114	BD SYRINGE	115
azathioprine	134	BD INSULIN SYR ULTRAFINE II	114	BD SYRINGE BLUNT CANNULA	
azelaic acid	72	BD INSULIN SYRINGE	114	17G	115
azelastine hcl	139,141	BD INSULIN SYRINGE HALF-UNIT	114	BD SYRINGE DISPOSABLE	115
azelastine-fluticasone	139			BD SYRINGE DUAL CANNULA	115

BD SYRINGE LUER SLIP TIP	115	BOOSTRIX	152	CALCIPOTRIENE	68
BD SYRINGE LUER-LOK	115	bosentan	54	calcipotriene-betameth diprop	73
BD SYRINGE SLIP TIP	115	BP 10-1	66	calcitonin (salmon)	82
BD SYRINGE/NEEDLE	115	bprotected pedia iron	92	calcitrene	68
BD TB SYRINGE	115	BREATHE EASE LARGE	128	CALCITRIOL	68,83
BD VEO INSULIN SYR U/F		BREATHE EASE MEDIUM	128	calcitriol	83
1/2UNIT	115	BREATHE EASE SMALL	128	calcium acetate	88
BD VEO INSULIN SYR		BREATHERITE VALVED MDI		calcium acetate (phos binder)	88
ULTRAFINE	115	CHAMBER	128	CALQUENCE	37
BELBUCA	10	BRENZAVVY	26	camila	62
benazepril hcl	31	BREZTRI AEROSPHERE	15	camrese	61
benazepril-hydrochlorothiazide	32	briellyn	56	camrese lo	61
benzonatate	65	brimonidine tartrate	143	candesartan cilexetil	33
benzoyl peroxide-erythromycin	66	brinzolamide	142	candesartan cilexetil-hctz	32
benztropine mesylate	42	BRIXADI	10	capecitabine	35
betaine	83	BRIXADI (WEEKLY)	10	captopril	31
betamethasone dipropionate	70	bromfenac sodium (once-daily)	142	CAPVAXIVE	154
betamethasone dipropionate		bromocriptine mesylate	42	carbamazepine	19
aug	70	BRUKINSA	36,37	CARBAMAZEPINE	19
betamethasone valerate	70	budesonide	11,17,64	carbamazepine er	19
BETASERON	147	budesonide er	64	carbidopa	43
betaxolol hcl	51	bumetanide	81	carbidopa-levodopa	43
BETAXOLOL HCL	140	buprenorphine	10	carbidopa-levodopa er	43
bethanechol chloride	154	buprenorphine hcl	10	carbidopa-levodopa-entacapone	43
bicalutamide	35	buprenorphine hcl-naloxone hcl	10	CARBINOXAMINE MALEATE	29
BIKTARVY	46	bupropion hcl	22	CAREFINE PEN NEEDLES	115
BILDYOS	84	bupropion hcl er (smoking det)	148	CAREONE BLOOD GLUCOSE TEST	74
bimatoprost	143	bupropion hcl er (sr)	22	CAREONE INSULIN SYRINGE	115
BIMZELX	68	bupropion hcl er (xl)	22	CAREONE LANCET SUPER THIN	
BIOSCANNER GLUCOSE TEST	74	buspirone hcl	14	30G	98
BIOTEL CARE TEST STRIPS	74	butalbital-acetaminophen	5	CAREONE LANCET THIN 23G	98
bisoprolol fumarate	51	butalbital-apap-caff-cod	8	CAREONE UNIFINE PENTIPS	115
bisoprolol-hydrochlorothiazide	33	butalbital-apap-caffeine	5	CAREONE UNIFINE PENTIPS PLUS	115
BLEPHAMIDE	143	butalbital-asa-caff-codeine	8	CAREPOINT POLY HUB NEEDLE	115
blisovi 24 fe	56	butalbital-aspirin-caffeine	5	CAREPOINT PRECISION POLY	
blisovi fe 1.5/30	56	BYNFEZIA PEN	84	HUB	115
blisovi fe 1/20	56			CAREPOINT SAFETY 1ST NEEDLE	115
BLOOD GLUCOSE TEST	74	C		CAREPOINT SAFETY1ST	
BLOOD GLUCOSE TEST STRIPS		cabergoline	82	SYR/NEEDLE	115
333	74	CABOMETYX	38	CAREPOINT SYRINGE CATHETER	
BLULINK GLUCOSE TEST	74	caffeine citrate	1	TIP	115

CAREPOINT SYRINGE LUER LOCK.....115	cefixime.....55	CIPROFLOXACIN-FLUOCINOLONE PF.....144
CAREPOINT SYRINGE LUER SLIP.....115	cefpodoxime proxetil.....55	citalopram hydrobromide.....22
CAREPOINT TUBERCLN SYR/LUER SL.....115	cefprozil.....55	cladribine (10 tabs).....146
CARESENS LANCETS.....98	cefuroxime axetil.....55	cladribine (4 tabs).....146
CARESENS LANCETS 30G.....98	celecoxib.....3	cladribine (5 tabs).....146
CARESENS N GLUCOSE TEST.....74	cephalexin.....54	cladribine (6 tabs).....146
CARESENS S GLUCOSE TEST.....74	CERVIDIL.....144	cladribine (7 tabs).....146
CARETOUCH CATHETER TIP SYRINGE.....115	cevimeline hcl.....134	cladribine (8 tabs).....147
CARETOUCH HYPODERMIC NEEDLE.....115	charlotte 24 fe.....56	cladribine (9 tabs).....147
CARETOUCH INSULIN SYRINGE.....115	chateal.....56	claravis.....67
CARETOUCH LUER LOCK.....115	chateal eq.....56	CLARITHROMYCIN.....94
CARETOUCH LUER LOCK SYR/NEEDLE.....116	CHEMET.....27	clarithromycin er.....94
CARETOUCH LUER SLIP.....116	childrens aspirin.....6	CLEANLET LANCETS 28G.....98
CARETOUCH PEN NEEDLES.....116	chlordiazepoxide hcl.....14	CLENPIQ.....93
CARETOUCH SAFETY LANCETS.....98	CHLORDIAZEPOXIDE-AMITRIPTYLINE.....145	CLEOCIN.....156
CARETOUCH SAFETY LANCETS 26G.....98	chlorhexidine gluconate.....134	CLEVER CHEK AUTO-CODE TEST.....74
CARETOUCH TEST.....74	CHLOROQUINE PHOSPHATE.....34	CLEVER CHEK AUTO-CODE VOICE.....74
CARETOUCH TWIST LANCETS 28G.....98	chlorpromazine hcl.....45	CLEVER CHEK LANCETS.....98
CARETOUCH TWIST LANCETS 30G.....98	chlorthalidone.....81	CLEVER CHEK TEST.....74
CARETOUCH TWIST LANCETS 33G.....98	chlorzoxazone.....139	CLEVER CHOICE AUTO-CODE TEST.....74
CARETOUCH TWIST MC LANCETS 30G.....98	cholestyramine.....30	CLEVER CHOICE COMFORT EZ.....98,116
carisoprodol.....139	cholestyramine light.....30	CLEVER CHOICE HOLDING CHAMBER.....128
CARTEOLOL HCL.....140	CHORIONIC GONADOTROPIN.....83	CLEVER CHOICE LANCETS 21G.....98
cartia xt.....51	CHOSEN LANCETS 30G.....98	CLEVER CHOICE LANCETS 23G.....98
carvedilol.....50	CHOSEN SAFETY LANCETS 28G.....98	CLEVER CHOICE LANCETS 28G.....98
carvedilol phosphate er.....51	CIBINQO.....69	CLEVER CHOICE MICRO TEST.....74
CAYSTON.....13	ciclodan.....67	CLEVER CHOICE NO CODING.....74
CEFACLOR.....54	ciclopirox.....67	CLEVER CHOICE TALK SYSTEM.....74
CEFACLOR ER.....55	ciclopirox olamine.....67	CLICKFINE PEN NEEDLES.....116
cefadroxil.....54	cilostazol.....90	clindacin.....66
cefdinir.....55	CIMDUO.....46	clindamycin hcl.....13
	cimetidine.....152	clindamycin palmitate hcl.....13
	CIMZIA.....88	clindamycin phos (twice-daily).....66
	CIMZIA (1 SYRINGE).....88	clindamycin phos-benzoyl perox.....66
	CIMZIA (2 SYRINGE).....89	clindamycin phosphate.....66,156
	CIMZIA-STARTER.....89	clobazam.....18
	cinacalcet hcl.....81	clobetasol prop emollient base.....70
	ciprofloxacin hcl.....86,141	clobetasol propionate.....70
	ciprofloxacin-dexamethasone.....144	clobetasol propionate e.....70

clobetasol propionate emulsion	70	COMFORT TOUCH INSULIN PEN	cryselle	56
clomipramine hcl	23	NEED	cryselle-28	56
clonazepam	18,19	COMFORT TOUCH LANCETS 31G	curae	61
clonidine	33	COMFORT TOUCH PLUS LANCETS	CURITY STERILE SALINE	89
clonidine hcl	33	28G	CVS ADVANCED GLUCOSE TEST	75
clonidine hcl er	1	COMFORT TOUCH PLUS LANCETS	cvs aspirin	6
clopidogrel bisulfate	91	30G	cvs aspirin adult low dose	6
clorazepate dipotassium	14	COMFORT TOUCH TWIST LANCET	cvs aspirin adult low strength	6
clotrimazole	71,134	30G	cvs aspirin ec	6
CLOTTRIMAZOLE-		COMIRNATY	cvs aspirin low dose	6
BETAMETHASONE	68	COMIRNATY 5-11 YEARS	cvs aspirin low strength	6
clozapine	45	COMPACT SPACE CHAMBER	cvs folic acid	91
CO-NATAL FA	136	COMPACT SPACE CHAMBER/LG	cvs genuine aspirin	6
COAGUCHEK LANCETS	98	MASK	CVS GLUCOSE METER TEST STRIPS	75
codeine sulfate	9	COMPACT SPACE CHAMBER/MED	CVS LANCETS 21G	99
colchicine	90	MASK	CVS LANCETS MICRO THIN 33G	99
colchicine-probenecid	90	COMPACT SPACE CHAMBER/SM	CVS LANCETS ORIGINAL	99
colesevelam hcl	30	MASK	CVS LANCETS THIN 26G	99
colestipol hcl	30	COMPLETE NATAL DHA	CVS LANCETS ULTRA THIN 30G	99
COMBIGAN	140	COMPLETENATE	CVS LANCETS ULTRA-THIN 30G	99
COMBIVENT RESPIMAT	15	CONCEPT OB	cvs nicotine	148
COMETRIQ (100 MG DAILY DOSE)	39	CONDOMS	cvs nicotine polacrilex	148
COMETRIQ (140 MG DAILY DOSE)	39	constulose	cvs omeprazole magnesium	153
COMETRIQ (60 MG DAILY DOSE)	39	CONTOUR NEXT TEST	CVS TRUE METRIX GLUCOSE TEST	75
COMFORT ASSIST INSULIN SYRINGE	116	CONTOUR PLUS TEST	CVS ULTRA THIN LANCETS	99
COMFORT ASSURED LANCETS 28G	98	CONTOUR TEST	cyanocobalamin	91
COMFORT ASSURED LANCETS 33G	98	COOL BLOOD GLUCOSE TEST STRIPS	cyclafem 1/35	56
COMFORT EZ INSULIN SYRINGE	116	CORTISONE ACETATE	cyclafem 7/7/7	63
COMFORT EZ MICRO PEN NEEDLES	116	COSENTYX	cyclobenzaprine hcl	139
COMFORT EZ PEN NEEDLES	116	COSENTYX (300 MG DOSE)	cyclopentolate hcl	141
COMFORT EZ PRO PEN NEEDLES	116	COSENTYX SENSOREADY (300 MG)	CYCLOPHOSPHAMIDE	41
COMFORT EZ SHORT PEN NEEDLES	116	COSENTYX SENSOREADY PEN	cyclosporine	132
COMFORT LANCETS	98	COSENTYX UNOREADY	cyclosporine (pf)	142
		COTELIC	cyclosporine modified	132
		CREON	cyproheptadine hcl	29
		CRESEMBA	cyred	56
		cromolyn sodium	cyred eq	56
		CROMOLYN SODIUM	CYSTADANE	83
		CRONO SYRINGE	CYSTAGON	89

