

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:

Scripus: **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.....	4
ANALGESICS - OPIOID.....	8
ANDROGENS-ANABOLIC.....	10
ANORECTAL AND RELATED PRODUCTS.....	11
ANTHELMINTICS.....	11
ANTI-INFECTIVE AGENTS - MISC.....	11
ANTIANGINAL AGENTS.....	13
ANTIANSIETY AGENTS.....	13
ANTIARRHYTHMICS.....	14
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	15
ANTICOAGULANTS.....	17
ANTICONVULSANTS.....	18
ANTIDEPRESSANTS.....	21
ANTIDIABETICS.....	23
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	27
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	27
ANTIEMETICS.....	27
ANTIFUNGALS.....	28
ANTIHISTAMINES.....	28
ANTIHYPERLIPIDEMICS.....	29
ANTIHYPERTENSIVES.....	30
ANTIMALARIALS.....	33
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	33
ANTIMYCOBACTERIAL AGENTS.....	33
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	34
ANTIPARKINSON AND RELATED THERAPY AGENTS.....	40
ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	41
ANTIVIRALS.....	44
BETA BLOCKERS.....	48
CALCIUM CHANNEL BLOCKERS.....	49
CARDIOTONICS.....	50
CARDIOVASCULAR AGENTS - MISC.....	50
CEPHALOSPORINS.....	51
CONTRACEPTIVES.....	52
CORTICOSTEROIDS.....	61

COUGH/COLD/ALLERGY.....	62
DERMATOLOGICALS.....	63
DIAGNOSTIC PRODUCTS.....	70
DIGESTIVE AIDS.....	77
DIURETICS.....	77
ENDOCRINE AND METABOLIC AGENTS - MISC.....	78
ESTROGENS.....	82
FLUOROQUINOLONES.....	83
GASTROINTESTINAL AGENTS - MISC.....	83
GENITOURINARY AGENTS - MISCELLANEOUS.....	85
GOUT AGENTS.....	86
HEMATOLOGICAL AGENTS - MISC.....	87
HEMATOPOIETIC AGENTS.....	87
HEMOSTATICS.....	89
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....	89
LAXATIVES.....	89
MACROLIDES.....	90
MEDICAL DEVICES AND SUPPLIES.....	91
MIGRAINE PRODUCTS.....	126
MINERALS & ELECTROLYTES.....	127
MISCELLANEOUS THERAPEUTIC CLASSES.....	128
MOUTH/THROAT/DENTAL AGENTS.....	130
MULTIVITAMINS.....	131
MUSCULOSKELETAL THERAPY AGENTS.....	135
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	135
NEUROMUSCULAR AGENTS.....	136
OPHTHALMIC AGENTS.....	136
OTIC AGENTS.....	140
OXYTOCICS.....	140
PENICILLINS.....	140
PROGESTINS.....	141
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	141
RESPIRATORY AGENTS - MISC.....	146
SULFONAMIDES.....	146
TETRACYCLINES.....	146
THYROID AGENTS.....	146
TOXOIDS.....	147
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS.....	148
URINARY ANTISPASMODICS.....	149
VACCINES.....	150

VAGINAL AND RELATED PRODUCTS.....152
VASOPRESSORS.....153
VITAMINS.....153

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	
TOBRAMYCIN 300 MG/5ML NEBU SOLN	5	QL, MDS1 (31 / fill(s))
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)
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)
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	PA, MFL (1.6 / Fill), MDS1 (31 / Fill)
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	PA, MFL (3.2 / Fill), MDS1 (31 / Fill)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	PA, MFL (1.6 / Fill), MDS1 (31 / Fill)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	PA, MFL (3.2 / Fill), MDS1 (31 / Fill)
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL, MDS1 (31 / Fill)
RINVOQ 45 MG TAB ER 24H	5	PA, QL, MFL (84 / lifetime), MDS1 (31 / Fill)
RINVOQ LQ	5	PA, QL, MDS1 (31 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
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	QL
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)
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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))
MECLOFENAMATE SODIUM	2	
<i>mefenamic acid</i>	2	PA, 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	QL
<i>piroxicam</i>	2	
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (20 MG TAB, 30 MG TAB)	5	PA, QL, MDS1 (31 / Fill)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	5	PA, MFL (55 / Fill), MDS1 (31 / Fill)
OTEZLA XR	5	PA, QL, MDS1 (31 / Fill)
OTEZLA/OTEZLA XR INITIATION PK	5	PA, MFL (41 / Fill), MDS1 (31 / Fill)
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)
ENBREL 50 MG/ML SOLN PRSYR	5	PA, MFL (8 / Fill), MDS1 (31 / Fill)
ENBREL MINI	5	PA, MFL (8 / Fill), MDS1 (31 / Fill)
ENBREL SURECLICK	5	PA, MFL (8 / Fill), MDS1 (31 / Fill)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESICS-SEDATIVES		
<i>bac (butalbital-acetamin-coff)</i>	2	QL

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>gnp aspirin low dose</i>	1	AGE, QL
<i>goodsense aspirin</i>	1	AGE, QL
<i>goodsense aspirin adult low st</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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
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 (12 mcg/hr patch 72hr, 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 (37.5 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr)</i>	4	PA, QL
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	

Drug Name	Drug Tier	Requirements / Limits
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
<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

Drug Name	Drug Tier	Requirements / Limits
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)
BRIXADI (WEEKLY)	5	QL, MDS1 (31 / Fill)
<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
<i>pentazocine-naloxone hcl</i>	3	QL
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	5	MFL (1 / Fill), MDS1 (31 / Fill)
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	5	MFL (3 / Fill), MDS1 (31 / Fill)
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

Drug Name	Drug Tier	Requirements / Limits
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)
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
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)
<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

Drug Name	Drug Tier	Requirements / Limits
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</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	
NITRO-BID	4	
<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	
ANTIANSIETY AGENTS (CONTINUED)		
ANTIANSIETY 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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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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	

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
<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 HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	MFL (4 / Fill)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA	5	PA, MFL (1 / Fill), MDS1 (56 / Fill)
FASENRA PEN	5	PA, MFL (1 / Fill), MDS1 (56 / Fill)
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)
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

Drug Name	Drug Tier	Requirements / Limits
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)
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	PA, QL, MDS1 (31 / Fill)
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
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	

Drug Name	Drug Tier	Requirements / Limits
<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)
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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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>rowepra</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
<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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

Drug Name	Drug Tier	Requirements / Limits
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, 20 mg tab, 40 mg tab)</i>	1	QL
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	1	
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</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	1	ST, MFL (4 / Fill)
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	3	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	

Drug Name	Drug Tier	Requirements / Limits
<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	QL
<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	QL
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
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	

Drug Name	Drug Tier	Requirements / Limits
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)
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

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
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)
<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	QL
<i>aprepitant 80 & 125 mg cap thpk</i>	2	MFL (3 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant 80 mg cap</i>	2	MFL (2 / Fill)
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)
CRESEMBA 74.5 MG CAP	5	PA, QL, MDS1 (31 / Fill)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<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	PA
<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

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<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
ANTHYPERLIPIDEMICS (CONTINUED)		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	3	QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	QL
ANTHYPERLIPIDEMICS - 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

Drug Name	Drug Tier	Requirements / Limits
<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
<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 (ANTIHYPERTENSIVE)	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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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)
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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</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	QL
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
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	
<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 sulfate</i>	2	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	5	MDS1 (31 / Fill)
<i>quinine sulfate</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	

Drug Name	Drug Tier	Requirements / Limits
<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)
<i>abirtega</i>	1	QL, MDS1 (90 / Fill)
ANTIADRENALS		
LYSODREN	4	QL
ANTIANDROGENS		
<i>bicalutamide</i>	1	MFL (90 / Fill)
NUBEQA	5	PA, QL, MDS1 (31 / Fill)
XTANDI	5	PA, QL, MDS1 (31 / Fill)
ANTIESTROGENS		
<i>tamoxifen citrate</i>	1	QL
<i>toremifene citrate</i>	5	PA, QL, MDS1 (31 / Fill)
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)
<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	

Drug Name	Drug Tier	Requirements / Limits
TABLOID	4	QL
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	5	PA, MDS1 (31 / Fill)
TRUQAP 200 MG TAB	5	PA, MDS1 (31 / Fill)
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	5	PA, QL, MDS1 (31 / Fill)
LORBRENA	5	QL, MDS1 (31 / Fill)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK)	5	PA, QL, MDS1 (31 / Fill)
XALKORI (200 MG CAP, 250 MG CAP)	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	5	PA, QL, MDS1 (31 / Fill)
VENCLEXTA 100 MG TAB	5	PA, QL, MDS1 (31 / Fill)
VENCLEXTA 50 MG TAB	5	PA, QL, MDS1 (31 / Fill)
VENCLEXTA STARTING PACK	5	PA, QL (42 per 274 days), MDS1 (31 / Fill)
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
<i>dasatinib (50 mg tab, 70 mg tab)</i>	5	PA, QL, MDS1 (31 / Fill)
<i>dasatinib 100 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
<i>dasatinib 140 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
<i>dasatinib 20 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
<i>dasatinib 80 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
ICLUSIG	5	PA, QL, MDS1 (31 / Fill)
<i>imatinib mesylate</i>	2	QL
<i>nilotinib hcl</i>	5	PA, QL, MDS1 (31 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
ZELBORAF	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	5	PA, QL, MDS1 (31 / Fill)
BRUKINSA 80 MG CAP	5	PA, QL, MDS1 (31 / fill(s))
CALQUENCE 100 MG TAB	5	PA, QL, MDS1 (31 / Fill)
IMBRUVICA (140 MG CAP, 420 MG TAB)	5	PA, QL, MDS1 (31 / Fill)
IMBRUVICA 70 MG CAP	5	PA, QL, MFL (31 / Fill), MDS1 (31 / Fill)
JAYPIRCA 100 MG TAB	5	PA, QL, MDS1 (31 / Fill)
JAYPIRCA 50 MG TAB	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	5	PA, QL, MDS1 (31 / Fill)
<i>gefitinib</i>	5	PA, QL, MDS1 (31 / Fill)
TAGRISSE	5	PA, QL, MDS1 (31 / Fill)
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)
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide</i>	5	PA, MFL (21 / day(s)), MDS1 (28 / day(s))