D			
D-CARE BLOOD GLUCOSE	75	dexamethasone	64
dabigatran etexilate mesylate	18	DEXAMETHASONE SODIUM	
dalfampridine er	147	PHOSPHATE	143
danazol	11	DEXCOM G6 RECEIVER	99
dantrolene sodium	139	DEXCOM G6 SENSOR	99
dapsone	13,66	DEXCOM G6 TRANSMITTER	99
darifenacin hydrobromide er	154	DEXCOM G7 15 DAY SENSOR	99
darunavir	48	DEXCOM G7 RECEIVER	99
dasatinib	36	DEXCOM G7 SENSOR	99
dasetta 1/35	56	dexamethylphenidate hcl	1
dasetta 7/7/7	63	dexamethylphenidate hcl er	1
daysee	61	dextroamphetamine sulfate	1
deblitane	62	dextroamphetamine sulfate er	1
deferiprone	27	DIATHRIVE BLOOD GLUCOSE	
DEFLUX METAL NEEDLE	116	TEST	75
DELSTRIGO	46	DIATHRIVE GLUCOSE TEST	75
delyla	56	DIATHRIVE LANCET ULTRA THIN	
demeclocycline hcl	150	30	99
DENGVAXIA	155	DIATHRIVE LANCETS	99
dentagel	134	DIATHRIVE PEN NEEDLE	116
DEPO-ESTRADIOL	86	DIATHRIVE+ GLUCOSE TEST	75
DEPO-PROVERA	62	DIATRUE PLUS TEST	75
DEPO-SUBQ PROVERA 104	62	diazepam	14,19
depo-testosterone	11	diazepam intensol	14
DERMACINRX PRETRATE	136	diazoxide	24
DESCOVY	46	dichlorphenamide	80
desipramine hcl	23	diclofenac potassium	3
DESLORATADINE	29	diclofenac sodium	3,68,142
desmopressin ace spray refig	85	diclofenac sodium er	4
desmopressin acetate	85	diclofenac-misoprostol	3
DESMOPRESSIN ACETATE	85	dicloxacillin sodium	145
desmopressin acetate pf	85	dicyclomine hcl	152
desmopressin acetate spray	85	diflorasone diacetate	70
desogestrel-ethinyl estradiol	55	diflunisal	6
desonide	70	difluprednate	143
DESONIDE	70	digoxin	52,53
desoximetasone	70	DIGOXIN	53
desrx	70	dihydroergotamine mesylate	130
desvenlafaxine succinate er	23	DILANTIN	21
		DILANTIN-125	21
		dilt-xr	51
		diltiazem hcl	51
		diltiazem hcl er	51,52
		diltiazem hcl er beads	52
		diltiazem hcl er coated beads	52
		dimethyl fumarate	147
		dimethyl fumarate starter pack	147
		diphenoxylate-atropine	27
		dipyridamole	91
		DISKETS	9
		disopyramide phosphate	14
		disulfiram	145
		DIURIL	81
		divalproex sodium	22
		divalproex sodium er	22
		dofetilide	15
		dolishale	61
		donepezil hcl	146
		DORZOLAMIDE HCL	142
		dorzolamide hcl-timolol mal	140
		dotti	86
		DOVATO	46
		doxazosin mesylate	33
		doxepin hcl	23
		doxycycline hyclate	150,151
		doxycycline monohydrate	151
		dronabinol	28
		DROPLET INSULIN SYRINGE	116
		DROPLET LANCETS ULTRA THIN	
		30G	99
		DROPLET MICRON	116
		DROPLET PEN NEEDLES	116
		DROPLET PERSONAL LANCETS 30G99	
		DROPSAFE ACTI-LANCE 23G	99
		DROPSAFE AUTOPROTECT DUO	116
		DROPSAFE MEDLANCE LANCET	
		30G	99
		DROPSAFE SAFETY PEN NEEDLES	116
		DROPSAFE SAFETY	
		SYRINGE/NEEDLE	116
		DROPSAFE SICURA	116
		drosipren-eth estrad-levomefol	56

drospirenone-ethinyl estradiol	56	EASY COMFORT LANCETS TWIST TOP	100	EASY TOUCH LANCETS 32G	100
droxidopa	157	EASY COMFORT PEN NEEDLES	117	EASY TOUCH LANCETS 32G/TWIST	100
DRUG MART LANCETS THIN 26G99	99	EASY GLIDE CATH TIP SYRINGE	117	EASY TOUCH LANCETS 33G/TWIST	100
DRUG MART ON-THE-GO LANCET 30G	99	EASY GLIDE LUER LOCK SYRINGE	117	EASY TOUCH PEN NEEDLES	117
DRUG MART UNIFINE PENTIPS	116	EASY GLIDE PEN NEEDLES	117	EASY TOUCH SAFETY LANCETS 21G	100
DRUG MART UNIFINE PENTIPS PLUS	116	EASY GLIDE SLIP LOCK SYRINGE	117	EASY TOUCH SAFETY LANCETS 23G	100
DRUG MART UNILET LANCETS 28G	99	EASY MAX BLOOD GLUCOSE TEST	75	EASY TOUCH SAFETY LANCETS 26G	100
DRUG MART UNILET LANCETS 30G	99	EASY PLUS II GLUCOSE TEST	75	EASY TOUCH SAFETY LANCETS 28G	100
DRUG MART UNILET LANCETS 33G	99	EASY STEP TEST	75	EASY TOUCH SAFETY LANCETS 28G	100
DRY SOL	72	EASY TALK BLOOD GLUCOSE TEST	75	EASY TOUCH SAFETY LANCETS 28G	100
DUAVEE	86	EASY TALK PLUS II TEST STRIPS	75	EASY TOUCH SAFETY PEN NEEDLES	117
duloxetine hcl	23	EASY TOUCH ALLERGY SYRINGE	117	EASY TOUCH SAFETY SYRINGE	117
DUO-CARE TEST	75	EASY TOUCH FLIPLOCK INSULIN SYR	117	EASY TOUCH SHEATHLOCK SYRINGE	117,118
DUREX EXTRA SENSITIVE THIN	95	EASY TOUCH FLIPLOCK NEEDLES	117	EASY TOUCH SYRINGE BARREL	118
DUREX REALFEEL	95	EASY TOUCH FLIPLOCK SAFETY SYR	117	EASY TOUCH TB FLIPLOCK SYRINGE	118
DUREX TROPICAL	95	EASY TOUCH FLURINGE FLIPLOCK	117	EASY TOUCH TB SHEATHLOCK SYR	118
dutasteride	89	EASY TOUCH FLURINGE SHEATHLOCK	117	EASY TOUCH TEST	75
dutasteride-tamsulosin hcl	90	EASY TOUCH HEALTHPRO GLUCOSE	75	EASY TRAK BLOOD GLUCOSE TEST	75
DYMISTA	139	EASY TOUCH HYPODERMIC NEEDLE	117	EASY TRAK II GLUCOSE TEST	75
E		EASY TOUCH INSULIN BARRELS	117	EASYGLUCO	75
E-Z JECT LANCET MICRO-THIN 33G	100	EASY TOUCH INSULIN SAFETY SYR	117	EASYMAX 15 TEST	75
E-Z JECT LANCET SUPER THIN 30G	100	EASY TOUCH LANCETS 21G	100	EASYMAX TEST	75
E-Z JECT LANCETS	100	EASY TOUCH LANCETS 23G	100	EASYPOINT NEEDLE	118
E-Z JECT LANCETS 21G	100	EASY TOUCH LANCETS 26G	100	EASYPOINT NEEDLE/SYRINGE	118
E-Z JECT LANCETS THIN 26G	100	EASY TOUCH LANCETS 28G	100	EASYPRO BLOOD GLUCOSE TEST	75
e.e.s. 400	94	EASY TOUCH LANCETS 30G	100	EASYPRO PLUS	75
EASIVENT	129	EASY TOUCH LANCETS 30G/TWIST	100	EBGLYSS	69
EASIVENT MASK LARGE	129	EASY TOUCH LANCETS 30G/TWIST	100	EC-RX PROGESTERONE	145
EASIVENT MASK MEDIUM	129	EASY TOUCH LANCETS 30G/TWIST	100	econazole nitrate	72
EASIVENT MASK SMALL	129	EASY TOUCH LANCETS 30G/TWIST	100	econtra ez	61
EASY COMFORT INSULIN SYRINGE	117	EASY TOUCH LANCETS 30G/TWIST	100	econtra one-step	61
EASY COMFORT LANCETS	100	EASY TOUCH LANCETS 30G/TWIST	100	ecotrin	6
				ecotrin arthrtis pain	6

ecotrin low strength.....	6	EMBRACE PRESSURE ACTIVATED	eq aspirin.....	6
EDARBI.....	33	21G.....	eq aspirin adult low dose.....	6
efavirenz.....	48	EMBRACE PRESSURE ACTIVATED	eq aspirin low dose.....	6
efavirenz-emtricitab-tenofo df..	46	28G.....	EQ BLOOD GLUCOSE TEST.....	76
EFAVIRENZ-LAMIVUDINE-		EMBRACE PRO GLUCOSE TEST... 76	eq nicotine.....	148
TENOFOVIR.....	46	EMBRACE TALK GLUCOSE TEST... 76	eq nicotine polacrilex.....	148
EFFER-K.....	131	EMBRACE WAVE BLOOD	eq nicotine step 3.....	148
ELEMENT COMPACT TEST.....	75	GLUCOSE.....	eq omeprazole magnesium.....	153
ELEMENT TEST.....	75	EMEND.....	EQ SPACE CHAMBER ANTI-	
eletriptan hydrobromide.....	130	EMGALITY.....	STATIC.....	129
ELIGARD.....	40,41	EMGALITY (300 MG DOSE).....	EQ SPACE CHAMBER ANTI-STATIC	
elinest.....	56	emoquette.....	L.....	129
ELIQUIS.....	17,18	emtricitab-rielpivir-tenofov df....	EQ SPACE CHAMBER ANTI-STATIC	
ELIQUIS (1.5 MG PACK).....	17	emtricitabine.....	M.....	129
ELIQUIS (2 MG PACK).....	17	emtricitabine-tenofovir df.....	EQ SPACE CHAMBER ANTI-STATIC	
ELIQUIS DVT/PE STARTER PACK..	18	EMTRIVA.....	S.....	129
ELLA.....	61	emzahn.....	eql aspirin ec.....	6
eluryng.....	60	enalapril maleate.....	eql aspirin low dose.....	6
EMBECTA AUTOSHIELD DUO... 118		enalapril-hydrochlorothiazide... 32	EQL COLOR LANCETS 21G.....	100
EMBECTA INS SYR U/F 1/2		ENBREL.....	EQL COLOR LANCETS MICRO 33G 100	
UNIT.....	118	ENBREL MINI.....	EQL INSULIN SYRINGE.....	118
EMBECTA INSULIN SYRINGE... 118		ENBREL SURECLICK.....	eql nicotine polacrilex.....	148
EMBECTA INSULIN SYRINGE U-		ENCARE.....	EQL SUPER THIN LANCETS 30G... 100	
100.....	118	endocet.....	EQL THIN LANCETS 26G.....	101
EMBECTA INSULIN SYRINGE U-		enilloring.....	ergocalciferol.....	157
500.....	118	ENLITE GLUCOSE SENSOR.....	ERGOLOID MESYLATES.....	148
EMBECTA INSULIN SYRINGE		enoxaparin sodium.....	ERGOMAR.....	130
U/F.....	118	enpresse-28.....	ERIVEDGE.....	37
EMBECTA PEN NEEDLE NANO... 118		enskyce.....	erlotinib hcl.....	37
EMBECTA PEN NEEDLE NANO 2		entacapone.....	errin.....	62
GEN.....	118	entecavir.....	ERVEBO.....	155
EMBECTA PEN NEEDLE U/F... 118		ENTRESTO.....	ERYTHROMYCIN.....	66,141
EMBECTA PEN NEEDLE		ENTYVIO PEN.....	erythromycin.....	66,94
ULTRAFINE.....	118	enulose.....	erythromycin base.....	94
EMBRACE BLOOD GLUCOSE		ENVARUSUS XR.....	erythromycin ethylsuccinate.....	94
TEST.....	76	EOHILIA.....	ERZOFRI.....	43
EMBRACE EVO BLOOD GLUCOSE		epinastine hcl.....	escitalopram oxalate.....	22
TEST.....	76	epinephrine.....	esomeprazole magnesium.....	153
EMBRACE LANCETS ULTRA THIN		epitol.....	est estrogens-methyltest.....	85
30G.....	100	eplerenone.....	est estrogens-methyltest ds.....	85
EMBRACE PEN NEEDLES.....	118	epoprostenol sodium.....	est estrogens-methyltest hs.....	85