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	5	PA, QL, MDS1 (31 / Fill)
LUMAKRAS	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	5	PA, MDS1 (31 / Fill)
MEKINIST 0.5 MG TAB	5	PA, QL, MDS1 (31 / Fill)
MEKINIST 2 MG TAB	5	PA, QL, MDS1 (31 / Fill)
ANTINEOPLASTIC - MET INHIBITORS		
TEPMETKO	5	PA, QL, MDS1 (31 / Fill)
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)
<i>everolimus (2.5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2	PA, QL, MDS1 (31 / Fill)
<i>everolimus 5 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
<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)
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)
<i>pazopanib hcl 200 mg tab</i>	5	PA, QL, MDS1 (31 / Fill)
<i>sorafenib tosylate</i>	5	PA, QL, MDS1 (31 / Fill)
STIVARGA	5	PA, MDS1 (31 / Fill)
<i>sunitinib malate</i>	2	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
VANFLYTA	5	PA, QL, MDS1 (31 / Fill)
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)
LONSURF 20-8.19 MG TAB	5	PA, MFL (80 / Fill), MDS1 (28 / Fill)
ANTINEOPLASTICS MISC.		
<i>hydroxyurea</i>	1	
MATULANE	4	
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	QL
<i>exemestane</i>	2	QL
<i>letrozole</i>	1	QL
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	5	PA, QL, MDS1 (31 / Fill)
KISQALI (200 MG DOSE)	5	PA, MFL (63 / Fill), MDS1 (28 / Fill)
KISQALI (400 MG DOSE)	5	PA, MFL (63 / Fill), MDS1 (28 / Fill)
KISQALI (600 MG DOSE)	5	PA, MFL (63 / Fill), MDS1 (28 / Fill)
VERZENIO	5	PA, MFL (60 / Fill), MDS1 (31 / Fill)
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

Drug Name	Drug Tier	Requirements / Limits
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)
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
JAKAFI	5	PA, QL, MDS1 (31 / Fill)
LHRH ANALOGS		
ELIGARD 22.5 MG KIT	5	MFL (1 / Fill), MDS1 (90 / Fill)
ELIGARD 30 MG KIT	5	MFL (1 / Fill), MDS1 (120 / Fill)
ELIGARD 45 MG KIT	5	MFL (1 / Fill), MDS1 (180 / Fill)
<i>leuprolide acetate</i>	2	PA, MFL (1 / Fill), MDS1 (31 / Fill)
LEUPROLIDE ACETATE (3 MONTH)	5	MDS1 (31 / Fill)
LUPRON DEPOT (3-MONTH)	5	MFL (1 / Fill), MDS1 (90 / Fill)
LUPRON DEPOT (4-MONTH)	5	MFL (1 / Fill), MDS1 (120 / Fill)
LUPRON DEPOT (6-MONTH)	5	MFL (1 / Fill), MDS1 (180 / Fill)
LUTRATE DEPOT	5	MDS1 (31 / Fill)
VABRINTY 22.5 MG KIT	5	MFL (1 / Fill), MDS1 (90 / Fill)
ZOLADEX	5	MDS1 (31 / Fill)
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))
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
ZYDELIG	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	5	PA, QL, MDS1 (31 / Fill)
TALZENNA	5	QL, MDS1 (31 / Fill)
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)
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna 400 mg tab</i>	5	MDS1 (31 / Fill)
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
TRIHXYPHENIDYL 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

Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl</i>	2	QL
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)
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)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 per 135 days), MDS1 (180 / Fill)
INVEGA SUSTENNA	5	MDS1 (31 / Fill)
INVEGA TRINZA	5	MDS1 (31 / Fill)
<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)
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR)	5	QL, MDS1 (28 / Fill)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	MFL (0.28 / Fill), MDS1 (56 / Fill)
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 per 42 days), MDS1 (56 / Fill)
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 per 42 days), MDS1 (56 / Fill)
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 per 42 days), MDS1 (56 / Fill)
BUTYROPHENONES		
<i>haloperidol</i>	1	
<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, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
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)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 per 42 days), MDS1 (56 / Fill)
ABILIFY MAINTENA	5	MDS1 (31 / Fill)
<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	

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine 10 mg recon soln</i>	2	MDS1 (31 / Fill)
ZYPREXA RELPREVV	5	MDS1 (31 / Fill)
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
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)

Drug Name	Drug Tier	Requirements / Limits
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
<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

RxCore ID

Drug Name	Drug Tier	Requirements / Limits
<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
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)
<i>valganciclovir hcl 450 mg tab</i>	5	MFL (102 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<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	PA, QL, MDS1 (31 / Fill)
HARVONI 45-200 MG PACKET	4	PA, QL, MDS1 (31 / Fill)
LEDIPASVIR-SOFOSBUVIR	4	PA, QL, MDS1 (31 / Fill)
MAVYRET 100-40 MG TAB	3	PA, QL, MDS1 (28 / Fill)
MAVYRET 50-20 MG PACKET	3	PA, QL, MDS1 (28 / Fill)
SOFOSBUVIR-VELPATASVIR	3	PA, QL, MFL (28 / Fill), MDS1 (28 / Fill)
VOSEVI	4	PA, QL, MDS1 (31 / Fill)
HEPATITIS C AGENTS		
PEGASYS	5	PA, QL, MDS1 (31 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
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	
<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	QL
<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	QL
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)
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)
<i>sildenafil citrate 20 mg tab</i>	1	PA, QL
<i>tadalafil (pah)</i>	3	PA, QL
TADLIQ	5	PA, QL, MDS1 (31 / Fill)
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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))

Drug Name	Drug Tier	Requirements / Limits
<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))
<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)

Drug Name	Drug Tier	Requirements / Limits
<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))
<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)

Drug Name	Drug Tier	Requirements / Limits
<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))
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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))

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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))

Drug Name	Drug Tier	Requirements / Limits
<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))
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)
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)
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	
MINERALOCORTICIDS		
<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	

Drug Name	Drug Tier	Requirements / Limits
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
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	

Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	2	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	
SULFACETAMIDE-SULFUR IN UREA	2	
SULFAMEZ WASH	1	
ACNE PRODUCTS		
<i>accutane</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	

Drug Name	Drug Tier	Requirements / Limits
<i>nyamyc</i>	1	MFL (60 / Fill)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	1	
<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)
COSENTYX (300 MG DOSE)	5	PA, MFL (2 / Fill), MDS1 (56 / Fill)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	5	PA, MFL (2 / Fill), MDS1 (56 / Fill)
COSENTYX SENSOREADY (300 MG)	5	PA, MFL (2 / Fill), MDS1 (56 / Fill)
COSENTYX SENSOREADY PEN	5	PA, MFL (2 / Fill), MDS1 (56 / Fill)

Drug Name	Drug Tier	Requirements / Limits
COSENTYX UNOREADY	5	PA, MFL (2 / Fill), MDS1 (56 / Fill)
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	2	PA, MDS1 (84 / Fill)
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	2	PA, MDS1 (84 / Fill)
SELARSDI 45 MG/0.5ML SOLUTION	2	PA, QL, MFL (1.5 / Fill), MDS1 (84 / Fill)
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, MFL (2 / Fill), MDS1 (84 / Fill)
SKYRIZI PEN	5	PA, MFL (2 / Fill), MDS1 (84 / Fill)
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)
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY 150 MG/ML SOLN PRSYR	5	PA, MFL (2 / Fill), MDS1 (28 / Fill)
ADBRY 300 MG/2ML SOLN A-INJ	5	PA, MFL (2 / Fill), MDS1 (28 / Fill)
EBGLYSS	5	PA, MFL (2 / Fill), MDS1 (31 / Fill)
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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)

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	5	PA, MFL (1 / Fill), MDS1 (56 / Fill)
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 % prsy</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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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)

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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	3	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

Drug Name	Drug Tier	Requirements / Limits
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
SMART SENSE PREMIUM TEST	4	PA, QL
SMART SENSE VALUE TEST	4	PA, QL
SMARTEST 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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
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)

Drug Name	Drug Tier	Requirements / Limits
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	5	PA, QL, MDS1 (31 / Fill)
ISTURISA 5 MG TAB	5	PA, QL, MDS1 (31 / Fill)
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)
GENOTROPIN 5 MG CARTRIDGE	5	PA, MFL (18 / Fill), MDS1 (38 / Fill)
GENOTROPIN MINIQUICK	5	PA, QL, MDS1 (31 / Fill)
ZOMACTON (FOR ZOMA-JET 10)	5	PA, QL, MDS1 (31 / Fill)
ZOMACTON 10 MG RECON SOLN	5	PA, QL, MDS1 (31 / Fill)
ZOMACTON 5 MG RECON SOLN	5	PA, MFL (18 / Fill), MDS1 (38 / Fill)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
<i>nitisinone</i>	5	PA, QL, MDS1 (31 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
LUPRON DEPOT-PED (3-MONTH)	5	MDS1 (31 / Fill)
OVULATION STIMULANTS-GONADOTROPINS		
CHORIONIC GONADOTROPIN	3	PA
NOVAREL	4	PA
PREGNYL	4	PA
PARATHYROID HORMONE AND DERIVATIVES		
TYMLOS	5	PA, MDS1 (31 / Fill)
PHENYLKETONURIA TREATMENT - AGENTS		
<i>javygtor</i>	5	PA, QL, MDS1 (31 / Fill)
<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)

Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan (hyponatremia) 15 mg tab</i>	2	PA, QL, MDS1 (31 / day(s))
<i>tolvaptan (hyponatremia) 30 mg tab</i>	2	PA, QL, MDS1 (31 / day(s))
SOMATOSTATIC AGENTS		
BYNFEZIA PEN	5	PA, MDS1 (31 / Fill)
<i>octreotide acetate (10 mg kit, 20 mg kit, 30 mg kit)</i>	5	MDS1 (31 / Fill)
OCTREOTIDE ACETATE (100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	3	QL, MDS1 (31 / Fill)
<i>octreotide acetate 100 mcg/ml solution</i>	3	QL
<i>octreotide acetate 1000 mcg/ml solution</i>	3	QL
<i>octreotide acetate 200 mcg/ml solution</i>	3	QL
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	3	QL, MDS1 (31 / Fill)
<i>octreotide acetate 50 mcg/ml solution</i>	3	QL
<i>octreotide acetate 500 mcg/ml solution</i>	3	QL
SANDOSTATIN	5	PA
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)
<i>desmopressin acetate 4 mcg/ml solution</i>	2	QL, MDS1 (31 / Fill)
<i>desmopressin acetate pf</i>	2	QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin acetate spray</i>	2	MFL (15 / Fill)
ESTROGENS (CONTINUED)		
ESTROGEN & ANDROGEN		
COVARYX	2	QL, MDS1 (180 / Fill)
COVARYX HS	2	QL, MDS1 (180 / Fill)
EEMT	2	QL, MDS1 (180 / Fill)
EEMT HS	2	QL, MDS1 (180 / Fill)
<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)
<i>estratest f.s.</i>	2	QL, MDS1 (180 / Fill)
ESTRATEST H.S.	2	QL, MDS1 (180 / Fill)
ESTROGEN & PROGESTIN		
<i>abigale</i>	1	QL, MDS1 (180 / Fill)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	5	PA, QL, MDS1 (31 / Fill)
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
<i>sulfasalazine</i>	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	5	PA, QL, MDS1 (31 / Fill)
INTERLEUKIN ANTAGONISTS		
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, MFL (1.2 / Fill), MDS1 (56 / Fill)
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, MFL (2.4 / Fill), MDS1 (56 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
CIMZIA (1 SYRINGE)	5	PA, QL, MDS1 (31 / Fill)
CIMZIA (2 SYRINGE)	5	PA, QL, MDS1 (31 / Fill)
CIMZIA-STARTER	5	PA, QL, MDS1 (56 / Fill)
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	5	PA, MFL (9 / Fill), MDS1 (31 / Fill)
<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	
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))

Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
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	
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
<i>tasimelteon</i>	5	QL, MDS1 (31 / Fill)
LAXATIVES (CONTINUED)		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate 400 mg tab</i>	3	
FIDAXOMICIN		
<i>fidaxomicin</i>	5	PA, MFL (20 / Fill), MDS1 (28 / Fill)
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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/STUDDDED	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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)
RIGHTTEST GL300 LANCETS	1	MDS1 (90 / Fill)
SAFE-T-LANCE	1	MDS1 (90 / Fill)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
WALGREENS ULTRA THIN LANCETS	1	MDS1 (90 / Fill)
ZEVRX 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	

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
BD BLUNT FILL NEEDLE	4	
BD BLUNT FILL NEEDLE W/FILTER	4	
BD CONTROL SYRINGE 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	
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)

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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, 30G X 5/16" 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)	1	MDS1 (90 / Fill)
MONOJECT INTRODUCER NEEDLE	4	
MONOJECT LIFESHIELD SYRINGE	4	
MONOJECT MAGELLAN SAFETY ND	4	
MONOJECT MAGELLAN SYRINGE	4	
MONOJECT MEDICATION TRANSF ND	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	

Drug Name	Drug Tier	Requirements / Limits
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	4	MDS1 (90 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
ULTIGUARD SAFEPAK 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)
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)

Drug Name	Drug Tier	Requirements / Limits
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	
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)

Drug Name	Drug Tier	Requirements / Limits
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)
BREATHERITE VALVED MDI CHAMBER	1	MFL (2 / Fill)
CLEVER CHOICE HOLDING CHAMBER	1	MFL (2 / Fill)
COMPACT SPACE CHAMBER	1	MFL (2 / Fill)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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	

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan</i>	3	ST, QL
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	3	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))
<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 m10</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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)
CHELATING AGENTS		
<i>trientine hcl 250 mg cap</i>	5	PA, QL, MDS1 (31 / Fill)
TRIENTINE HCL 500 MG CAP	5	PA, QL, MDS1 (31 / Fill)

Drug Name	Drug Tier	Requirements / Limits
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	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	5	PA, MDS1 (31 / Fill)
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)
<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)

Drug Name	Drug Tier	Requirements / Limits
PURINE ANALOGS		
<i>azasan</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>oralone</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
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	

Drug Name	Drug Tier	Requirements / Limits
QUFLORA PEDIATRIC 0.25 MG/ML SUSPENSION	1	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	1	
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	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
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	

Drug Name	Drug Tier	Requirements / Limits
TRICARE	4	
TRINATAL RX 1	1	
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	

Drug Name	Drug Tier	Requirements / Limits
PRENATE AM	4	
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

Drug Name	Drug Tier	Requirements / Limits
NASAL STEROIDS		
<i>flunisolide</i>	2	QL
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>atropine sulfate (0.01 % solution, 0.025 % solution, 0.05 % solution, 1 % solution)</i>	2	
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 sulfite 0.3 % solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LEVOFLOXACIN 0.5 % SOLUTION	2	
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)
VERKAZIA	5	QL, MDS1 (31 / Fill)
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)
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate</i>	5	QL, MDS1 (31 / Fill)
<i>glatopa</i>	5	QL, MDS1 (31 / Fill)
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))
<i>cladribine (8 tabs)</i>	5	PA, MFL (10 / day(s)), MDS1 (31 / day(s))

Drug Name	Drug Tier	Requirements / Limits
<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)
AVONEX PREFILLED	5	PA, MDS1 (31 / Fill)
BETASERON	5	PA, QL, MDS1 (31 / Fill)
EXTAVIA	5	PA, QL, MDS1 (31 / Fill)
PLEGRIDY	5	PA, MDS1 (31 / Fill)
PLEGRIDY STARTER PACK	5	PA, MDS1 (31 / Fill)
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	5	PA, MFL (0.4 / Fill(s)), MDS1 (31 / Fill)
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)
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)
<i>memantine hcl er</i>	1	QL
NAMENDA TITRATION PAK	1	MFL (49 / Fill(s))
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	1	
ERGOLOID MESYLATES	3	

Drug Name	Drug Tier	Requirements / Limits
PIMOZIDE	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
<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

Drug Name	Drug Tier	Requirements / Limits
<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)
ZEPOSIA 7-DAY STARTER PACK	5	PA, QL, MDS1 (31 / Fill)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	5	PA, QL, MDS1 (31 / Fill)
THIENBENZODIAZEPINES & SSRIS		
<i>olanzapine-fluoxetine hcl</i>	3	

Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI	5	PA, QL, MDS1 (31 / Fill)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5	PA, AGE, QL, MDS1 (31 / Fill)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5	PA, QL, MDS1 (31 / Fill)
HYDROLYTIC ENZYMES		
PULMOZYME	5	QL, MDS1 (31 / Fill)
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	2	PA, QL, MDS1 (31 / Fill)
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil</i>	2	
THYROID HORMONES		
ADTHYZA	4	
ARMOUR THYROID	4	
<i>euthyrox</i>	1	
EVEXITHROID (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	
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)

Drug Name	Drug Tier	Requirements / Limits
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	
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)

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
<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	
VAXNEUVANCE	3	
VIRAL VACCINE COMBINATIONS		
M-M-R II	3	
PRIORIX	2	
PROQUAD	3	AGE
VIRAL VACCINES		
ABRYSV0	3	QL (1 per lifetime)
AFLURIA PRESERVATIVE FREE	3	
AREXVY	3	QL (1 per lifetime), AGE

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
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)
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)

Drug Name	Drug Tier	Requirements / Limits
<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))
<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	109	ACTI-LANCE 28G	93	AEROCHAMBER PLUS FLO-VU	
1ST TIER UNIFINE PENTIPS		ACTI-LANCE LITE LANCETS 28G	93	INTERM	124
PLUS	109	ACTI-LANCE SPECIAL LANCETS		AEROCHAMBER PLUS FLO-VU	
1ST TIER UNILET		17G	93	LARGE	124
COMFORTOUCH	93	ACTI-LANCE UNIVERSAL 23G	93	AEROCHAMBER PLUS FLO-VU	
		acyclovir	47,66	MEDIUM	124
		ADACEL	147	AEROCHAMBER PLUS FLO-VU	
		adapalene	64	SMALL	124
		ADBRY	66	AEROCHAMBER PLUS FLO-VU	
		adefovir dipivoxil	47	W/MASK	124
		ADEMPAS	51	AEROCHAMBER PLUS FLOW VU	124
		ADTHYZA	147	AEROCHAMBER W/FLOWSIGNAL	124
		adult aspirin regimen	5	AEROCHAMBER Z-STAT PLUS	124
		ADVANCE INTUITION TEST	70	AEROCHAMBER Z-STAT PLUS	
		ADVANCE MICRO-DRAW TEST	70	CHAMBR	124
		ADVANCED MOBILE LANCET	93	AEROCHAMBER Z-STAT	
		ADVANTAGE SAFETY LANCETS		PLUS/LARGE	124
		28G	93	AEROCHAMBER Z-STAT	
		ADVOCATE INSULIN PEN		PLUS/MEDIUM	124
		NEEDLE	109	AEROCHAMBER Z-STAT	
		ADVOCATE INSULIN PEN		PLUS/SMALL	124
		NEEDLES	109	AEROCHAMBER2GO ANTI-	
		ADVOCATE INSULIN SYRINGE	109	STATIC	125
		ADVOCATE LANCETS	93	AEROVENT PLUS	125
		ADVOCATE LANCETS 30G	93	afirmelle	52
		ADVOCATE REDI-CODE	70	AFLURIA PRESERVATIVE FREE	150
		ADVOCATE REDI-CODE+ TEST	70	aftera	58
		ADVOCATE SAFETY LANCETS	93	afterpill	58
		ADVOCATE SAFETY LANCETS 21G	93	AGAMATRIX AMP TEST	70
		ADVOCATE SAFETY LANCETS 23G	93	AGAMATRIX JAZZ TEST	70
		ADVOCATE SAFETY LANCETS 26G	93	AGAMATRIX KEYNOTE TEST	70
		ADVOCATE SAFETY LANCETS 28G	93	AGAMATRIX PRESTO TEST	70
		ADVOCATE TEST	70	AGAMATRIX ULTRA-THIN	
		AEMCOLO	11	LANCETS	93
		AEROCHAMBER HOLDING		AIMSCO LUBRICATED	91
		CHAMBER	124	AIMSCO TWIST LANCETS 32G	93
		AEROCHAMBER MINI CHAMBER	124	AIMSCO TWIST LANCETS 33G	94
		AEROCHAMBER MV	124	AIRSUPRA	15
		AEROCHAMBER PLS FLOVU		AJOVY	126
		MTHPIECE	124	ala-cort	66
		AEROCHAMBER PLUS FLO-VU	124	albendazole	11