estarylla	56	FANAPT TITRATION PACK A	44	FIFTY50 UNILET LANCETS 33G	101
estazolam	93	FANAPT TITRATION PACK B	44	FILSUVEZ	73
estradiol	86,157	FANAPT TITRATION PACK C	44	finasteride	89
estradiol valerate	86	FANTASY LUBRICATED	95	FINE 30	101
ESTRING	157	FANTASY LUBRICATED/SPERMICIDE	95	FINGERSTIX LANCETS	101
eszopiclone	93	FARXIGA	26	finzala	57
ethacrynic acid	81	FARYDAK	37	FIRST-LANSOPRAZOLE	153
ethambutol hcl	34	FASENRA	16	FIRST-METRONIDAZOLE	12
ethosuximide	21	FASENRA PEN	16	FIRST-OMEPRAZOLE	153
ethynodiol diac-eth estradiol	57	fayosim	61	FIRST-PANTOPRAZOLE	153
etodolac	4	FC2 FEMALE CONDOM	94	FIRST-PROGESTERONE VGS	157
etodolac er	4	fe-vite iron	92	flac	144
etonogestrel-ethinyl estradiol	60	febuxostat	90	flavoxate hcl	154
ETOPOSIDE	41	feirza 1.5/30	57	flecainide acetate	15
etravirine	48	feirza 1/20	57	FLEXICHAMBER	129
EUCRISA	72	felbamate	21	FLEXICHAMBER ADULT MASK/SMALL	129
euthyrox	151	felodipine er	52	FLEXICHAMBER CHILD MASK/LARGE	129
EVAMIST	86	FEM PH	156	FLEXICHAMBER CHILD MASK/SMALL	129
everolimus	38,133	FEMCAP	94	FLORAFOL PEDIATRIC	135
EVEXITHROID	151	FEMLYV	57	FLORIVA PLUS	135
EVOLUTION AUTOCODE	76	femynor	57	FLOTREX	135
EVOTAZ	47	fenofibrate	30	FLOW-EZE VENTED NEEDLE	118
EXEL COMFORT POINT INSULIN SYR	118	fenofibrate micronized	30	FLUARIX	155
EXEL COMFORT POINT PEN NEEDLE	118	fenofibric acid	30	FLUBLOK	155
exemestane	40	FENOPROFEN CALCIUM	4	FLUCELVAX	155
EXTAVIA	147	fentanyl	9	fluconazole	28,29
EZ-LETS LANCETS 21G	101	FENTANYL CITRATE	9	fludrocortisone acetate	65
EZ-LETS LANCETS 26G	101	fer-in-sol	92	FLULAVAL	155
EZ-LETS LANCETS 28G	101	ferrous sulfate	92	FLUMIST	155
EZ-LETS LANCETS 30G	101	fesoterodine fumarate er	154	flunisolide	139
ezetimibe	31	FIASP	25	fluocinolone acetonide	70,144
ezetimibe-simvastatin	31	FIASP FLEXTOUCH	25	fluocinolone acetonide body	70
		FIASP PENFILL	25	fluocinolone acetonide scalp	71
		FIASP PUMPCART	25	fluocinonide	71
		fidaxomicin	94	fluocinonide emulsified base	71
		FIFTY50 GLUCOSE TEST 2.0	76	fluorometholone	143
		FIFTY50 PEN NEEDLES	118	FLUOROURACIL	68
		FIFTY50 SAFETY SEAL LANCETS	101		
		FIFTY50 SUPERIOR COMFORT SYR	118		

fluoxetine hcl	22	FORA GD20 TEST	76	FREESTYLE LIBRE 2 SENSOR	101
FLUOXETINE HCL	22	FORA GD50 BLOOD GLUCOSE		FREESTYLE LIBRE 3 PLUS SENSOR	101
fluphenazine hcl	45	TEST	76	FREESTYLE LIBRE 3 READER	101
FLURANDRENOLIDE	71	FORA GTEL BLOOD GLUCOSE		FREESTYLE LIBRE 3 SENSOR	101
FLURAZEPAM HCL	93	TEST	76	FREESTYLE LIBRE READER	101
flurbiprofen	4	FORA LANCETS	101	FREESTYLE LITE	101
FLURBIPROFEN SODIUM	142	FORA TN'G ADVANCE PRO	76	FREESTYLE LITE TEST	77
FLUTICASONE PROPIONATE	71	FORA TN'G/TN'G VOICE	76	FREESTYLE PRECISION NEO	
fluticasone propionate	140	FORA V10 BLOOD GLUCOSE TEST	76	SYSTEM	101
FLUTICASONE PROPIONATE		FORA V12 BLOOD GLUCOSE TEST	76	FREESTYLE PRECISION NEO TEST	77
DISKUS	17	FORA V20 BLOOD GLUCOSE TEST	76	FREESTYLE TEST	77
FLUTICASONE PROPIONATE HFA	17	FORA V30A BLOOD GLUCOSE		FREESTYLE UNISTICK II LANCETS	102
fluticasone propionate hfa	17	TEST	76	frovatriptan succinate	130
fluticasone-salmeterol	15	FORACARE GD40 TEST	76	ft aspirin	6
FLUTICASONE-SALMETEROL	15	FORACARE PREMIUM V10 TEST	76	ft aspirin low dose	6
fluvastatin sodium	30	FORACARE TEST N GO TEST	77	ft enteric coated aspirin	6
fluvastatin sodium er	30	formoterol fumarate	16	ft folic acid	91
flvoxamine maleate	22	FORTISCARE G1 TEST STRIP	77	ft nicotine	148
flvoxamine maleate er	23	FORTISCARE TEST	77	ft nicotine mini	148
FLUZONE	155	fosamprenavir calcium	48	furosemide	81
folate	91	fosinopril sodium	31	FUROSEMIDE	81
folic acid	91	fosinopril sodium-hctz	32	fyavolv	86
FOLIVANE-OB	136	FRAICHE 5000 DENTAL	134		
fondaparinux sodium	18	FREDS PHARMACY UNIFINE		G	
FONDCIRCLE BLOOD GLUCOSE		PENTIP+	118	g tussin ac	65
TEST	76	FREDS PHARMACY UNIFINE		gabapentin	19
FONDCIRCLE SINGLE USE		PENTIPS	118	galantamine hydrobromide	146
LANCETS	101	FREDS PHARMACY UNILET LANC		galantamine hydrobromide er	146
FORA 6 CONNECT	76	28G	101	galbriela	57
FORA 6 CONNECT/GTEL TEST	76	FREDS PHARMACY UNILET LANC		gallifrey	145
FORA BLOOD GLUCOSE TEST	76	30G	101	GARDASIL 9	155
FORA D15G BLOOD GLUCOSE		FREESTYLE FREEDOM LITE	101	gatifloxacin	141
TEST	76	FREESTYLE INSULINX TEST	77	GAVILYTE-C	93
FORA D20 BLOOD GLUCOSE		FREESTYLE LANCETS	101	gavilyte-g	93
TEST	76	FREESTYLE LIBRE 14 DAY		GE100 BLOOD GLUCOSE TEST	77
FORA D40/G31 BLOOD		READER	101	gefitinib	37
GLUCOSE	76	FREESTYLE LIBRE 14 DAY		gemfibrozil	30
FORA G20 BLOOD GLUCOSE		SENSOR	101	gemmily	57
TEST	76	FREESTYLE LIBRE 2 PLUS		generlac	88
FORA G30/PREM V10 GLUCOSE		SENSOR	101	gengraf	133
TEST	76	FREESTYLE LIBRE 2 READER	101	GENOTROPIN	82

GENOTROPIN MINIQUICK.....	82	GLUCONAVII BLOOD GLUCOSE	GNP ULTIGUARD SAFEPAK
gentamicin sulfate.....	67,141	TEST.....	77 NEEDLE.....
GENTEEL BUTTERFLY TOUCH		GLUCOPRO INSULIN SYRINGE...119	GNP ULTRA COM INSULIN
LANCET.....	102	GLUCOSE METER TEST.....	77 SYRINGE.....
GENTLE-LET GP LANCETS.....	102	glyburide.....	27 GOJJI BLOOD GLUCOSE TEST.....
GENTLE-LET LANCETS.....	102	GLYBURIDE MICRONIZED.....	27 GOJJI BLOOD TEST STRIP/LANCETS
genuine aspirin.....	6	glyburide-metformin.....	26 GOJJI STERILE LANCETS.....
GENULTIMATE TEST.....	77	glycopyrrolate.....	153 goodsense aspirin.....
GENVOYA.....	47	glydo.....	72 goodsense aspirin adults.....
GHT TEST.....	77	gnp adult aspirin low strength....	6 goodsense aspirin low dose.....
glatiramer acetate.....	146	gnp aspirin.....	6 GOODSENSE BLOOD GLUCOSE....
glatopa.....	146	gnp aspirin low dose.....	7 GOODSENSE CLICKFINE PEN
glimepiride.....	27	GNP CLICKFINE PEN NEEDLES...119	NEEDLE.....
glipizide.....	27	GNP EASY TOUCH GLUCOSE TEST	77 GOODSENSE COLOR LANCETS
glipizide er.....	27	gnp folic acid.....	91 33G.....
glipizide xl.....	27	GNP INSULIN SYRINGE.....	119 GOODSENSE LANCETS 26G UNIV.102
glipizide-metformin hcl.....	26	GNP INSULIN SYRINGES.....	119 GOODSENSE LANCETS 30G.....
GLOBAL EASE INJECT PEN		GNP INSULIN SYRINGES	GOODSENSE LANCETS 30G UNIV.102
NEEDLES.....	118	28GX1/2".....	119 GOODSENSE LANCETS 33G.....
GLOBAL EASY GLIDE INSULIN		GNP INSULIN SYRINGES	GOODSENSE LANCETS 33G UNIV.102
SYR.....	118	29GX1/2".....	119 goodsense nicotine.....
GLOBAL EASY GLIDE PEN		GNP INSULIN SYRINGES	goodsense nicotine polacrilex....
NEEDLES.....	119	30GX5/16".....	119 GOODSENSE PEN NEEDLE
GLOBAL INJECT EASE INSULIN		GNP INSULIN SYRINGES	PENFINE.....
SYR.....	119	31GX5/16".....	119 granisetron hcl.....
GLOBAL INJECT EASE LANCETS		GNP LANCETS 21G.....	102 griseofulvin microsize.....
28G.....	102	GNP LANCETS THIN 26G.....	102 griseofulvin ultramicrosize.....
GLOBAL INJECT EASE LANCETS		gnp nicotine.....	148 guaiatussin ac.....
30G.....	102	gnp nicotine mini.....	148 guaifenesin ac.....
GLOBAL INSULIN SYRINGES...119		gnp nicotine polacrilex.....	148 guaifenesin-codeine.....
glucagon emergency.....	24	gnp omeprazole.....	153 guanfacine hcl.....
GLUCO PERFECT 3 TEST.....	77	GNP PEN NEEDLES.....	119 guanfacine hcl er.....
GLUCOCARD 01 SENSOR PLUS...77		GNP STERILE LANCETS 28G....	102 GUARDIAN 4 GLUCOSE SENSOR...102
GLUCOCARD EXPRESSION TEST.77		GNP STERILE LANCETS 30G....	102 GUARDIAN 4 TRANSMITTER.....
GLUCOCARD SHINE TEST.....	77	GNP STERILE LANCETS 33G....	102 GUARDIAN CONNECT
GLUCOCARD VITAL TEST.....	77	GNP TRUE METRIX GLUCOSE	TRANSMITTER.....
GLUCOCARD X-SENSOR.....	77	STRIPS.....	77 GUARDIAN LINK 3 TRANSMITTER
GLUCOCOM LANCETS 28G....	102	GNP TRUETRACK SMART SYSTEM	77 GUARDIAN REAL-TIME REPLACE
GLUCOCOM LANCETS 30G....	102	GNP TRUETRACK TEST STRIPS...77	PED.....
GLUCOCOM LANCETS 33G....	102	GNP ULTICARE PEN NEEDLES...119	GUARDIAN SENSOR (3).....
GLUCOCOM TEST.....	77		GUARDIAN SENSOR 3.....

GVOKE HYPOPEN 1-PACK.....	24	HARVONI.....	49	HUMULIN R U-500	
GVOKE HYPOPEN 2-PACK.....	24	HAVRIX.....	155	(CONCENTRATED).....	25
GVOKE KIT.....	24	HEALTHWISE INSULIN		HUMULIN R U-500 KWIKPEN.....	25
GVOKE PFS.....	24	SYR/NEEDLE.....	119	HW EMBRACE PRO GLUCOSE TEST77	
GYNAZOLE-1.....	156	HEALTHWISE MICRON PEN		HW EMBRACE TALK GLUCOSE	
		NEEDLES.....	119	TEST.....	77
		HEALTHWISE MINI PEN		HY-VEE LANCETS.....	103
		NEEDLES.....	119	HY-VEE THIN LANCETS.....	103
		HEALTHWISE PEN NEEDLES.....	119	HYCAMTIN.....	42
		HEALTHWISE SHORT PEN		hydralazine hcl.....	33
		NEEDLES.....	119	hydrochlorothiazide.....	81
		HEALTHWISE UNIFINE PENTIPS.....	119	HYDROCOD POLI-CHLORPHE POLI	
		HEALTHY ACCENTS UNIFINE		ER.....	66
		PENTIP.....	119	hydrocodone bit-homatrop mbr..	65
		HEALTHY ACCENTS UNILET		HYDROCODONE BITARTRATE ER...	9
		LANCETS.....	103	hydrocodone-acetaminophen.....	8
		heather.....	62	HYDROCODONE-ACETAMINOPHEN.	8
		heparin sodium (porcine).....	18	HYDROCODONE-IBUPROFEN.....	9
		heparin sodium (porcine) +rfid ..	18	HYDROCORT-PRAMOXINE	
		heparin sodium (porcine) pf.....	18	(PERIANAL).....	11
		her style.....	61	hydrocortisone.....	11,64,71
		HIBERIX.....	154	hydrocortisone (perianal).....	11
		hm adult aspirin.....	7	HYDROCORTISONE ACE-	
		hm aspirin.....	7	PRAMOXINE.....	11
		hm aspirin ec.....	7	HYDROCORTISONE ACETATE.....	12
		hm aspirin ec low dose.....	7	HYDROCORTISONE BUTYRATE....	71
		hm folic acid.....	91	hydrocortisone sod suc (pf).....	64
		hm nicotine.....	148	hydrocortisone valerate.....	71
		hm nicotine polacrilex.....	148	hydrocortisone-acetic acid.....	144
		HM ULTICARE INSULIN SYRINGE	119	hydromet.....	65
		HM ULTICARE MINI PEN		HYDROMORPHONE HCL.....	9
		NEEDLES.....	119	hydromorphone hcl er.....	9
		HM ULTICARE SHORT PEN		hydroxychloroquine sulfate.....	34
		NEEDLES.....	120	hydroxyurea.....	39
		HUBER NEEDLE.....	120	hydroxyzine hcl.....	14
		HUMALOG.....	25	HYDROXYZINE PAMOATE.....	14
		HUMALOG JUNIOR KWIKPEN....	25	hyoscyamine sulfate.....	152
		HUMALOG KWIKPEN.....	25	hyoscyamine sulfate er.....	152
		HUMALOG MIX 50/50 KWIKPEN .	25	HYOSCYAMINE SULFATE SL.....	152
		HUMALOG MIX 75/25 KWIKPEN .	25	HYOSYNE.....	152
		HUMALOG TEMPO PEN.....	25	HYPERSAL.....	65

HYPODERMIC NEEDLE	120	INPEN 100-PINK-LILLY- HUMALOG	120	ISENTRESS	47
I		INPEN 100-PINK-NOVOLOG- FIASP	120	ISENTRESS HD	47
ibandronate sodium	81	INQOVI	39	isibloom	57
IBRANCE	40	INSPIREASE	129	isoniazid	34
ibu	4	INSPIREASE RESERVOIR BAGS	129	isosorbide dinitrate	13
ibuprofen	4	INSULIN ASP PROT & ASP FLEXPEN	25	isosorbide mononitrate	13
icatibant acetate	90	INSULIN ASPART	25	isosorbide mononitrate er	13
iclevia	61	INSULIN ASPART FLEXPEN	25	isotretinoin	67
ICLUSIG	36	INSULIN ASPART PENFILL	25	isradipine	52
icosapent ethyl	30	INSULIN ASPART PROT & ASPART 25 INSULIN LISPRO	25	itraconazole	29
IGLUCOSE TEST STRIPS	78	INSULIN LISPRO (1 UNIT DIAL)	25	ivabradine hcl	54
IHEALTH BLOOD GLUCOSE TEST STR	78	INSULIN LISPRO JUNIOR KWIKPEN	25	ivermectin	12,73
imatinib mesylate	36	INSULIN LISPRO PROT & LISPRO	25	J	
IMBRUVICA	37	INSULIN SYRINGE	120	jaimiess	62
imipramine hcl	23	INSULIN SYRINGE-NEEDLE U- 100	120	JAKAFI	40
imiquimod	72	INSULIN SYRINGE/NEEDLE	120	jantoven	17
IMVEXXY MAINTENANCE PACK 157 IMVEXXY STARTER PACK	157	INSUPEN PEN NEEDLES	120	jasmiel	57
IN TOUCH BLOOD GLUCOSE TEST	78	INSUPEN SENSITIVE	120	javygtor	83
IN TOUCH STERILE LANCETS 30G	103	INSUPEN ULTRAFIN	120	JAYPIRCA	37
INATAL GT	136	INSUPEN32G EXTR3ME	120	jencycla	62
incassia	62	INTELENCE	48	JENLIVA PRENATAL/POSTNATAL	136
INCONTROL ULTICARE PEN NEEDLES	120	INTRAROSA	156	jinteli	86
indapamide	81	introvale	62	jolessa	62
indomethacin	4	INVEGA HAFYERA	44	joyeaux	57
indomethacin er	4	INVEGA SUSTENNA	44	JUBBONTI	84
INFINITY BLOOD GLUCOSE TEST	78	INVEGA TRINZA	44	juleber	57
INFINITY VOICE	78	ipratropium bromide	16,139	JULUCA	47
INPEN 100-BLUE-LILLY- HUMALOG	120	ipratropium-albuterol	15	junel 1.5/30	57
INPEN 100-BLUE-NOVOLOG- FIASP	120	irbesartan	33	junel 1/20	57
INPEN 100-GREY-LILLY- HUMALOG	120	irbesartan-hydrochlorothiazide	32	junel fe 1.5/30	57
INPEN 100-GREY-NOVOLOG- FIASP	120	iron (ferrous sulfate)	92	junel fe 1/20	57
		iron infant & toddler	92	junel fe 24	57
		iron infant/toddler	92	just right 5000	134
		iron supplement	92	K	
		iron supplement childrens	92	k-prime	131
				K-Y ME & YOU EXTRA LUBRICATED95	
				K-Y ME & YOU INTENSE	95
				kaitlib fe	57
				kalliga	57

KAMELEON LUBRICATED	95	KOSHER PRENATAL PLUS IRON	136	LANCETS MICRO THIN 33G	104
kariva	55	kourzeq	134	LANCETS SUPER THIN	104
kelnor 1/35	57	kp aspirin	7	LANCETS SUPER THIN 28G	104
kelnor 1/50	57	kp folic acid	91	LANCETS THIN	104
KERALYT	72	kp omeprazole magnesium	153	LANCETS ULTRA THIN	104
KESIMPTA	147	KRAZATI	38	LANCETS ULTRA THIN 30G	104
ketoconazole	28,72	KROGER BLOOD GLUCOSE TEST	78	lansoprazole	153
ketorolac tromethamine	4,142	KROGER HEALTHPRO GLUCOSE TEST	78	lanthanum carbonate	88
KIMONO	95	KROGER HEALTHPRO LANCET 26G	103	LANTUS	25
KIMONO COLORS	95	KROGER INSULIN SYRINGE	120	LANTUS SOLOSTAR	25
KIMONO MAXX-LARGE FLARE	95	KROGER LANCETS	103	lapatinib ditosylate	39
KIMONO MICRO THIN	95	KROGER LANCETS 21G	103	larin 1.5/30	57
KIMONO MICRO THIN PLUS	95	KROGER LANCETS MICRO THIN 33G	103	larin 1/20	58
KIMONO PLUS	95	KROGER LANCETS SUPER THIN	103	larin 24 fe	58
KIMONO PS	95	KROGER LANCETS THIN	103	larin fe 1.5/30	58
KIMONO PS PLUS	95	KROGER LANCETS THIN 26G	103	larin fe 1/20	58
KIMONO SENSATION	95	KROGER LANCETS ULTRATHIN 30G	103	larissia	58
KIMONO SENSATION PLUS	95	KROGER PEN NEEDLES	120	LATANOPROST	144
KIMONO SPECIAL	95	KROGER PREMIUM GLUCOSE TEST	78	layolis fe	58
KINNEY LANCETS	103	kurvelo	57	LEADER INSULIN SYRINGE	120
KINNEY THIN LANCETS	103	labetalol hcl	51	LEADER UNIFINE PENTIPS	120
KINRAY INSULIN SYRINGE	120	lacosamide	19	LEADER UNIFINE PENTIPS PLUS	121
kionex	133	lactulose	93	LEDIPASVIR-SOFOSBUVIR	49
KISQALI (200 MG DOSE)	40	lactulose encephalopathy	88	leena	63
KISQALI (400 MG DOSE)	40	LAGEVRIO	50	leflunomide	5
KISQALI (600 MG DOSE)	40	lamivudine	48,49	lenalidomide	133
KLARITY-C DROPS	142	lamivudine-zidovudine	47	lessina	58
klayesta	67	lamotrigine	19	letrozole	40
klor-con	131	lamotrigine er	20	leucovorin calcium	40
klor-con 10	131	LAMPIT	12	LEUKERAN	41
klor-con m10	131	LANCETS	103	leuprolide acetate	41
klor-con m15	131	LANCETS 28G THIN	103	LEUPROLIDE ACETATE (3 MONTH)	41
klor-con m20	131	LANCETS 30G	103	LEVALBUTEROL TARTRATE	16
klor-con/ef	131	LANCETS 33G	103	levetiracetam	20
klis aspirin low dose	7			levetiracetam er	20
klis quit2	148			levo-t	151
klis quit4	148			LEVOBUNOLOL HCL	140
KMART VALU INSULIN SYRINGE 29G	120			levocarnitine	82
KMART VALU INSULIN SYRINGE 30G	120			levocarnitine sf	82
				levocetirizine dihydrochloride	29
				levofloxacin	87

LEVOFLOXACIN.....	141	LIVE BETTER LANCET ULTRA	lyleq.....	62
levonest.....	63	THIN.....	lyllana.....	86
levonorg-eth estrad triphasic... 63		LO LOESTRIN FE.....	LYNPARZA.....	41
levonorgest-eth est & eth est... 62		lo-zumandimine.....	LYSODREN.....	35
levonorgest-eth estrad 91-day.. 62		loestrin 1.5/30 (21).....	LYTGOBI (12 MG DAILY DOSE).... 37	
levonorgest-eth estradiol-iron.. 58		loestrin 1/20 (21).....	LYTGOBI (16 MG DAILY DOSE).... 37	
levonorgestrel.....	61	loestrin fe 1.5/30.....	LYTGOBI (20 MG DAILY DOSE).... 37	
levonorgestrel-ethinyl estrad 58,61		loestrin fe 1/20.....	lyza.....	62
levora 0.15/30 (28).....	58	lojaimiess.....		
LEVOTHYROXINE SODIUM.....	151	LOKELMA.....	M	
levothyroxine sodium.....	151	lomustine.....	M-M-R II.....	155
levoxyl.....	151	LONGS INSULIN SYRINGE.....	M-NATAL PLUS.....	136
LIBERTY MEDICAL LANCETS.....	104	LONGS LANCETS STANDARD.....	MAGELLAN INSULIN SAFETY SYR. 121	
LIBERTY NEXT GENERATION		LONGS LANCETS THIN.....	MAGELLAN SYRINGE-SAFETY	
TEST.....	78	LONGS LANCETS ULTRA THIN... 104	NEEDLE.....	121
LIBERTY TEST.....	78	LONSURF.....	MAGELLAN TUBERCULIN	
LIBERVANT.....	19	lopinavir-ritonavir.....	SYRINGE.....	121
lidocaine.....	72	lorazepam.....	malathion.....	73
lidocaine hcl.....	72	lorazepam intensol.....	MARATHON MEDICAL PENTIPS.. 121	
lidocaine hcl urethral/mucosal.. 72		LORBRENA.....	maraviroc.....	47
lidocaine viscous hcl.....	134	loryna.....	marlissa.....	58
lidocaine-hydrocort (perianal).. 11		losartan potassium.....	MATERVIA.....	136
lidocaine-prilocaine.....	73	losartan potassium-hctz.....	MATRONEX.....	136
lillow.....	58	loteprednol etabonate.....	MATULANE.....	39
linezolid.....	13	lovastatin.....	matzim la.....	52
LINZESS.....	87	low-ogestrel.....	MAVYRET.....	49
liomny.....	151	loxapine succinate.....	MAXI-COMFORT INSULIN	
liothyronine sodium.....	151	lubiprostone.....	SYRINGE.....	121
lisdexamfetamine dimesylate... 1		LUER LOCK SAFETY SYRINGES... 121	MAXI-COMFORT SAFETY PEN	
lisinopril.....	31	luizza 1.5/30.....	NEEDLE.....	121
lisinopril-hydrochlorothiazide.. 32		luizza 1/20.....	maxi-tuss ac.....	65
LITE TOUCH LANCETS.....	104	LUMAKRAS.....	MAXICOMFORT II PEN NEEDLE... 121	
LITETOUCH INSULIN SYRINGE... 121		LUMIGAN.....	MAXICOMFORT SYR 27G X 1/2" . 121	
LITETOUCH LANCETS.....	104	LUPRON DEPOT (3-MONTH).... 41	MAXX.....	95
LITETOUCH PEN NEEDLES.....	121	LUPRON DEPOT (4-MONTH).... 41	MAXX PLUS.....	95
lithium.....	43	LUPRON DEPOT (6-MONTH).... 41	meclizine hcl.....	28
lithium carbonate.....	43	LUPRON DEPOT-PED (1-MONTH) .83	medi-first aspirin.....	7
lithium carbonate er.....	43	LUPRON DEPOT-PED (3-MONTH) .83	MEDIC INSULIN SYRINGE.....	121
LIVE BETTER LANCET SUPER		lurasidone hcl.....	MEDICHOICE SAFETY LANCET... 104	
THIN.....	104	lutera.....	MEDICHOICE SAFETY LANCET	
		LUTRATE DEPOT.....	EXTRA.....	104