albuterol sulfate	15	ammonium lactate	68	aspirin adult low dose	5
albuterol sulfate hfa	15	amnesteam	64	aspirin adult low strength	5
alclometasone dipropionate	67	amoxapine	23	aspirin childrens	5
ALECENSA	35	amoxicillin	140	aspirin ec adult low dose	5
alendronate sodium	78	amoxicillin-pot clavulanate	141	aspirin ec low dose	5
alfuzosin hcl er	85	amoxicillin-pot clavulanate er	141	aspirin ec low strength	5
aliskiren fumarate	33	amphetamine sulfate	1	aspirin low dose	5
allopurinol	86	amphetamine-dextroamphet er	1	aspirin regimen	5
almotriptan malate	126	amphetamine-		aspirin-dipyridamole er	87
ALOGLIPTIN BENZOATE	24	dextroamphetamine	1	ASSURE 3 TEST	70
ALOGLIPTIN-METFORMIN HCL	24	ampicillin	140	ASSURE 4 TEST	70
ALOGLIPTIN-PIOGLITAZONE	24	anagrelide hcl	87	ASSURE COMFORT LANCETS 28G	94
alosectron hcl	84	anastrozole	38	ASSURE HAEMOLANCE PLUS HIGH	94
ALPHAGAN P	138	ANORO ELLIPTA	15	ASSURE HAEMOLANCE PLUS LOW	94
alprazolam	13	apomorphine hcl	41	ASSURE HAEMOLANCE PLUS	
alprazolam er	14	APRACLONIDINE HCL	139	MICRO	94
alprazolam xr	14	aprepitant	27,28	ASSURE HAEMOLANCE PLUS	
ALTACAINE	138	apri	53	NORMAL	94
ALTAFRIN	136	APTIVUS	45	ASSURE HAEMOLANCE PLUS PED	94
altavera	52	AQ INSULIN SYRINGE	109	ASSURE ID DUO PRO PEN	
alyacen 1/35	53	AQINJECT PEN NEEDLE	109	NEEDLES	109
alyacen 7/7/7	60	AQUALANCE LANCETS 30G	94	ASSURE ID INSULIN SAFETY SYR	109
alyq	51	AQUASTAT	128	ASSURE ID PRO PEN NEEDLES	109
amabelz	82	AQUASTAT SFR	128	ASSURE ID SAFETY PEN NEEDLES	109
amantadine hcl	40	AREXVY	150	ASSURE II	70
ambrisentan	51	arformoterol tartrate	16	ASSURE II CHECK	70
AMCINONIDE	67	ARGYLE STERILE SALINE	86	ASSURE LANCE LANCETS	94
amethia	58	aripiprazole	43	ASSURE LANCE LANCETS 21G	94
amethyst	58	armodafinil	1	ASSURE LANCE PLUS SAFETY 25G	94
amiloride hcl	78	ARMOUR THYROID	147	ASSURE LANCE PLUS SAFETY 30G	94
AMILORIDE-		ARNUIITY ELLIPTA	16	ASSURE LANCE SAFETY LANCET	
HYDROCHLOROTHIAZIDE	77	ascomp-codeine	8	28G	94
aminocaproic acid	89	asenapine maleate	42	ASSURE PLATINUM	71
amidarone hcl	14	ashlyna	58	ASSURE PRISM MULTI TEST	71
amitriptyline hcl	23	ASMANEX (120 METERED DOSES)	16	ASSURE PRO TEST	71
AMJEVITA	2	ASMANEX (14 METERED DOSES)	16	ASSURE TITANIUM	71
amlodipine besy-benazepril hcl	30	ASMANEX (30 METERED DOSES)	16	ATABEX EC	132
amlodipine besylate	49	ASMANEX (60 METERED DOSES)	16	ATABEX OB	132
amlodipine besylate-valsartan	31	ASMANEX HFA	16	atazanavir sulfate	45
amlodipine-olmesartan	32	aspirin	5	atenolol	48
amlodipine-valsartan-hctz	31	aspirin 81	5	atenolol-chlorthalidone	33

atomoxetine hcl	1	azithromycin	90	BD INSULIN SYRINGE MICROFINE	110
atorvastatin calcium	30	azurette	52	BD INSULIN SYRINGE U-500	110
atovaquone	12			BD INSULIN SYRINGE U/F	110
atovaquone-proguanil hcl	33	B		BD INSULIN SYRINGE U/F	
atropine sulfate	137	bac (butalbital-acetamin-caff)	4	1/2UNIT	110
ATROPINE SULFATE	137	BACITRA-NEOMYCIN-POLYMYXIN-		BD INSULIN SYRINGE ULTRAFINE	110
aubra	53	HC	139	BD INTEGRA NEEDLE	110
aubra eq	53	BACITRACIN	137	BD INTEGRA SYRINGE	110
AUDENZ	151	BACITRACIN-POLYMYXIN B	137	BD LUER-LOCK SYRINGE	110
AUM INSULIN SAFETY PEN		baclofen	135	BD LUER-LOK SYRINGE	110
NEEDLE	109	balsalazide disodium	84	BD MICROTAINER LANCETS	94
AUM MINI INSULIN PEN		balziva	53	BD NOKOR ADMIX NEEDLE	110
NEEDLE	109	BAQSIMI ONE PACK	24	BD PEN	110
AUM PEN NEEDLE	109	BAQSIMI TWO PACK	24	BD PEN MINI	110
AUM READYGARD DUO PEN		BARDIA BULB IRRIGATION		BD PEN NEEDLE MICRO	
NEEDLE	109	SYRINGE	109	ULTRAFINE	110
AUM SAFETY PEN NEEDLE	109	BARDIA PISTON IRRIGATION		BD PEN NEEDLE MINI ULTRAFINE	111
AURORA LANCET SUPER THIN		SYR	109	BD PEN NEEDLE NANO 2ND GEN	111
30G	94	bayer advanced aspirin reg st	5	BD PEN NEEDLE NANO	
AURORA LANCET THIN 23G	94	bayer aspirin	5	ULTRAFINE	111
AURORA PEN NEEDLES	109	bayer aspirin ec low dose	5	BD PEN NEEDLE ORIG ULTRAFINE	111
AURORA UNIFINE PENTIPS	109	bayer low dose	5	BD PEN NEEDLE SHORT	
aurovela 1.5/30	53	BD ALLERGY SYRINGE	109	ULTRAFINE	111
aurovela 1/20	53	BD AUTOSHIELD DUO	109	BD PLASTIPAK SYRINGE	111
aurovela 24 fe	53	BD BLUNT FILL NEEDLE	110	BD POSIFLUSH	128
aurovela fe 1.5/30	53	BD BLUNT FILL NEEDLE		BD POSIFLUSH SAFESCRUB	128
aurovela fe 1/20	53	W/FILTER	110	BD PRECISIONGLIDE NEEDLE	111
AUTOPEN	109	BD CONTROL SYRING LUER-LOK	110	BD SAFETYGLIDE ALLERGY	
AUVI-Q	153	BD DISP NEEDLE	110	SYRINGE	111
AVERI	53	BD DISP NEEDLES	110	BD SAFETYGLIDE INSULIN	
aviane	53	BD ECLIPSE LUER-LOK NEEDLE	110	SYRINGE	111
avidoxy	146	BD ECLIPSE NEEDLE	110	BD SAFETYGLIDE NEEDLE	111
AVONEX PEN	143	BD ECLIPSE SHIELDED NEEDLE	110	BD SAFETYGLIDE SHIELDED	
AVONEX PREFILLED	143	BD ECLIPSE SYRINGE	110	NEEDLE	111
ayuna	53	BD ECLIPSE SYRINGE/NEEDLE	110	BD SAFETYGLIDE	
AYVAKIT	38	BD FILTER NEEDLE	110	SYRINGE/NEEDLE	111
azasan	130	BD HYPODERMIC NEEDLE	110	BD SYRINGE	111
azathioprine	130	BD INSULIN SYR ULTRAFINE II	110	BD SYRINGE BLUNT CANNULA	
azelaic acid	69	BD INSULIN SYRINGE	110	17G	111
azelastine hcl	135,137	BD INSULIN SYRINGE HALF-UNIT	110	BD SYRINGE DISPOSABLE	111
azelastine-fluticasone	135			BD SYRINGE DUAL CANNULA	111