MEDICHOICE SAFETY LANCET NORM.....	104	meloxicam.....	4	metolazone.....	81
MEDICINE SHOPPE PEN NEEDLES.....	121	memantine hcl.....	147	metoprolol succinate er.....	51
medique aspirin.....	7	MEMANTINE HCL.....	147	metoprolol tartrate.....	51
MEDLANCE EXTRA 21G.....	104	memantine hcl er.....	148	metoprolol-hydrochlorothiazide..	33
MEDLANCE LITE 25G.....	104	MENEST.....	86	metronidazole.....	12,73
MEDLANCE PLUS EXTRA 21G..	104	MENQUADFI.....	154	METRONIDAZOLE	
MEDLANCE PLUS LANCETS.....	104	MEPERIDINE HCL.....	9	BENZO+SYRSPEND.....	12
MEDLANCE PLUS LITE 25G.....	104	meprobamate.....	14	mexiletine hcl.....	14
MEDLANCE PLUS SPECIAL 0.8MM.....	104	mercaptapurine.....	35	mibelas 24 fe.....	58
MEDLANCE PLUS SUPERLITE 30G.....	104	merzee.....	58	MICROCHAMBER.....	129
MEDLANCE PLUS UNIVERSAL 21G.....	104	mesalamine.....	87	MICRODOT PEN NEEDLE.....	121
MEDLANCE UNIVERSAL 21G...	104	mesalamine er.....	87	MICRODOT TEST.....	78
medroxyprogesterone acetate.....	62,145	mesna.....	42	microgestin 1.5/30.....	58
mefenamic acid.....	4	metaxalone.....	139	microgestin 1/20.....	58
mefloquine hcl.....	34	metformin hcl.....	24	microgestin 24 fe.....	58
megestrol acetate.....	42	metformin hcl er.....	24	microgestin fe 1.5/30.....	58
MEGESTROL ACETATE.....	145	methadone hcl.....	9	microgestin fe 1/20.....	59
meijer aspirin ec.....	7	METHADONE HCL.....	9	MICROLET LANCETS.....	105
MEIJER BLOOD GLUCOSE TEST..	78	methadone hcl intensol.....	9	MICROLET NEXT LANCETS.....	105
MEIJER ESSENTIAL GLUCOSE TEST.....	78	methadose.....	9	MICROSPACER.....	129
MEIJER LANCETS.....	104	methazolamide.....	80	midodrine hcl.....	157
MEIJER LANCETS THIN.....	104	methenamine hippurate.....	13	MIGLITOL.....	24
MEIJER LANCETS UNIVERSAL 21G.....	105	methimazole.....	151	miglustat.....	91
MEIJER LANCETS UNIVERSAL 30G.....	105	METHITEST.....	11	mili.....	59
MEIJER LANCETS UNIVERSAL 33G.....	105	methocarbamol.....	139	mimvey.....	86
MEIJER PEN NEEDLES.....	121	METHOTREXATE SODIUM.....	35	MINILINK REAL-TIME TRANSMITTER.....	105
MEIJER SUPER THIN LANCETS..	105	methotrexate sodium.....	35	MINIMED 630G GUARDIAN PRESS.....	105
MEIJER TRUETEST TEST.....	78	methotrexate sodium (pf).....	35	MINIMED INSTINCT GLUC SENSOR.....	105
MEIJER TRUETRACK TEST.....	78	methscopolamine bromide.....	153	minocycline hcl.....	151
MEKINIST.....	38	methsuximide.....	22	minoxidil.....	34
meleya.....	62	methyl dopa.....	33	minzoya.....	59
		METHYLDOPA.....	33	mirabegron er.....	154
		methylergonovine maleate.....	144	mirtazapine.....	22
		methylphenidate hcl.....	1	misoprostol.....	153
		METHYLPHENIDATE HCL ER.....	1	mm aspirin.....	7
		methylphenidate hcl er (cd).....	2	MM BLULINK GLUCOSE TEST.....	78
		methylphenidate hcl er (la).....	2	MM EASY TOUCH GLUCOSE.....	78
		methylphenidate hcl er (osm).....	2	MM INSULIN SYRINGE/NEEDLE..	121
		methylprednisolone.....	64		
		methyltestosterone.....	11		
		metoclopramide hcl.....	87		

MM PEN NEEDLES	121	MONOJECT SOFTPACK/RG LUER	122	MULTI-VIT-FLOR	135
MM TWIST LANCETS	105	MONOJECT SYRINGE	122	MULTI-VITAMIN/FLUORIDE	135
MNEXSPIKE	155	MONOJECT SYRINGE CATH TIP	122	MULTI-	
MOBILE LANCETS 30G	105	MONOJECT SYRINGE ECC LUER	122	VITAMIN/FLUORIDE/IRON	135
modafinil	2	MONOJECT SYRINGE ECCENTRIC		MULTIGEN	92
MODERNA COVID-19 VAC 6M-		TIP	122	MULTIVITAMIN W/FLUORIDE	135
11Y	155	MONOJECT SYRINGE LUER LOCK	122	MULTIVITAMIN/FLUORIDE	135
moexipril hcl	31	MONOJECT SYRINGE LUER-LOCK		mupirocin	67
MOLINDONE HCL	45	TIP	122	my choice	61
mometasone furoate	71,140	MONOJECT SYRINGE PHARMACY		my way	61
mondoxyne nl	151	TRAY	122	mycophenolate mofetil	133
mono-lyyah	59	MONOJECT SYRINGE REG LUER	122	mycophenolate sodium	133
MONOJECT BLUNTIP CANNULA	121	MONOJECT SYRINGE REGULAR		mycophenolic acid	133
MONOJECT BLUNTIP		TIP	122	MYGLUCOHEALTH LANCETS 30G	105
SYR/CANNULA	121	MONOJECT SYRINGE TOOMEY		MYGLUCOHEALTH TEST	78
MONOJECT CONTROL SYRINGE	121	TYPE	122	myorisan	67
MONOJECT FILTER NEEDLE	121	MONOJECT TB SAFETY SYRINGE	122		
MONOJECT FLUSH SYRINGE	132	MONOJECT TB SYRINGE	122	N	
MONOJECT HYPODERMIC		MONOJECT ULTRA COMFORT		na sulfate-k sulfate-mg sulf	93
NEEDLE	121	SYRINGE	122	nabumetone	4
MONOJECT INSULIN SYRINGE	121	MONOLET LANCETS	105	nadolol	51
MONOJECT INTRODUCER		MONOLET OPD LANCETS	105	NAFTIFINE HCL	67
NEEDLE	122	MONOLETTOR SAFETY LANCETS	105	naloxone hcl	27
MONOJECT LIFESHIELD		montelukast sodium	16	naltrexone hcl	27
SYRINGE	122	morphine sulfate	9	NAMENDA TITRATION PAK	148
MONOJECT MAGELLAN SAFETY		MORPHINE SULFATE		naproxen	4
NDL	122	(CONCENTRATE)	9	naproxen sodium	4
MONOJECT MAGELLAN		MORPHINE SULFATE ER	9	naratriptan hcl	130
SYRINGE	122	morphine sulfate er	10	NATALCHEW	136
MONOJECT MEDICATION TRANSF		MORPHINE SULFATE ER BEADS	10	NATALVIT	136
NDL	122	MOUNJARO	26	nateglinide	26
MONOJECT PHARMACY TRAY	122	moxifloxacin hcl	87	NAYZILAM	19
MONOJECT PISTON SYRINGE	122	MOXIFLOXACIN HCL	142	nebivolol hcl	51
MONOJECT SODIUM CHLORIDE		MOXIFLOXACIN HCL (2X DAY)	142	NEBUSAL	65
FLUSH	132	MPD SAFETY LANCET 21G	105	necon 0.5/35 (28)	59
MONOJECT		MPD SAFETY LANCET 23G	105	NEFAZODONE HCL	23
SOFTPACK/CATH TIP	122	MPD SAFETY LANCET 28G	105	NEMLUVIO	72
MONOJECT SOFTPACK/LLOCK	122	MPD SAFETY LANCET 30G	105	neo-polycin	141
MONOJECT SOFTPACK/LTIP	122	MS INSULIN SYRINGE	123	neo-polycin hc	143
MONOJECT SOFTPACK/RG		MULTAQ	15	NEO-VITAL RX	136
LOCK	122	MULTI-DRAW NEEDLE	123	neomycin sulfate	2

neomycin-bacitracin zn-polymyx	141	NIMODIPINE	52	NOVOFINE PEN NEEDLE	123
NEOMYCIN-POLYMYXIN B GU	89	nitazoxanide	12	NOVOFINE PLUS PEN NEEDLE	123
neomycin-polymyxin-dexameth	143	nitisinone	82	NOVOLIN 70/30	25
NEOMYCIN-POLYMYXIN-GRAMICIDIN	141	NITROFURANTOIN	13	NOVOLIN N	25
NEOMYCIN-POLYMYXIN-HC	143	nitrofurantoin macrocrystal	13	NOVOLOG	25
neomycin-polymyxin-hc	144	nitrofurantoin monohyd macro	13	NOVOLOG 70/30 FLEXPEN RELION	25
NEONATAL COMPLETE	136	nitroglycerin	13	NOVOLOG FLEXPEN	26
NEONATAL PLUS	136	NIVA THYROID	151	NOVOLOG FLEXPEN RELION	26
NESTABS	136	NIVA-PLUS	136	NOVOLOG MIX 70/30	26
NESTABS ONE	138	nizatidine	152	NOVOLOG MIX 70/30 FLEXPEN	26
NEUTEK 2TEK TEST	78	NOKOR VENTED NEEDLE	123	NOVOLOG MIX 70/30 RELION	26
nevirapine	48	nora-be	63	NOVOLOG PENFILL	26
nevirapine er	48	norelgestromin-eth estradiol	60	NOVOPEN ECHO	123
new day	61	norethin ace-eth estrad-fe	59	NOVOTWIST PEN NEEDLE	123
NEXLETOL	29	norethin-eth estradiol-fe	59	NP THYROID	152
NEXLIZET	29	norethindron-ethinyl estrad-fe	63	NUBEQA	35
NIACIN (ANTIHYPERLIPIDEMIC)	31	norethindrone	63	NULEV	152
nicardipine hcl	52	norethindrone acet-ethinyl est	59	NURTEC	130
nicoderm cq	148	norethindrone acetate	145	NUVAXOVID COVID-19 VACCINE	155
nicorette	148	norethindrone-eth estradiol	86	nyamyc	67
nicorette mini	149	norgestim-eth estrad triphasic	63	nylia 1/35	59
nicorette starter kit	149	norgestimate-eth estradiol	59	nylia 7/7/7	63
nicotine	149	norlyda	63	nymyo	59
NICOTINE	149	norlyroc	63	nystatin	28,67,68,134
nicotine mini	149	NORM-JECT LUER LOCK SYRINGE	123	nystatin-triamcinolone	68
nicotine polacrilex	149	NORM-JECT LUER SLIP SYRINGE	123	nystop	68
nicotine polacrilex mini	149	NORMAL SALINE FLUSH	132		
nicotine step 1	149	nortrel 0.5/35 (28)	59	O	
nicotine step 2	149	nortrel 1/35 (21)	59	OB COMPLETE ONE	136
nicotine step 3	149	nortrel 1/35 (28)	59	OB COMPLETE PETITE	136
NICOTROL	149	nortrel 7/7/7	63	OB COMPLETE PREMIER	137
NICOTROL NS	149	nortriptyline hcl	23	OB COMPLETE/DHA	137
nifedipine	52	NOVA MAX GLUCOSE TEST	78	ocella	59
nifedipine er	52	NOVA SAFETY LANCETS 23G	105	octreotide acetate	84,85
nifedipine er osmotic release	52	NOVA SAFETY LANCETS 28G	105	OCTREOTIDE ACETATE	84
nikki	59	NOVA SUREFLEX LANCETS	105	ODEFSEY	47
nilotinib hcl	36	NOVAREL	83	OFEV	150
nimodipine	52	NOVAVAX COVID-19 VACCINE	155	OFLOXACIN	87
		NOVOFINE AUTOCOVER PEN NEEDLE	123	ofloxacin	142
				OGSIVEO	37
				olanzapine	46