BD SYRINGE LUER SLIP TIP	111	BOOSTRIX	147	CALCIPOTRIENE	65
BD SYRINGE LUER-LOK	111	bosentan	51	calcipotriene-betameth diprop	70
BD SYRINGE SLIP TIP	111	BP 10-1	63	calcitonin (salmon)	78
BD SYRINGE/NEEDLE	111	bprotected pedia iron	88	calcitrene	65
BD TB SYRINGE	111	BREATHE EASE LARGE	125	CALCITRIOL	65,79
BD VEO INSULIN SYR U/F		BREATHE EASE MEDIUM	125	calcitriol	79
1/2UNIT	111	BREATHE EASE SMALL	125	calcium acetate	85
BD VEO INSULIN SYR		BREATHERITE VALVED MDI		calcium acetate (phos binder)	85
ULTRAFINE	111	CHAMBER	125	CALQUENCE	36
BELBUCA	10	BRENZAVVY	26	camila	59
benazepril hcl	31	BREZTRI AEROSPHERE	15	camrese	59
benazepril-hydrochlorothiazide	31	briellyn	53	camrese lo	59
benzonatate	62	brimonidine tartrate	139	candesartan cilexetil	32
benzoyl peroxide-erythromycin	63	brinzolamide	138	candesartan cilexetil-hctz	32
benztropine mesylate	40	BRIXADI	10	capecitabine	34
betaine	79	BRIXADI (WEEKLY)	10	captopril	31
betamethasone dipropionate	67	bromfenac sodium (once-daily)	138	CAPVAXIVE	150
betamethasone dipropionate		bromocriptine mesylate	40	carbamazepine	18
aug	67	BRUKINSA	36	CARBAMAZEPINE	18
betamethasone valerate	67	budesonide	11,16,61	carbamazepine er	18
BETASERON	143	budesonide er	61	carbidopa	41
betaxolol hcl	48	bumetanide	77	carbidopa-levodopa	41
BETAXOLOL HCL	136	buprenorphine	10	carbidopa-levodopa er	41
bethanechol chloride	150	buprenorphine hcl	10	carbidopa-levodopa-entacapone	41
bicalutamide	34	buprenorphine hcl-naloxone hcl	10	CARBINOXAMINE MALEATE	28
BIKTARVY	44	bupropion hcl	22	CAREFINE PEN NEEDLES	111
BILDYOS	80	bupropion hcl er (smoking det)	144	CAREONE BLOOD GLUCOSE TEST	71
bimatoprost	139	bupropion hcl er (sr)	22	CAREONE INSULIN SYRINGE	111
BIMZELX	65	bupropion hcl er (xl)	22	CAREONE LANCET SUPER THIN	
BIOSCANNER GLUCOSE TEST	71	bupirone hcl	13	30G	94
BIOTEL CARE TEST STRIPS	71	butalbital-acetaminophen	5	CAREONE LANCET THIN 23G	94
bisoprolol fumarate	48	butalbital-apap-caff-cod	8	CAREONE UNIFINE PENTIPS	111
bisoprolol-hydrochlorothiazide	33	butalbital-apap-caffeine	5	CAREONE UNIFINE PENTIPS PLUS	111
BLEPHAMIDE	139	butalbital-asa-caff-codeine	8	CAREPOINT POLY HUB NEEDLE	111
blisovi 24 fe	53	butalbital-aspirin-caffeine	5	CAREPOINT PRECISION POLY	
blisovi fe 1.5/30	53	BYNFEZIA PEN	81	HUB	112
blisovi fe 1/20	53			CAREPOINT SAFETY 1ST NEEDLE	112
BLOOD GLUCOSE TEST	71	C		CAREPOINT SAFETY1ST	
BLOOD GLUCOSE TEST STRIPS		cabergoline	79	SYR/NEEDLE	112
333	71	CABOMETYX	37	CAREPOINT SYRINGE CATHETER	
BLULINK GLUCOSE TEST	71	caffeine citrate	1	TIP	112

CAREPOINT SYRINGE LUER LOCK.....112	cefixime.....52	CIPROFLOXACIN-FLUOCINOLONE PF.....140
CAREPOINT SYRINGE LUER SLIP112	cefpodoxime proxetil.....52	citalopram hydrobromide.....22
CAREPOINT TUBERCLN SYR/LUER SL.....112	cefprozil.....52	cladribine (10 tabs).....142
CARESENS LANCETS.....94	cefuroxime axetil.....52	cladribine (4 tabs).....142
CARESENS LANCETS 30G.....94	celecoxib.....3	cladribine (5 tabs).....142
CARESENS N GLUCOSE TEST....71	cephalexin.....52	cladribine (6 tabs).....142
CARESENS S GLUCOSE TEST....71	CERVIDIL.....140	cladribine (7 tabs).....142
CARETOUCH CATHETER TIP SYRINGE.....112	cevimeline hcl.....130	cladribine (8 tabs).....142
CARETOUCH HYPODERMIC NEEDLE.....112	charlotte 24 fe.....53	cladribine (9 tabs).....143
CARETOUCH INSULIN SYRINGE.112	chateal.....53	claravis.....64
CARETOUCH LUER LOCK.....112	chateal eq.....53	CLARITHROMYCIN.....90
CARETOUCH LUER LOCK SYR/NEEDLE.....112	CHEMET.....27	clarithromycin er.....90
CARETOUCH LUER SLIP.....112	childrens aspirin.....5	CLEANLET LANCETS 28G.....95
CARETOUCH PEN NEEDLES....112	chlordiazepoxide hcl.....14	CLENPIQ.....89
CARETOUCH SAFETY LANCETS..94	CHLORDIAZEPOXIDE-AMITRIPTYLINE.....141	CLEOCIN.....152
CARETOUCH SAFETY LANCETS 26G.....94	chlorhexidine gluconate.....130	CLEVER CHEK AUTO-CODE TEST...71
CARETOUCH TEST.....71	CHLOROQUINE PHOSPHATE....33	CLEVER CHEK AUTO-CODE VOICE.71
CARETOUCH TWIST LANCETS 28G.....94	chlorpromazine hcl.....43	CLEVER CHEK LANCETS.....95
CARETOUCH TWIST LANCETS 30G.....94	chlorthalidone.....78	CLEVER CHEK TEST.....71
CARETOUCH TWIST LANCETS 33G.....94	chlorzoxazone.....135	CLEVER CHOICE AUTO-CODE TEST.71
CARETOUCH TWIST MC LANCETS 30G.....94	cholestyramine.....29	CLEVER CHOICE COMFORT EZ.95,112
carisoprodol.....135	cholestyramine light.....29	CLEVER CHOICE HOLDING CHAMBER.....125
CARTEOLOL HCL.....136	CHORIONIC GONADOTROPIN...80	CLEVER CHOICE LANCETS 21G....95
cartia xt.....49	CHOSEN LANCETS 30G.....94	CLEVER CHOICE LANCETS 23G....95
carvedilol.....48	CHOSEN SAFETY LANCETS 28G..94	CLEVER CHOICE LANCETS 28G....95
carvedilol phosphate er.....48	CIBINQO.....66	CLEVER CHOICE MICRO TEST.....71
CAYSTON.....12	ciclodan.....64	CLEVER CHOICE NO CODING.....71
CEFACLOR.....52	ciclopirox.....64	CLEVER CHOICE TALK SYSTEM....71
CEFACLOR ER.....52	ciclopirox olamine.....64	CLICKFINE PEN NEEDLES.....112
cefadroxil.....51	cilostazol.....87	clindacin.....63
cefdinir.....52	CIMDUO.....44	clindamycin hcl.....12
	cimetidine.....148	clindamycin palmitate hcl.....12
	CIMZIA.....85	clindamycin phos (twice-daily)...63
	CIMZIA (1 SYRINGE).....85	clindamycin phos-benzoyl perox..63
	CIMZIA (2 SYRINGE).....85	clindamycin phosphate.....63,152
	CIMZIA-STARTER.....85	clobazam.....18
	cinacalcet hcl.....78	clobetasol prop emollient base...67
	ciprofloxacin hcl.....83,137	clobetasol propionate.....67
	ciprofloxacin-dexamethasone..140	clobetasol propionate e.....67

clobetasol propionate emulsion	67	COMFORT TOUCH INSULIN PEN	CROMOLYN SODIUM	137
clomipramine hcl	23	NEED	CRONO SYRINGE	112
clonazepam	18	COMFORT TOUCH LANCETS 31G	cryselle	53
clonidine	32	COMFORT TOUCH PLUS LANCETS	cryselle-28	53
clonidine hcl	32	28G	curae	58
clonidine hcl er	1	COMFORT TOUCH PLUS LANCETS	CURITY STERILE SALINE	86
clopidogrel bisulfate	87	30G	CVS ADVANCED GLUCOSE TEST	71
clorazepate dipotassium	14	COMFORT TOUCH TWIST LANCET	cvs aspirin	5
clotrimazole	68,130	30G	cvs aspirin adult low dose	5
CLOTTRIMAZOLE-		COMIRNATY	cvs aspirin adult low strength	5
BETAMETHASONE	65	COMIRNATY 5-11 YEARS	cvs aspirin ec	5
clozapine	42	COMPACT SPACE CHAMBER	cvs aspirin low dose	5
CO-NATAL FA	132	COMPACT SPACE CHAMBER/LG	cvs aspirin low strength	5
COAGUCHEK LANCETS	95	MASK	cvs folic acid	88
codeine sulfate	8	COMPACT SPACE CHAMBER/MED	cvs genuine aspirin	5
colchicine	86	MASK	CVS GLUCOSE METER TEST STRIPS	71
colchicine-probenecid	86	COMPACT SPACE CHAMBER/SM	CVS LANCETS 21G	95
colesevelam hcl	29	MASK	CVS LANCETS MICRO THIN 33G	95
colestipol hcl	29	COMPLETE NATAL DHA	CVS LANCETS ORIGINAL	95
COMBIGAN	136	COMPLETENATE	CVS LANCETS THIN 26G	95
COMBIVENT RESPIMAT	15	CONCEPT OB	CVS LANCETS ULTRA THIN 30G	95
COMETRIQ (100 MG DAILY		CONDOMS	CVS LANCETS ULTRA-THIN 30G	95
DOSE)	37	constulose	cvs nicotine	144
COMETRIQ (140 MG DAILY		CONTOUR NEXT TEST	cvs nicotine polacrilex	144
DOSE)	37	CONTOUR PLUS TEST	cvs omeprazole magnesium	148
COMETRIQ (60 MG DAILY DOSE)	37	CONTOUR TEST	CVS TRUE METRIX GLUCOSE TEST	71
COMFORT ASSIST INSULIN		COOL BLOOD GLUCOSE TEST	CVS ULTRA THIN LANCETS	95
SYRINGE	112	STRIPS	cyanocobalamin	87
COMFORT ASSURED LANCETS		CORTISONE ACETATE	cyclafem 1/35	53
28G	95	COSENTYX	cyclafem 7/7/7	60
COMFORT ASSURED LANCETS		COSENTYX (300 MG DOSE)	cyclobenzaprine hcl	135
33G	95	COSENTYX SENSOREADY (300	cyclopentolate hcl	137
COMFORT EZ INSULIN SYRINGE	112	MG)	CYCLOPHOSPHAMIDE	39
COMFORT EZ MICRO PEN		COSENTYX SENSOREADY PEN	cyclosporine	129
NEEDLES	112	COSENTYX UNOREADY	cyclosporine (pf)	138
COMFORT EZ PEN NEEDLES	112	COTELIC	cyclosporine modified	129
COMFORT EZ PRO PEN		COVARYX	cyproheptadine hcl	29
NEEDLES	112	COVARYX HS	cyred	53
COMFORT EZ SHORT PEN		CREON	cyred eq	53
NEEDLES	112	CRESEMBA	CYSTADANE	79
COMFORT LANCETS	95	cromolyn sodium	CYSTAGON	86