olanzapine-fluoxetine hcl	150	ONE VITE WOMENS PLUS	137	OSPHENA	84
olmesartan medoxomil	33	ONENATAL RX	137	OTEZLA	4
olmesartan medoxomil-hctz	32	ONETOUCH DELICA PLUS		OTEZLA XR	4
olmesartan-amlodipine-hctz	32	LANCET30G	105	OTEZLA/OTEZLA XR INITIATION PK .	4
olopatadine hcl	139	ONETOUCH DELICA PLUS		OTREXUP	3
OLPRUVA (2 GM DOSE)	85	LANCET33G	105	oxaprozin	4
OLPRUVA (3 GM DOSE)	85	ONETOUCH DELICA SAFETY		oxazepam	14
OLPRUVA (4 GM DOSE)	85	LANCING	105	oxcarbazepine	20
OLPRUVA (5 GM DOSE)	85	ONETOUCH ULTRA	78	OXERVATE	142
OLPRUVA (6 GM DOSE)	85	ONETOUCH ULTRA BLUE TEST	78	oxybutynin chloride	154
OLPRUVA (6.67 GM DOSE)	85	ONETOUCH ULTRA TEST	78	oxybutynin chloride er	154
omega-3-acid ethyl esters	30	ONETOUCH ULTRASOFT 2		oxycodone hcl	10
omeprazole	153	LANCETS	105	oxycodone-acetaminophen	10
omeprazole magnesium	153	ONETOUCH ULTRASOFT		oxymorphone hcl	10
OMEPRAZOLE+SYRSPEND SF		LANCETS	105	OXYMORPHONE HCL ER	10
ALKA	153	ONETOUCH VERIO	78		
OMNIFLEX DIAPHRAGM	96	opcicon one-step	61	P	
OMNIPOD 5 DEXG7G6 INTRO GEN		OPFOLDA	82	pacerone	15
5	112	OPTICHAMBER DIAMOND	129	paliperidone er	44
OMNIPOD 5 DEXG7G6 PODS GEN		OPTICHAMBER DIAMOND-LG		pantoprazole sodium	153
5	112	MASK	129	PARADIGM REAL-TIME	
OMNIPOD 5 G7 INTRO (GEN 5)	112	OPTICHAMBER DIAMOND-MD		TRANSMITTER	105
OMNIPOD 5 G7 PODS (GEN 5)	112	MASK	129	paricalcitol	83
OMNIPOD 5 LIBRE2 G6 INTRO		OPTICHAMBER DIAMOND-SM		paroxetine hcl	23
GEN5	112	MASK	129	PAROXETINE HCL	23
OMNIPOD 5 LIBRE2 PLUS G6		option 2	61	paroxetine hcl er	23
PODS	112	OPTIUMEZ TEST	78	PAXLOVID (150/100)	49
OMNIPOD CLASSIC PDM (GEN		oralone	134	PAXLOVID (300/100 & 150/100)	49
3)	112	ORENITRAM	53	PAXLOVID (300/100)	49
OMNIPOD CLASSIC PODS (GEN		ORENITRAM MONTH 1	53	pazopanib hcl	39
3)	112	ORENITRAM MONTH 2	53	PC LANCETS SUPER THIN 30G	106
OMNIPOD DASH INTRO (GEN		ORENITRAM MONTH 3	53	pc pediatric iron drops	92
4)	112	ORKAMBI	150	PC UNIFINE PENTIPS	123
OMNIPOD DASH PDM (GEN 4)	112	orphenadrine citrate er	139	PEDIARIX	152
OMNIPOD DASH PODS (GEN 4)	112	ORPHENADRINE-ASPIRIN-		peg 3350-kcl-na bicarb-nacl	93
ON CALL EXPRESS BLOOD		CAFFEINE	139	peg-3350/electrolytes	93
GLUCOSE	78	orquidea	63	peg-3350/electrolytes/ascorbat	93
ondansetron	27	ORSERDU	42	peg-kcl-nacl-nasulf-na asc-c	93
ondansetron hcl	28	orsythia	59	PEG-PREP	93
ONE DROP TEST	78	OSCIMIN	152	PEGASYS	50
one vite ferrous sulfate	92	oseltamivir phosphate	50	PEN NEEDLE/5-BEVEL TIP	123

PEN NEEDLES	123	phenobarbital	92	POCKET CHAMBER	129
PEN NEEDLES 5/16"	123	phenoxybenzamine hcl	32	POCKET SPACER	129
PENBRAYA	154	phenylephrine hcl	141	POCKETCHEM EZ TEST	79
PENICILLIN G POT IN		phenytek	21	POLY HUB NEEDLE	123
DEXTROSE	144,145	phenytoin	21	POLY-VI-FLOR	135
PENICILLIN V POTASSIUM	145	phenytoin infatabs	21	POLY-VI-FLOR/IRON	135
PENMENVY	154	phenytoin sodium extended	21	polycin	141
pentamidine isethionate	12	PHEXX	156	polymyxin b-trimethoprim	141
PENTAZOCINE-NALOXONE HCL	10	PHEXXI	157	pomalidomide	38
PENTIPS	123	philith	59	portia-28	59
PENTIPS GENERIC PEN		PHOSPHA 250 NEUTRAL	131	posaconazole	29
NEEDLES	123	PHOSPHO-TRIN 250 NEUTRAL	131	pot & sod cit-cit ac	89
pentoxifylline er	90	PHOSPHOLINE IODIDE	141	potassium chloride	131
PERFECT LANCETS 28G	106	PHOSPHOROUS	131	potassium chloride crys er	131
PERFECT LANCETS 30G	106	phytonadione	157,158	potassium chloride er	132
PERFECT POINT SAFETY		PIFELTRO	48	POTASSIUM CHLORIDE ER	132
LANCETS	106	pilocarpine hcl	134,141	potassium citrate er	89
PERFECT POINT SAFETY		pimecrolimus	72	POTASSIUM CITRATE-CITRIC ACID	89
NEEDLE	123	pimozide	148	pramipexole dihydrochloride	43
PERINDOPRIL ERBUMINE	31	pimtrea	55	pramipexole dihydrochloride er	43
perindopril erbumine	32	pindolol	51	prasugrel hcl	91
periogard	134	pioglitazone hcl	27	pravastatin sodium	30
PERMETHRIN	73	pioglitazone hcl-metformin hcl	27	praziquantel	12
perphenazine	45	PIP BLOOD GLUCOSE TEST STRIP	79	prazosin hcl	33
PERPHENAZINE-		PIP LANCETS 28G	106	PRECISION SURE-DOSE SYRINGE	123
AMITRIPTYLINE	148	PIP LANCETS 30G	106	PRECISION THINS GP LANCETS	106
PFIZER COVID-19 VAC-TRIS 5-		PIP PEN NEEDLES 31G X 5MM	123	PRECISION XTRA BLOOD GLUCOSE	79
11Y	156	PIP PEN NEEDLES 32G X 4MM	123	PRECISION XTRA KETONE	79
PFIZER COVID-19 VAC-TRIS 6M-		pirfenidone	150	PRECISION XTRA-	
4Y	156	pirmella 1/35	59	GLUCOSE/KETONE	96
PHARMACIST CHOICE		pirmella 7/7/7	63	prednisolone	64
AUTOCODE	78	piroxicam	4	prednisolone acetate	143
PHARMACIST CHOICE LANCETS	106	pitavastatin calcium	30	prednisolone sodium phosphate	64
PHARMACIST CHOICE NO		plan b one-step	61	PREDNISOLONE SODIUM	
CODING	79	PLEGRIDY	147	PHOSPHATE	143
PHARMACY COUNTER		PLEGRIDY STARTER PACK	147	PREDNISONONE	64
LANCETS	106	PNV 27-CA/FE/FA	137	PREFERRED PLUS INSULIN	
PHEBURANE	85	PNV PRENATAL PLUS		SYRINGE	123
phenazo	90	MULTIVIT+DHA	137	PREFERRED PLUS LANCETS	
PHENAZOPYRIDINE HCL	90	PNV-OMEGA	137	COLORLED	106
PHENELZINE SULFATE	22	PNV-SELECT	137	PREFERRED PLUS LANCETS THIN	106

PREFERRED PLUS UNIFINE	PREZCOBIX.....	47	propranolol hcl er.....	51
PENTIPS.....	PREZISTA.....	48	propylthiouracil.....	151
pregabalin.....	primaquine phosphate.....	34	PROQUAD.....	155
PREGNYL.....	primidone.....	20	protriptyline hcl.....	23
PREMARIN.....	PRIORIX.....	155	PROVIDA OB.....	137
PREMESISRX.....	PRO COMFORT INSULIN		pseudoeph-bromphen-dm.....	66
PREMIUM BLOOD GLUCOSE	SYRINGE.....	123	PSS SELECT GP LANCETS.....	106
TEST.....	PRO COMFORT LANCETS 30G...	106	PSS SELECT SAFETY LANCETS.....	106
PREMIUM CONDOMS	PRO COMFORT LANCETS 31G...	106	PTS PANELS GLUCOSE TEST.....	79
LUBRICATED.....	PRO COMFORT PEN NEEDLES...	123	PTS PANELSEGLU TEST.....	79
PREMIUM LIDOCAINE.....	PRO COMFORT SAFETY LANCETS		PULMOSAL.....	65
PREMPHASE.....	30G.....	106	PULMOZYME.....	150
PREMPRO.....	PRO VOICE V8/V9 GLUCOSE....	79	PURE COMFORT LANCETS 30G...	106
PRENA 1 TRUE.....	probenecid.....	90	PURE COMFORT PEN NEEDLE...	124
PRENAISSANCE PLUS.....	PROCHAMBER VHC.....	129	PURE COMFORT SAFETY LANCET	
PRENATAL.....	prochlorperazine.....	45	30G.....	106
PRENATAL 19.....	prochlorperazine maleate.....	45	PURE COMFORT SAFETY PEN	
PRENATAL PLUS.....	procto-med hc.....	12	NEEDLE.....	124
PRENATAL PLUS	PROCTOFOAM HC.....	11	px aspirin.....	7
VITAMIN/MINERAL.....	proctosol hc.....	12	px enteric aspirin.....	7
PRENATAL VITAMIN PLUS LOW	proctozone-hc.....	12	PX EXTRA SHORT PEN NEEDLES...	124
IRON.....	PRODIGY INSULIN SYRINGE....	123	px folic acid.....	91
PRENATAL-U.....	PRODIGY LANCETS 28G.....	106	PX INSULIN SYRINGE.....	124
PRENATE.....	PRODIGY NO CODING BLOOD		PX LANCETS MICROTHIN 33G...	106
PRENATE AM.....	GLUC.....	79	PX LANCETS ULTRA THIN.....	106
PRENATE ENHANCE.....	PRODIGY SAFETY LANCETS 26G.	106	PX LANCETS ULTRA THIN 28G...	106
PRENATE PIXIE.....	PRODIGY TWIST TOP LANCETS		PX MINI PEN NEEDLES.....	124
PRENATE RESTORE.....	28G.....	106	PX PEN NEEDLE.....	124
PRENATRIX.....	progesterone.....	145	PX SHORTLENGTH PEN NEEDLES.	124
PRENATRYL.....	PROGESTERONE MICRONIZED...	145	px stop smoking aid.....	149
PRENATVITE COMPLETE.....	promethazine hcl.....	29	pyrazinamide.....	34
PRENATVITE PLUS.....	PROMETHAZINE VC.....	65	PYRIDOSTIGMINE BROMIDE.....	34
PREPLUS.....	promethazine-codeine.....	66	pyridostigmine bromide.....	34
PRETOMANID.....	promethazine-dm.....	66	pyridostigmine bromide er.....	34
prevalite.....	PROMETHAZINE-		pyrimethamine.....	34
PREVENT DROPSAFE PEN	PHENYLEPHRINE.....	65	PYZCHIVA.....	69
NEEDLES.....	promethegan.....	29		
PREVENT SAFETY PEN NEEDLES	propafenone hcl.....	15	Q	
previfem.....	propafenone hcl er.....	15	QBREXZA.....	72
PREVNAR 20.....	proparacaine hcl.....	142	qc aspirin.....	7
PREVYMIS.....	propranolol hcl.....	51	qc aspirin low dose.....	7