D			
D-CARE BLOOD GLUCOSE	71	dexamethasone	61
dabigatran etexilate mesylate	18	DEXAMETHASONE SODIUM	
dalfampridine er	143	PHOSPHATE	139
danazol	10	DEXCOM G6 RECEIVER	95
dantrolene sodium	135	DEXCOM G6 SENSOR	95
dapsone	12,63	DEXCOM G6 TRANSMITTER	95
darifenacin hydrobromide er	149	DEXCOM G7 15 DAY SENSOR	95
darunavir	45	DEXCOM G7 RECEIVER	95
dasatinib	35	DEXCOM G7 SENSOR	95
dasetta 1/35	53	dexamethylphenidate hcl	1
dasetta 7/7/7	60	dexamethylphenidate hcl er	1
daysee	59	dextroamphetamine sulfate	1
deblitane	59	dextroamphetamine sulfate er	1
deferiprone	27	DIATHRIVE BLOOD GLUCOSE	
DEFLUX METAL NEEDLE	112	TEST	72
DELSTRIGO	44	DIATHRIVE GLUCOSE TEST	72
delyla	53	DIATHRIVE LANCET ULTRA THIN	
demeclocycline hcl	146	30	96
DENGVAXIA	151	DIATHRIVE LANCETS	96
dentagel	130	DIATHRIVE PEN NEEDLE	112
DEPO-ESTRADIOL	82	DIATHRIVE+ GLUCOSE TEST	72
DEPO-PROVERA	59	DIATRUE PLUS TEST	72
DEPO-SUBQ PROVERA 104	59	diazepam	14,18
depo-testosterone	10	diazepam intensol	14
DERMACINRX PRETRATE	132	diazoxide	24
DESCOVY	44	dichlorphenamide	77
desipramine hcl	23	diclofenac potassium	3
DESLORATADINE	28	diclofenac sodium	3,65,138
desmopressin ace spray refig	81	diclofenac sodium er	3
desmopressin acetate	81	diclofenac-misoprostol	3
DESMOPRESSIN ACETATE	81	dicloxacillin sodium	141
desmopressin acetate pf	81	dicyclomine hcl	148
desmopressin acetate spray	82	diflorasone diacetate	67
desogestrel-ethinyl estradiol	52	diflunisal	6
desonide	67	difluprednate	139
DESONIDE	67	digoxin	50
desoximetasone	67	DIGOXIN	50
desrx	67	dihydroergotamine mesylate	126
desvenlafaxine succinate er	23	DILANTIN	21
		DILANTIN-125	21
		dilt-xr	49
		diltiazem hcl	49
		diltiazem hcl er	49
		diltiazem hcl er beads	49
		diltiazem hcl er coated beads	49
		dimethyl fumarate	143
		dimethyl fumarate starter pack	143
		diphenoxylate-atropine	27
		dipyridamole	87
		DISKETS	8
		disopyramide phosphate	14
		disulfiram	141
		DIURIL	78
		divalproex sodium	21
		divalproex sodium er	21
		dofetilide	14
		dolishale	58
		donepezil hcl	142
		DORZOLAMIDE HCL	138
		dorzolamide hcl-timolol mal	136
		dotti	82
		DOVATO	44
		doxazosin mesylate	32
		doxepin hcl	23
		doxycycline hyclate	146
		doxycycline monohydrate	146
		dronabinol	27
		DROPLET INSULIN SYRINGE	112
		DROPLET LANCETS ULTRA THIN	
		30G	96
		DROPLET MICRON	112
		DROPLET PEN NEEDLES	113
		DROPLET PERSONAL LANCETS 30G96	
		DROPSAFE ACTI-LANCE 23G	96
		DROPSAFE AUTOPROTECT DUO	113
		DROPSAFE MEDLANCE LANCET	
		30G	96
		DROPSAFE SAFETY PEN NEEDLES	113
		DROPSAFE SAFETY	
		SYRINGE/NEEDLE	113
		DROPSAFE SICURA	113
		drosipren-eth estrad-levomefol	53

drosiprenone-ethinyl estradiol	54	EASY COMFORT LANCETS TWIST TOP	96	EASY TOUCH LANCETS 32G	96
droxidopa	153	EASY COMFORT PEN NEEDLES	113	EASY TOUCH LANCETS 32G/TWIST 96	
DRUG MART LANCETS THIN 26G 96		EASY GLIDE CATH TIP SYRINGE	113	EASY TOUCH LANCETS 33G/TWIST 96	
DRUG MART ON-THE-GO LANCET 30G	96	EASY GLIDE LUER LOCK SYRINGE 113		EASY TOUCH PEN NEEDLES	114
DRUG MART UNIFINE PENTIPS 113		EASY GLIDE PEN NEEDLES	113	EASY TOUCH SAFETY LANCETS 21G	97
DRUG MART UNIFINE PENTIPS PLUS	113	EASY GLIDE SLIP LOCK SYRINGE . 113		EASY TOUCH SAFETY LANCETS 23G	97
DRUG MART UNILET LANCETS 28G	96	EASY MAX BLOOD GLUCOSE TEST 72		EASY TOUCH SAFETY LANCETS 26G	97
DRUG MART UNILET LANCETS 30G	96	EASY PLUS II GLUCOSE TEST	72	EASY TOUCH SAFETY LANCETS 28G	97
DRUG MART UNILET LANCETS 33G	96	EASY STEP TEST	72	EASY TOUCH SAFETY LANCETS 28G	97
DRYSOL	69	EASY TALK BLOOD GLUCOSE TEST	72	EASY TOUCH SAFETY PEN NEEDLES	114
DUAVEE	82	EASY TALK PLUS II TEST STRIPS . . 72		EASY TOUCH SAFETY SYRINGE	114
duloxetine hcl	23	EASY TOUCH ALLERGY SYRINGE . 113		EASY TOUCH SHEATHLOCK SYRINGE	114
DUO-CARE TEST	72	EASY TOUCH FLIPLOCK INSULIN SY	113	EASY TOUCH SYRINGE BARREL	114
DUREX EXTRA SENSITIVE THIN . . 91		EASY TOUCH FLIPLOCK NEEDLES 113		EASY TOUCH TB FLIPLOCK SYRINGE	114
DUREX REALFEEL	91	EASY TOUCH FLIPLOCK SAFETY SYR	113	EASY TOUCH TB SHEATHLOCK SYR	114
DUREX TROPICAL	91	EASY TOUCH FLURINGE	113	EASY TOUCH TEST	72
dutasteride	85	EASY TOUCH FLURINGE FLIPLOCK	113	EASY TRAK BLOOD GLUCOSE TEST 72	
dutasteride-tamsulosin hcl 86		EASY TOUCH FLURINGE SHEATHLOCK	113	EASY TRAK II GLUCOSE TEST	72
DYMISTA	135	EASY TOUCH HEALTHPRO GLUCOSE	72	EASYGLUCO	72
E		EASY TOUCH HYPODERMIC NEEDLE	114	EASYMAX 15 TEST	72
E-Z JECT LANCET MICRO-THIN 33G	96	EASY TOUCH INSULIN BARRELS . 114		EASYMAX TEST	72
E-Z JECT LANCET SUPER THIN 30G	96	EASY TOUCH INSULIN SAFETY SYR	114	EASYPOINT NEEDLE	114
E-Z JECT LANCETS	96	EASY TOUCH LANCETS 21G	96	EASYPOINT NEEDLE/SYRINGE	114
E-Z JECT LANCETS 21G	96	EASY TOUCH LANCETS 23G	96	EASYPRO BLOOD GLUCOSE TEST . . 72	
E-Z JECT LANCETS THIN 26G 96		EASY TOUCH LANCETS 26G	96	EASYPRO PLUS	72
e.e.s. 400	90	EASY TOUCH LANCETS 28G	96	EBGLYSS	66
EASIVENT	125	EASY TOUCH LANCETS 28G/TWIST	96	EC-RX PROGESTERONE	141
EASIVENT MASK LARGE	125	EASY TOUCH LANCETS 30G	96	econazole nitrate	68
EASIVENT MASK MEDIUM	125	EASY TOUCH LANCETS 30G/TWIST	96	econtra ez	58
EASIVENT MASK SMALL	125	EASY TOUCH LANCETS 30G/TWIST	96	econtra one-step	58
EASY COMFORT INSULIN SYRINGE	113	EASY TOUCH LANCETS 30G/TWIST	96	ecotrin	6
EASY COMFORT LANCETS	96			ecotrin arthrtis pain	6
				ecotrin low strength	6
				EDARBI	32