qc childrens aspirin	7	RA E-ZJECT LANCETS THIN 26G	107	RELION LANCETS THIN 26G	107
qc enteric aspirin	7	RA E-ZJECT LANCETS THIN 28G	107	RELION LANCETS ULTRA-THIN	
qc folic acid	91	RA E-ZJECT LANCETS ULTRA		30G	107
QC LANCETS SUPER THIN 30G	106	THIN	107	RELION MINI PEN NEEDLES	124
QC LANCETS ULTRA THIN	106	ra folic acid	92	RELION PEN NEEDLES	124
qc nicotine transdermal		RA INSULIN SYRINGE	124	RELION PREMIER TEST	79
system	149	ra mini nicotine	149	RELION PRIME TEST	79
qc omeprazole magnesium	153	ra nicotine	149	RELION SHORT PEN NEEDLES	124
QC PEN NEEDLES	124	ra nicotine gum	149	RELION TRUE METRIX TEST STRIPS	79
QC UNIFINE PENTIPS	124	ra nicotine polacrilex	149	RELION ULTIMA TEST	79
QC UNILET LANCETS 28G	106	ra pain relief aspirin	7	RELION ULTRA THIN LANCETS	
QC UNILET LANCETS MICRO		RA PEN NEEDLES	124	30G	107
THIN	106	rabeprazole sodium	153	RELION ULTRA THIN PLUS	
QTERN	26	raloxifene hcl	84	LANCETS	107
QUAZEPAM	93	ramelteon	93	RENACIDIN	89
quetiapine fumarate	45	ramipril	32	RENTHYROID	152
quetiapine fumarate er	45	ranolazine er	13	repaglinide	26
QUFLORA FE PEDIATRIC	135	rasagiline mesylate	42	REPATHA	31
QUFLORA PEDIATRIC	135	RASUVO	3	REPATHA PUSHTRONEX SYSTEM	31
QUICK TOUCH BLOOD GLUCOSE		RAYA SURE PEN NEEDLE	124	REPATHA SURECLICK	31
TEST	79	react	61	REXALL BLOOD GLUCOSE TEST	79
QUICK TOUCH INSULIN PEN		READYLANCE SAFETY LANCETS	107	REXALL LANCETS ULTRA THIN	
NEEDLE	124	REALITY INSULIN SYRINGE	124	30G	107
QUICKTEK TEST	79	REALITY LANCETS	107	REYATAZ	48
quinapril hcl	32	REALITY LATEX CONDOMS	95	REYVOW	131
quinapril-hydrochlorothiazide	32	REALITY LATEX/ULTRA TEXTURED	95	REZDIFFRA	87
quinidine gluconate er	14	REALITY LATEX/ULTRA THIN	95	REZLIDHIA	40
QUINIDINE SULFATE	14	REALITY TRIGGER LANCETS	107	REZUROCK	134
quinine sulfate	34	reclipsen	59	RIBAVIRIN	50
QUINTET AC BLOOD GLUCOSE		REFUAH PLUS BLOOD GLUCOSE		rifabutin	34
TEST	79	TEST	79	rifampin	34
QUINTET BLOOD GLUCOSE TEST	79	RELENZA DISKHALER	50	RIGHTEST GL300 LANCETS	107
		RELEVIA	137	RIGHTEST GS100 BLOOD GLUCOSE	79
		RELION BLOOD GLUCOSE TEST	79	RIGHTEST GS300 BLOOD GLUCOSE	79
		RELION CONFIRM/MICRO TEST	79	RIGHTEST GS550 BLOOD GLUCOSE	79
		RELION GLUCOSE TEST STRIPS	79	RIGHTEST GT333 BLOOD	
		RELION INSULIN SYRINGE	124	GLUCOSE	79
		RELION LANCET DEVICES 30G	107	RIGHTEST GT333 GLUCOSE TEST	79
		RELION LANCETS	107	rilpivirine hcl	48
		RELION LANCETS MICRO-THIN		riluzole	140
		33G	107	RIMANTADINE HCL	50

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RINVOQ.....	2,3	SAPS HEALTH PLUS LANCETS.....	107	sevelamer hcl.....	88
RINVOQ LQ.....	3	SAPS HEALTH TWIST TOP		SF.....	134
risedronate sodium.....	81	LANCETS.....	107	sharobel.....	63
risperidone.....	44	SAPS TWIST TOP LANCETS.....	107	shewise.....	61
risperidone microspheres er.....	44	SAPSCARE TWIST TOP LANCETS.....	107	SHINGRIX.....	156
RITEFLO.....	129	SAVELLA.....	146	SHOPKO ON-THE-GO LANCETS	
ritonavir.....	48	SAVELLA TITRATION PACK.....	146	30G.....	108
rivastigmine.....	146	saxagliptin hcl.....	24	SHOPKO UNIFINE PENTIPS.....	124
rivastigmine tartrate.....	146	saxagliptin-metformin er.....	24	SHOPKO UNIFINE PENTIPS PLUS.....	124
rivelsa.....	62	sb aspirin.....	8	SHOPKO UNILET LANCETS 28G.....	108
rizatriptan benzoate.....	130	sb aspirin ec.....	8	SHOPKO UNILET LANCETS 30G.....	108
roflumilast.....	16	sb childrens aspirin.....	8	sildenafil citrate.....	54
ropinirole hcl.....	43	SB INSULIN SYRINGE.....	124	silodosin.....	89
ropinirole hcl er.....	43	SB LANCETS THIN.....	107	silver sulfadiazine.....	70
rosuvastatin calcium.....	31	SB LANCETS ULTRA THIN.....	108	SIMBRINZA.....	140
rosyrah.....	62	sb low dose asa ec.....	8	simliya.....	55
ROTATEQ.....	156	SCEMBLIX.....	36	simpesse.....	62
roweepra.....	20	scopolamine.....	28	simvastatin.....	31
ROZLYTREK.....	39	SE-NATAL 19.....	137	SINGLE-LET.....	108
rufinamide.....	20	SECURESAFE HYPODERMIC		sirolimus.....	133
RUKOBIA.....	47	NEEDLE.....	124	SKYRIZI.....	69,88
		SECURESAFE INSULIN SYRINGE.....	124	SKYRIZI PEN.....	69
		SECURESAFE SAFETY PEN		SLYND.....	63
		NEEDLES.....	124	sm aspirin.....	8
		SECURESAFE SYRINGE/NEEDLE.....	124	sm aspirin adult low strength.....	8
		SELARSDI.....	69	sm aspirin ec.....	8
		SELECT-OB.....	137	sm aspirin ec low strength.....	8
		SELECT-OB+DHA.....	138	sm aspirin low dose.....	8
		selegiline hcl.....	42	sm childrens aspirin.....	8
		selenium sulfide.....	69	sm folic acid.....	92
		SELENIUM SULFIDE.....	69	SM LANCETS 33G.....	108
		SENSILANCE SAFETY LANCETS		sm nicotine.....	149
		21G.....	108	sm nicotine polacrilex.....	149
		SENSILANCE SAFETY LANCETS		SMART SENSE COLOR LANCETS	
		26G.....	108	33G.....	108
		SENSILANCE SAFETY LANCETS		SMART SENSE PREMIUM TEST.....	80
		28G.....	108	SMART SENSE STANDARD	
		SEREVENT DISKUS.....	16	LANCETS.....	108
		sertraline hcl.....	23	SMART SENSE SUPER THIN	
		setlakin.....	62	LANCETS.....	108
		sevelamer carbonate.....	88		

S

SMART SENSE THIN LANCETS 26G	108	STERILANCE TL	108	SYMTUZA	47
SMART SENSE VALUE TEST	80	STIOLTO RESPIMAT	15	SYRINGE	125
SMARTEST BLOOD GLUCOSE TEST	80	STIVARGA	39	SYRINGE 2-3 ML	125
SMARTEST LANCETS 28G	108	STRENSIQ	83	SYRINGE 30-35 ML	125
sod citrate-citric acid	89	STRIBILD	47	SYRINGE 50-60 ML	125
SODIUM CHLORIDE	65,90	STRIVERDI RESPIMAT	16	SYRINGE DISPOSABLE	125
sodium chloride	132	SUBLOCADE	10,11	SYRINGE ECCENTRIC TIP	125
sodium chloride (pf)	132	sucalfate	153	SYRINGE LUER LOCK	125
sodium chloride flush	132	sulfacetamide sodium	69,143	SYRINGE LUER SLIP	125
SODIUM CITRATE-CITRIC ACID	89	sulfacetamide sodium (acne)	66	SYRINGE/HYPODERMIC SAFETY	125
SODIUM FLUORIDE	131,134	SULFACETAMIDE SODIUM-SULFUR	66	T	
SODIUM FLUORIDE 5000 PPM	134	SULFACETAMIDE-		TABLOID	35
sodium polystyrene sulfonate	133	PREDNISOLONE	143	tacrolimus	72,133
sodium sulfacetamide wash	69	SULFACETAMIDE-SULFUR IN UREA	67	tadalafil	54
SOFOSBUVIR-VELPATASVIR	50	sulfadiazine	150	tadalafil (pah)	54
solifenacin succinate	154	sulfamethoxazole-trimethoprim	12	TADLIQ	54
SOLIQUA	26	SULFAMEZ WASH	67	TAFINLAR	36
SOLU-CORTEF	65	sulfasalazine	88	tafluprost (pf)	144
SOLUS V2 LANCETS 28G	108	sulfatrim pediatric	12	TAGRISSO	37
SOLUS V2 TEST	80	sulindac	4	take action	61
SOLUS V2 TWIST LANCETS 30G	108	sumatriptan	130	TALZENNA	42
sorafenib tosylate	39	sumatriptan succinate	130	tamoxifen citrate	35
sotalol hcl	51	SUMATRIPTAN SUCCINATE REFILL	130	tamsulosin hcl	89
sotalol hcl (af)	51	sunitinib malate	39	tarina 24 fe	59
SOTYLIZE	51	SUNLENCA	47	tarina fe 1/20	59
SPIKEVAX	156	SUPER THIN LANCETS	108	tarina fe 1/20 eq	60
SPIKEVAX 6M-11Y	156	SUPREME TEST	80	taysofy	60
SPINOSAD	73	SURE COMFORT INSULIN		tazarotene	68
SPIRIVA HANDIHALER	16	SYRINGE	124	taztia xt	52
SPIRIVA RESPIMAT	16	SURE COMFORT LANCETS 18G	108	TAZVERIK	38
spironolactone	81	SURE COMFORT LANCETS 21G	108	TECHLITE AST LANCETS	108
spironolactone-hctz	80	SURE COMFORT LANCETS 23G	108	TECHLITE INSULIN SYRINGE	125
sprintec 28	59	SURE COMFORT LANCETS 28G	108	TECHLITE LANCETS	108
sps (sodium polystyrene sulf)	133	SURE COMFORT LANCETS 30G	108	TECHLITE LANCETS 26G	108
sronyx	59	SURE COMFORT LANCETS 30G	108	TECHLITE LANCETS 30G	108
ssd	70	SURE COMFORT PEN NEEDLES	125	TECHLITE PEN NEEDLES	125
SSS 10-5	66	SURELITE LANCETS	108	TECHLITE PLUS PEN NEEDLES	125
st joseph aspirin	8	syeda	59	TEGRETOL-XR	20
st joseph low dose	8	SYMBICORT	15	telmisartan	33

telmisartan-hctz	32	tizanidine hcl	139	TRAVEL LANCETS	109
temazepam	93	tobramycin	2,142	TRAVEL LANCETS ADVANCED	
temozolomide	40	TOBRAMYCIN	2	28G	109
tenofovir disoproxil fumarate	48	tobramycin-dexamethasone	143	travoprost (bak free)	144
TEPMETKO	38	TODAYS HEALTH MINI PEN		trazodone hcl	23
terazosin hcl	33	NEEDLES	125	TRELEGY ELLIPTA	15
terbinafine hcl	28	TODAYS HEALTH PEN NEEDLES	125	tretinoin	42,67
terbutaline sulfate	16	TODAYS HEALTH SHORT PEN		tretinoin microsphere	67
terconazole	156	NEEDLE	125	TRETINOIN MICROSPHERE PUMP	67
teriflunomide	146	TODAYS HEALTH THIN LANCETS		tri femynor	63
testosterone	11	28G	109	tri-estarylla	63
TESTOSTERONE CYPIONATE	11	TODAYS HEALTH THIN LANCETS		tri-legest fe	63
TESTOSTERONE ENANTHATE	11	30G	109	tri-lynyah	63
tetrabenazine	146	tolterodine tartrate	154	tri-lo-estarylla	63
TETRACAINE HCL	142	tolterodine tartrate er	154	tri-lo-marzia	63
tetracycline hcl	151	tolvaptan	84	tri-lo-mili	64
TEZSPIRE	17	tolvaptan (hyponatremia)	84	tri-lo-sprintec	64
TGT BLOOD GLUCOSE TEST	80	TOOMEY SYRINGE	125	tri-mili	64
TGT LANCET MICRO THIN 33G	109	TOPAMAX SPRINKLE	20	tri-nymyo	64
TGT LANCET THIN 26G	109	TOPCARE CLICKFINE PEN		tri-sprintec	64
TGT LANCET ULTRA THIN 30G	109	NEEDLES	125	TRI-VI-FLOR	135
THALOMID	132	TOPCARE LANCETS MICRO-THIN		TRI-VI-FLORO	136
theophylline er	17	33G	109	TRI-VITAMIN WITH FLUORIDE	136
THINLETS GP LANCETS	109	TOPCARE ULTRA COMFORT INS		TRI-VITE/FLUORIDE	136
thioridazine hcl	45	SYR	125	tri-vylibra	64
thiothixene	46	topiramate	20	tri-vylibra lo	64
thrive	149	toremifene citrate	35	triamcinolone acetonide	71,134
THRIVITE RX	137	torpenz	38	TRIAMCINOLONE ACETONIDE	71
THYROID	152	torsemide	81	triamterene	81
tiadylt er	52	TOUJEO MAX SOLOSTAR	26	triamterene-hctz	81
TIAGABINE HCL	21	TOUJEO SOLOSTAR	26	triazolam	93
tiagabine hcl	21	tovet	71	TRICARE	137
ticagrelor	90	tramadol hcl	10	TRICITRATES	89
tilia fe	63	TRAMADOL HCL (ER BIPHASIC)	10	triderm	71
timolol maleate	51,140	tramadol hcl er	10	trientine hcl	132
timolol maleate (once-daily)	140	tramadol-acetaminophen	11	TRIENTINE HCL	132
timolol maleate ocudose	140	trandolapril	32	trifluoperazine hcl	45
timolol maleate pf	140	TRANDOLAPRIL-VERAPAMIL HCL		TRIFLURIDINE	142
tinidazole	12	ER	31	trihexyphenidyl hcl	42
tiopronin	90	tranexamic acid	92	TRIHEXYPHENIDYL HCL	42
TIVICAY	47	tranylcypramine sulfate	22	TRIKAFTA	150

trimethobenzamide hcl	28	TRUE METRIX PRO BLOOD	TYENNE	3
trimethoprim	12	GLUCOSE	TYMLOS	83
trimipramine maleate	24	TRUEPLUS 5-BEVEL PEN	TYRVAYA	140
TRINATAL RX 1	137	NEEDLES	TYVASO	53
TRINATE	138	TRUEPLUS INSULIN SYRINGE	TYVASO DPI INSTITUTIONAL KIT	53
TRISTART DHA	138	TRUEPLUS LANCETS 26G	TYVASO DPI MAINTENANCE KIT	53
TRIUMEQ	47	TRUEPLUS LANCETS 28G	TYVASO DPI TITRATION KIT	53
TRIUMEQ PD	47	TRUEPLUS LANCETS 30G	TYVASO REFILL	53
trivora (28)	64	TRUEPLUS LANCETS 33G	TYVASO STARTER	53
TRIZIVIR	47	TRUEPLUS PEN NEEDLES		
TROJAN BARESKIN	95	TRUEPLUS SAFETY LANCETS	U	
TROJAN ENZ	95	28G	UBRELVY	130
TROJAN MAGNUM	96	TRUETEST TEST	ULTICARE INSULIN SAFETY SYR	126
TROJAN ULTRA RIBBED		TRUETRACK TEST	ULTICARE INSULIN SYR 1/2 UNIT	126
LUBRICATED	96	TRULICITY	ULTICARE INSULIN SYRINGE	126
TROJAN ULTRA THIN	96	TRUQAP	ULTICARE MICRO PEN NEEDLES	126
TROJAN ULTRA		TRUSTEX COLOR CONDOMS +	ULTICARE MINI PEN NEEDLES	126
THIN/SPERMICIDAL	96	LUBE	ULTICARE PEN NEEDLES	126
TROJAN-ENZ LUBRICATED	96	TRUSTEX LUB/RIBBED/STUDED	ULTICARE SHORT PEN NEEDLES	126
TROJAN-ENZ/SPERMICIDAL	96	TRUSTEX LUB/SPERMICIDE EX ST	ULTICARE SYRINGE	126
tropium chloride	154	TRUSTEX LUB/SPERMICIDE XL	ULTICARE TUBERCULIN SAFETY	
tropium chloride er	154	TRUSTEX LUBRICATED	SYR	126
TRUE COMFORT INSULIN		TRUSTEX LUBRICATED EX LARGE	ULTIGUARD SAFEPACK PEN	
SYRINGE	125	TRUSTEX LUBRICATED EXTRA ST	NEEDLE	126
TRUE COMFORT PEN NEEDLES	125	TRUSTEX	ULTIGUARD SAFEPACK	
TRUE COMFORT PRO INSULIN		LUBRICATED/SPERMICIDE	SYR/NEEDLE	126
SYR	126	TRUSTEX NATURAL CONDOMS +	ULTILET CLASSIC LANCETS	109
TRUE COMFORT PRO PEN		LUBE	ULTILET LANCETS	109
NEEDLES	126	TRUSTEX NON-LUBRICATED	ULTILET PEN NEEDLE	126
TRUE COMFORT SAFETY		TRUSTEX RIA LUB/SPERMICIDE	ULTILET SAFETY LANCETS	109
LANCETS	109	TRUSTEX RIA LUBRICATED	ULTILET SAFETY LANCETS 23G	109
TRUE COMFORT SAFETY PEN		TRUSTEX RIA NON-LUBRICATED	ULTRA COMFORT INSULIN	
NEEDLE	126	TRUSTEX-NONOXYNOL-	SYRINGE	126
TRUE COMFORT TWIST TOP		9/RIB/STUD	ULTRA FLO INSULIN PEN	
LANCETS	109	tulana	NEEDLES	126
TRUE COVER	96	turqoz	ULTRA FLO INSULIN SYR 1/2	
TRUE FOCUS BLOOD GLUCOSE		TWIRLA	UNIT	126
STRIP	80	twist top LANCETS 30G	ULTRA FLO INSULIN SYRINGE	126
true folic acid	92	TYBLUME	ULTRA THIN LANCETS 31G	109
TRUE METRIX BLOOD GLUCOSE		TYBOST	ULTRA THIN PEN NEEDLES	126
TEST	80	tydemy	ULTRA-CARE LANCETS 30G	109

ULTRA-THIN II AUTO LANCET	109	UNISTIK 3 COMFORT	110	VALUE HEALTH INSULIN SYRINGE	127
ULTRA-THIN II INS SYR SHORT	126	UNISTIK 3 EXTRA	110	VALUE PLUS LANCET STANDARD	
ULTRA-THIN II INSULIN SYRINGE	127	UNISTIK 3 GENTLE	110	21G	111
ULTRA-THIN II LANCETS	109	UNISTIK 3 NEONATAL	110	VALUE PLUS LANCETS SUPER	
ULTRA-THIN II MINI PEN NEEDLE	127	UNISTIK 3 NORMAL	110	THIN	111
ULTRA-THIN II PEN NEEDLE SHORT	127	UNISTIK CZT COMFORT	110	VALUE PLUS LANCETS THIN 26G .	111
ULTRA-THIN II PEN NEEDLES	127	UNISTIK CZT NORMAL	110	VALUMARK LANCET SUPER THIN	
ULTRACARE INSULIN SYRINGE	127	UNISTIK NORMAL	110	30G	111
ULTRACARE PEN NEEDLES	127	UNISTIK PRO SAFETY LANCET	110	VALUMARK LANCET ULTRA THIN	
UNIFINE OTC PEN NEEDLES	127	UNISTIK SAFETY LANCETS 28G	110	28G	111
UNIFINE PEN NEEDLES	127	UNISTIK SAFETY LANCETS 30G	110	VALUMARK PEN NEEDLES	127
UNIFINE PENTIPS	127	UNISTIK TOUCH SAFETY LANC 21G	110	vancomycin hcl	12,13
UNIFINE PENTIPS PLUS	127	UNISTIK TOUCH SAFETY LANC 23G	111	VANFLYTA	39
UNIFINE PROTECT PEN NEEDLE	127	UNISTIK TOUCH SAFETY LANC 28G	111	VANISHPOINT INSULIN SYRINGE .	127
UNIFINE SAFECONTROL PEN NEEDLE	127	UNISTIK TOUCH SAFETY LANC 30G	111	VANISHPOINT SAFETY SYRINGE . .	127
UNIFINE ULTRA PEN NEEDLE	127	UNISTIK TOUCH SAFETY LANC 30G	111	VANISHPOINT SYRINGE	127
UNILET COMFORTOUCH LANCET	109	UNISTRIP1 GENERIC	80	VANISHPOINT TUBERCULIN SYRINGE	127
UNILET EXCELITE	109	unithroid	152	VAQTA	156
UNILET EXCELITE II	109	UNIVERSAL 1 LANCETS THIN 26G	111	varenicline tartrate	149
UNILET G.P. LANCET	110	UNIVERSAL 1 LANCETS THIN 33G	111	varenicline tartrate (starter)	149
UNILET G.P. SUPERLITE LANCET	110	UNIVERSAL 1 LANCETS ULTRA THIN	111	varenicline tartrate(continue) . . .	149
UNILET GP 28 ULTRA THIN	110	UPNEEQ	143	VARIVAX	156
UNILET LANCET	110	ursodiol	87	VAXELIS	152
UNILET MICRO-THIN 33G	110	UZEDY	44	VAXNEUVANCE	155
UNILET SUPER-THIN 30G	110			VCF VAGINAL CONTRACEPTIVE . . .	156
UNILET SUPERLITE LANCET	110			VELTASSA	133
UNILET ULTRA-THIN 28G	110			VENCLEXTA	36
UNISTIK 1	110			VENCLEXTA STARTING PACK	36
UNISTIK 2	110			venlafaxine hcl	23
UNISTIK 2 COMFORT	110			venlafaxine hcl er	23
UNISTIK 2 EXTRA	110			VENTOLIN HFA	16
UNISTIK 2 NEONATAL	110			verapamil hcl	52
UNISTIK 2 NORMAL	110			verapamil hcl er	52
UNISTIK 2 SUPER	110			VERASENS BLOOD GLUCOSE TEST .	80
UNISTIK 3	110			VERIFINE INSULIN PEN NEEDLE . .	127
				VERIFINE INSULIN SYRINGE	127
				VERIFINE PLUS PEN NEEDLE	127
				VERIFINE SAFE LANCET MINI 21G .	111
				VERIFINE SAFE LANCET MINI 23G .	111
				VERIFINE SAFE LANCET MINI 28G .	111

V

VERIFINE SAFE LANCET MINI 30G.....	111	VIVAGUARD SAFETY LANCETS 28G.....	111	wixela inhub.....	15
VERIFINE UNIVERSAL LANCETS 28G.....	111	volnea.....	55	wymzya fe.....	60
VERIFINE UNIVERSAL LANCETS 30G.....	111	VORANIGO.....	40	X	
VERIFINE UNIVERSAL LANCETS 33G.....	111	voriconazole.....	29	XALKORI.....	36
VERISAFE SAFE STERILE SYRINGE.....	127	VORTEX HOLD CHMBR/MASK/CHILD.....	129	xarah fe.....	64
VERISAFE SAFETY STERILE NEEDLE.....	127	VORTEX HOLD CHMBR/MASK/TODDLER.....	130	XARELTO.....	18
VERKAZIA.....	142	VORTEX VALVE CHAMBER-PEDI MASK.....	130	XARELTO STARTER PACK.....	18
VERZENIO.....	40	VORTEX VALVED HOLDING CHAMBER.....	130	XCOPRI.....	21
vestura.....	60	VOSEVI.....	50	XCOPRI (250 MG DAILY DOSE)....	21
VIDA MIA UNIFINE PENTIPS.....	127	VOWST.....	88	XCOPRI (350 MG DAILY DOSE)....	21
VIDA MIA UNILET LANCETS 28G.....	111	VP INSULIN SYRINGE.....	127	xelria fe.....	60
VIDA MIA UNILET LANCETS 30G.....	111	VTAMA.....	68	XERAC AC.....	69
vienva.....	60	VUMERITY.....	147	XHANCE.....	140
vilazodone hcl.....	23	vyfemla.....	60	XIFAXAN.....	12
VINATE II.....	138	vylibra.....	60	XIGDUO XR.....	26
viorele.....	55	W		XOLAIR.....	15
VIRACEPT.....	48	WALGREENS ADV TRAVEL LANCETS.....	111	XOSPATA.....	39
VIREAD.....	49	WALGREENS LANCETS.....	111	XPHOZAH.....	82
virt-phos 250 neutral.....	131	WALGREENS LANCETS MICRO THIN.....	111	XTANDI.....	35
VISTOGARD.....	27	WALGREENS LANCETS SUPER THIN.....	111	xulane.....	60
VITAFOL FE+.....	138	WALGREENS THIN LANCETS.....	111	Y	
VITAFOL GUMMIES.....	138	WALGREENS ULTRA THIN LANCETS.....	112	YALE DISP NEEDLES.....	127
VITAFOL-OB.....	138	warfarin sodium.....	17	yargesa.....	91
VITAFOL-OB+DHA.....	138	WEGMANS UNIFINE PENTIPS PLUS.....	127	yl folic acid.....	92
VITAMEDMD ONE RX/QUATREFOLIC.....	138	wera.....	60	yuvafem.....	157
vitamin d (ergocalciferol).....	157	WES-PHOS 250 NEUTRAL.....	131	Z	
vitamin k1.....	158	WESNATAL DHA COMPLETE.....	138	zafemy.....	60
VITATHELY WITH GINGER.....	138	WESTAB PLUS.....	138	zafirlukast.....	16
VITATRUE.....	138	WESTGEL DHA.....	138	zaleplon.....	93
VIVAGUARD INO TEST STRIPS.....	80	WINREVAIR.....	54	ZELBORAF.....	36
VIVAGUARD LANCETS.....	111			zelvysia.....	84
VIVAGUARD LANCETS 30G.....	111			zenatane.....	67
				ZENPEP.....	80
				ZEPOSIA.....	149
				ZEPOSIA 7-DAY STARTER PACK.....	150
				ZEPOSIA STARTER KIT.....	150
				ZERVIATE.....	141
				ZEVRX INSULIN SYRINGE.....	128

ZEVRX PEN NEEDLES.....	128
ZEVRX TWIST TOP LANCETS	
30G.....	112
zidovudine.....	48
ziprasidone hcl.....	43
ZOLADEX.....	41
ZOLINZA.....	37
ZOLMITRIPTAN.....	130
zolmitriptan.....	131
zolpidem tartrate.....	93
zolpidem tartrate er.....	93
ZOMACTON.....	82
ZOMACTON (FOR ZOMA-JET 10)	82
zonisamide.....	20,21
zovia 1/35 (28).....	60
zumandimine.....	60
ZYDELIG.....	41
ZYPREXA RELPREVV.....	46