EEMT	82	EMBRACE PRESSURE ACTIVATED	eq aspirin	6
EEMT HS	82	21G	eq aspirin adult low dose	6
efavirenz	45	EMBRACE PRESSURE ACTIVATED	eq aspirin low dose	6
efavirenz-emtricitab-tenofo df	44	28G	EQ BLOOD GLUCOSE TEST	72
EFAVIRENZ-LAMIVUDINE-		EMBRACE PRO GLUCOSE TEST	eq nicotine	144
TENOFOVIR	44	EMBRACE TALK GLUCOSE TEST	eq nicotine polacrilex	144
EFFER-K	127	EMBRACE WAVE BLOOD	eq nicotine step 3	144
ELEMENT COMPACT TEST	72	GLUCOSE	eq omeprazole magnesium	148
ELEMENT TEST	72	EMEND	EQ SPACE CHAMBER ANTI-	
eletriptan hydrobromide	126	EMGALITY	STATIC	125
ELIGARD	39	EMGALITY (300 MG DOSE)	EQ SPACE CHAMBER ANTI-STATIC	
elinest	54	emoquette	L	125
ELIQUIS	17	emtricitab-rilpivir-tenofov df	EQ SPACE CHAMBER ANTI-STATIC	
ELIQUIS (1.5 MG PACK)	17	emtricitabine	M	125
ELIQUIS (2 MG PACK)	17	emtricitabine-tenofovir df	EQ SPACE CHAMBER ANTI-STATIC	
ELIQUIS DVT/PE STARTER PACK	17	EMTRIVA	S	125
ELLA	58	emzahn	eql aspirin ec	6
eluryng	57	enalapril maleate	eql aspirin low dose	6
EMBECTA AUTOSHIELD DUO	114	enalapril-hydrochlorothiazide	EQL COLOR LANCETS 21G	97
EMBECTA INS SYR U/F 1/2		ENBREL	EQL COLOR LANCETS MICRO 33G	97
UNIT	114	ENBREL MINI	EQL INSULIN SYRINGE	115
EMBECTA INSULIN SYRINGE	114	ENBREL SURECLICK	eql nicotine polacrilex	144
EMBECTA INSULIN SYRINGE U-		ENCARE	EQL SUPER THIN LANCETS 30G	97
100	114	endocet	EQL THIN LANCETS 26G	97
EMBECTA INSULIN SYRINGE U-		enilloring	ergocalciferol	153
500	114	ENLITE GLUCOSE SENSOR	ERGOLOID MESYLATES	143
EMBECTA INSULIN SYRINGE		enoxaparin sodium	ERGOMAR	126
U/F	114	enpresse-28	ERIVEDGE	36
EMBECTA PEN NEEDLE NANO	114	enskyce	erlotinib hcl	36
EMBECTA PEN NEEDLE NANO 2		entacapone	errin	59
GEN	114	entecavir	ERVEBO	151
EMBECTA PEN NEEDLE U/F	114	ENTRESTO	ERYTHROMYCIN	63,137
EMBECTA PEN NEEDLE		ENTYVIO PEN	erythromycin	63,90
ULTRAFINE	114	enulose	erythromycin base	90
EMBRACE BLOOD GLUCOSE		ENVARUSUS XR	erythromycin ethylsuccinate	90,91
TEST	72	EOHILIA	ERZOFRI	41
EMBRACE EVO BLOOD GLUCOSE		epinastine hcl	escitalopram oxalate	22
TEST	72	epinephrine	esomeprazole magnesium	148
EMBRACE LANCETS ULTRA THIN		epitol	est estrogens-methyltest	82
30G	97	eplerenone	est estrogens-methyltest ds	82
EMBRACE PEN NEEDLES	115	epoprostenol sodium	est estrogens-methyltest hs	82

estarylla	54	famotidine	148	FIFTY50 SUPERIOR COMFORT
estazolam	89	FANAPT	41	SYR
estradiol	82,83,152	FANAPT TITRATION PACK A	42	FIFTY50 UNILET LANCETS 33G
estradiol valerate	83	FANAPT TITRATION PACK B	42	FILSUVEZ
estradiol-norethindrone acet	82	FANAPT TITRATION PACK C	42	finasteride
estratest f.s.	82	FANTASY LUBRICATED	91	FINE 30
ESTRATEST H.S.	82	FANTASY		FINGERSTIX LANCETS
ESTRING	152	LUBRICATED/SPERMICIDE	91	ingolimod hcl
eszopiclone	89	FARXIGA	26	finzala
ethacrynic acid	77	FARYDAK	36	FIRST-LANSOPRAZOLE
ethambutol hcl	33	FASENRA	16	FIRST-METRONIDAZOLE
ethosuximide	21	FASENRA PEN	16	FIRST-OMEPRAZOLE
ethynodiol diac-eth estradiol	54	fayosim	59	FIRST-PANTOPRAZOLE
etodolac	3	FC2 FEMALE CONDOM	91	FIRST-PROGESTERONE VGS
etodolac er	3	fe-vite iron	88	flac
etonogestrel-ethinyl estradiol	58	febuxostat	86	flavoxate hcl
ETOPOSIDE	39	feirza 1.5/30	54	flecainide acetate
etravirine	45	feirza 1/20	54	FLEXICHAMBER
EUCRISA	69	felbamate	20	FLEXICHAMBER ADULT
euthyrox	147	felodipine er	49	MASK/SMALL
EVAMIST	83	FEM PH	152	FLEXICHAMBER CHILD
everolimus	37,129	FEMCAP	91	MASK/LARGE
EVEXITHROID	147	FEMLYV	54	FLEXICHAMBER CHILD
EVOLUTION AUTOCODE	72	femynor	54	MASK/SMALL
EVOTAZ	44	fenofibrate	29	FLORAFOL PEDIATRIC
EXEL COMFORT POINT INSULIN		fenofibrate micronized	30	FLORIVA PLUS
SYR	115	fenofibric acid	30	FLOTREX
EXEL COMFORT POINT PEN		FENOPROFEN CALCIUM	3	FLOW-EZE VENTED NEEDLE
NEEDLE	115	fentanyl	8	FLUARIX
exemestane	38	FENTANYL CITRATE	8	FLUBLOK
EXTAVIA	143	fer-in-sol	88	FLUCELVAX
EZ-LETS LANCETS 21G	97	ferrous sulfate	88	fluconazole
EZ-LETS LANCETS 26G	97	fesoterodine fumarate er	149	fludrocortisone acetate
EZ-LETS LANCETS 28G	97	FIASP	24	FLULAVAL
EZ-LETS LANCETS 30G	97	FIASP FLEXTOUCH	24	FLUMIST
ezetimibe	30	FIASP PENFILL	24	flunisolide
ezetimibe-simvastatin	30	FIASP PUMPCART	24	fluocinolone acetonide
		fidaxomicin	91	fluocinolone acetonide body
		FIFTY50 GLUCOSE TEST 2.0	73	fluocinolone acetonide scalp
F		FIFTY50 PEN NEEDLES	115	fluocinonide
falmina	54	FIFTY50 SAFETY SEAL LANCETS	97	fluocinonide emulsified base
famciclovir	47			

fluorometholone	139	FORA G30/PREM V10 GLUCOSE TEST	73	FREESTYLE LIBRE 3 PLUS SENSOR	98
FLUOROURACIL	65	FORA GD20 TEST	73	FREESTYLE LIBRE 3 READER	98
fluoxetine hcl	22	FORA GD50 BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE 3 SENSOR	98
FLUOXETINE HCL	22	FORA GTEL BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE READER	98
fluphenazine hcl	43	FORA GTEL BLOOD GLUCOSE TEST	73	FREESTYLE LITE	98
FLURANDRENOLIDE	67	FORA LANCETS	97	FREESTYLE LITE TEST	73
FLURAZEPAM HCL	89	FORA TN'G ADVANCE PRO	73	FREESTYLE PRECISION NEO SYSTEM	98
flurbiprofen	3	FORA TN'G/TN'G VOICE	73	FREESTYLE PRECISION NEO TEST	73
FLURBIPROFEN SODIUM	138	FORA V10 BLOOD GLUCOSE TEST	73	FREESTYLE TEST	73
FLUTICASONE PROPIONATE	68	FORA V12 BLOOD GLUCOSE TEST	73	FREESTYLE UNISTICK II LANCETS	98
fluticasone propionate	136	FORA V20 BLOOD GLUCOSE TEST	73	frovatriptan succinate	126
FLUTICASONE PROPIONATE DISKUS	17	FORA V30A BLOOD GLUCOSE TEST	73	ft aspirin	6
FLUTICASONE PROPIONATE HFA17	17	FORACARE GD40 TEST	73	ft aspirin low dose	6
fluticasone propionate hfa	17	FORACARE PREMIUM V10 TEST	73	ft enteric coated aspirin	6
fluticasone-salmeterol	15	FORACARE TEST N GO TEST	73	ft folic acid	88
FLUTICASONE-SALMETEROL	15	formoterol fumarate	16	ft nicotine	144
fluvastatin sodium	30	FORTISCARE G1 TEST STRIP	73	ft nicotine mini	144
fluvastatin sodium er	30	FORTISCARE TEST	73	furosemide	77
flvoxamine maleate	22	fosamprenavir calcium	45	FUROSEMIDE	77
flvoxamine maleate er	22	fosinopril sodium	31	fyavolv	82
FLUZONE	151	fosinopril sodium-hctz	31		
folate	88	FRAICHE 5000 DENTAL	130	G	
folic acid	88	FREDS PHARMACY UNIFINE PENTIP+	115	g tussin ac	62
FOLIVANE-OB	132	FREDS PHARMACY UNIFINE PENTIPS	115	gabapentin	19
fondaparinux sodium	18	FREDS PHARMACY UNILET LANC 28G	97	galantamine hydrobromide	142
FONDCIRCLE BLOOD GLUCOSE TEST	73	FREDS PHARMACY UNILET LANC 30G	97	galantamine hydrobromide er	142
FONDCIRCLE SINGLE USE LANCETS	97	FREESTYLE FREEDOM LITE	97	galbriela	54
FORA 6 CONNECT	73	FREESTYLE INSULINX TEST	73	gallifrey	141
FORA 6 CONNECT/GTEL TEST	73	FREESTYLE LANCETS	97	GARDASIL 9	151
FORA BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE 14 DAY READER	97	gatifloxacin	137
FORA D15G BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE 14 DAY SENSOR	97	GAVILYTE-C	90
FORA D20 BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE 2 PLUS SENSOR	98	gavilyte-g	90
FORA D40/G31 BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE 2 READER	98	GE100 BLOOD GLUCOSE TEST	74
FORA G20 BLOOD GLUCOSE TEST	73	FREESTYLE LIBRE 2 SENSOR	98	gefitinib	36
				gemfibrozil	30
				gemmily	54
				generlac	84
				gengraf	129
				GENOTROPIN	79
				GENOTROPIN MINIQUICK	79

gentamicin sulfate	64,137	GLUCONAVII BLOOD GLUCOSE TEST	74	GNP ULTIGUARD SAFEPAK NEEDLE	115
GENTEEL BUTTERFLY TOUCH LANCET	98	GLUCOPRO INSULIN SYRINGE	115	GNP ULTRA COM INSULIN SYRINGE	115
GENTLE-LET GP LANCETS	98	GLUCOSE METER TEST	74	GOJJI BLOOD GLUCOSE TEST	74
GENTLE-LET LANCETS	98	glyburide	26	GOJJI BLOOD TEST STRIP/LANCETS	74
genuine aspirin	6	GLYBURIDE MICRONIZED	26	GOJJI STERILE LANCETS	98
GENULTIMATE TEST	74	glyburide-metformin	26	goodsense aspirin	6
GENVOYA	44	glycopyrrolate	149	goodsense aspirin adult low st.	6
GHT TEST	74	glydo	69	goodsense aspirin adults	6
glatiramer acetate	142	gnp adult aspirin low strength	6	goodsense aspirin low dose	6
glatopa	142	gnp aspirin	6	GOODSENSE BLOOD GLUCOSE	74
glimepiride	26	gnp aspirin low dose	6	GOODSENSE CLICKFINE PEN NEEDLE	115
glipizide	26	GNP CLICKFINE PEN NEEDLES	115	GOODSENSE COLOR LANCETS 33G	98
glipizide er	26	GNP EASY TOUCH GLUCOSE TEST	74	GOODSENSE LANCETS 26G UNIV	98
glipizide xl	26	gnp folic acid	88	GOODSENSE LANCETS 30G	99
glipizide-metformin hcl	26	GNP INSULIN SYRINGE	115	GOODSENSE LANCETS 30G UNIV	99
GLOBAL EASE INJECT PEN NEEDLES	115	GNP INSULIN SYRINGES	115	GOODSENSE LANCETS 33G	99
GLOBAL EASY GLIDE INSULIN SYR	115	GNP INSULIN SYRINGES 28GX1/2"	115	GOODSENSE LANCETS 33G UNIV	99
GLOBAL EASY GLIDE PEN NEEDLES	115	GNP INSULIN SYRINGES 29GX1/2"	115	goodsense nicotine	144
GLOBAL INJECT EASE INSULIN SYR	115	GNP INSULIN SYRINGES 30GX5/16"	115	goodsense nicotine polacrilex	144
GLOBAL INJECT EASE LANCETS 28G	98	GNP INSULIN SYRINGES 31GX5/16"	115	GOODSENSE PEN NEEDLE PENFINE	115
GLOBAL INJECT EASE LANCETS 30G	98	GNP LANCETS 21G	98	granisetron hcl	27
GLOBAL INSULIN SYRINGES	115	GNP LANCETS THIN 26G	98	griseofulvin microsize	28
glucagon emergency	24	gnp nicotine	144	griseofulvin ultramicrosize	28
GLUCO PERFECT 3 TEST	74	gnp nicotine mini	144	guaiaatussin ac	62
GLUCOCARD 01 SENSOR PLUS	74	gnp nicotine polacrilex	144	guaifenesin ac	62
GLUCOCARD EXPRESSION TEST	74	gnp omeprazole	149	guaifenesin-codeine	62
GLUCOCARD SHINE TEST	74	GNP PEN NEEDLES	115	guanfacine hcl	32
GLUCOCARD VITAL TEST	74	GNP STERILE LANCETS 28G	98	guanfacine hcl er	1
GLUCOCARD X-SENSOR	74	GNP STERILE LANCETS 30G	98	GUARDIAN 4 GLUCOSE SENSOR	99
GLUCOCOM LANCETS 28G	98	GNP STERILE LANCETS 33G	98	GUARDIAN 4 TRANSMITTER	99
GLUCOCOM LANCETS 30G	98	GNP TRUE METRIX GLUCOSE STRIPS	74	GUARDIAN CONNECT TRANSMITTER	99
GLUCOCOM LANCETS 33G	98	GNP TRUETRACK SMART SYSTEM	74	GUARDIAN LINK 3 TRANSMITTER	99
GLUCOCOM TEST	74	GNP TRUETRACK TEST STRIPS	74	GUARDIAN REAL-TIME REPLACE PED	99
		GNP ULTICARE PEN NEEDLES	115	GUARDIAN SENSOR (3)	99
				GUARDIAN SENSOR 3	99

GVOKE HYPOPEN 1-PACK.....	24	HEALTHWISE MINI PEN	HW EMBRACE TALK GLUCOSE
GVOKE HYPOPEN 2-PACK.....	24	NEEDLES.....	116
GVOKE KIT.....	24	HEALTHWISE PEN NEEDLES.....	116
GVOKE PFS.....	24	HEALTHWISE SHORT PEN	HY-VEE LANCETS.....
GYNAZOLE-1.....	152	NEEDLES.....	116
		HEALTHWISE UNIFINE PENTIPS.....	116
		HEALTHY ACCENTS UNIFINE	hydrochlorothiazide.....
		PENTIP.....	116
		HEALTHY ACCENTS UNILET	HYDROCOD POLI-CHLORPHE POLI
		LANCETS.....	ER.....
		heather.....	59
		heparin sodium (porcine).....	17,18
		heparin sodium (porcine) +rfid.....	18
		heparin sodium (porcine) pf.....	18
		her style.....	58
		HIBERIX.....	150
		hm adult aspirin.....	6
		hm aspirin.....	6
		hm aspirin ec.....	6
		hm aspirin ec low dose.....	6
		hm folic acid.....	88
		hm nicotine.....	144
		hm nicotine polacrilex.....	144
		HM ULTICARE INSULIN SYRINGE	116
		HM ULTICARE MINI PEN	NEEDLES.....
		NEEDLES.....	116
		HUBER NEEDLE.....	116
		HUMALOG.....	24
		HUMALOG JUNIOR KWIKPEN.....	24
		HUMALOG KWIKPEN.....	24
		HUMALOG MIX 50/50 KWIKPEN.....	24
		HUMALOG MIX 75/25 KWIKPEN.....	24
		HUMALOG TEMPO PEN.....	25
		HUMULIN R U-500	(CONCENTRATED).....
		(CONCENTRATED).....	25
		HUMULIN R U-500 KWIKPEN.....	25
		HW EMBRACE PRO GLUCOSE	TEST.....
		TEST.....	74
			ibandronate sodium.....
			78

IBRANCE.....	38	INSPIREASE.....	125	isosorbide mononitrate.....	13
ibu.....	3	INSPIREASE RESERVOIR BAGS.....	125	isosorbide mononitrate er.....	13
ibuprofen.....	3	INSULIN ASP PROT & ASP.....		isotretinoin.....	64
icatibant acetate.....	87	FLEXPEN.....	25	isradipine.....	49
iclevia.....	59	INSULIN ASPART.....	25	ISTURISA.....	79
ICLUSIG.....	35	INSULIN ASPART FLEXPEN.....	25	itraconazole.....	28
icosapent ethyl.....	29	INSULIN ASPART PENFILL.....	25	ivabradine hcl.....	51
IGLUCOSE TEST STRIPS.....	74	INSULIN ASPART PROT & ASPART.....	25	ivermectin.....	11,69
IHEALTH BLOOD GLUCOSE TEST		INSULIN LISPRO.....	25	J	
STR.....	74	INSULIN LISPRO (1 UNIT DIAL).....	25	jaimiess.....	59
imatinib mesylate.....	35	INSULIN LISPRO JUNIOR.....		JAKAFI.....	39
IMBRUVICA.....	36	KWIKPEN.....	25	jantoven.....	17
imipramine hcl.....	23	INSULIN LISPRO PROT & LISPRO.....	25	jasmiel.....	54
imiquimod.....	68	INSULIN SYRINGE.....	116	javygtor.....	80
IMVEXXY MAINTENANCE PACK.....	152	INSULIN SYRINGE-NEEDLE U-		JAYPIRCA.....	36
IMVEXXY STARTER PACK.....	152	100.....	116	jencycla.....	60
IN TOUCH BLOOD GLUCOSE		INSULIN SYRINGE/NEEDLE.....	116	JENLIVA PRENATAL/POSTNATAL.....	132
TEST.....	74	INSUPEN PEN NEEDLES.....	117	jinteli.....	82
IN TOUCH STERILE LANCETS 30G99		INSUPEN SENSITIVE.....	117	jolessa.....	59
INATAL GT.....	132	INSUPEN ULTRAFIN.....	117	joyeaux.....	54
incassia.....	60	INSUPEN32G EXTR3ME.....	117	JUBBONTI.....	80
INCONTROL ULTICARE PEN		INTELENCE.....	45	juleber.....	54
NEEDLES.....	116	INTRAROSA.....	152	JULUCA.....	44
indapamide.....	78	introvale.....	59	junel 1.5/30.....	54
indomethacin.....	4	INVEGA HAFYERA.....	42	junel 1/20.....	54
indomethacin er.....	4	INVEGA SUSTENNA.....	42	junel fe 1.5/30.....	54
INFINITY BLOOD GLUCOSE TEST.....	74	INVEGA TRINZA.....	42	junel fe 1/20.....	54
INFINITY VOICE.....	74	ipratropium bromide.....	16,135	junel fe 24.....	54
INPEN 100-BLUE-LILLY-		ipratropium-albuterol.....	15	just right 5000.....	130
HUMALOG.....	116	irbesartan.....	32	K	
INPEN 100-BLUE-NOVOLOG-		irbesartan-hydrochlorothiazide.....	32	k-prime.....	127
FIASP.....	116	iron (ferrous sulfate).....	88	K-Y ME & YOU EXTRA LUBRICATED.....	91
INPEN 100-GREY-LILLY-		iron infant & toddler.....	88	K-Y ME & YOU INTENSE.....	91
HUMALOG.....	116	iron infant/toddler.....	88	kaitlib fe.....	54
INPEN 100-GREY-NOVOLOG-		iron supplement.....	88	kalliga.....	55
FIASP.....	116	iron supplement childrens.....	88	KAMELEON LUBRICATED.....	91
INPEN 100-PINK-LILLY-		ISENTRESS.....	45	kariva.....	52
HUMALOG.....	116	ISENTRESS HD.....	45	kelnor 1/35.....	55
INPEN 100-PINK-NOVOLOG-		isibloom.....	54	kelnor 1/50.....	55
FIASP.....	116	isoniazid.....	34		
INQOVI.....	38	isosorbide dinitrate.....	13		

KERALYT.....	69	kp omeprazole magnesium.....	149	LANCETS ULTRA THIN.....	100
KESIMPTA.....	143	KRAZATI.....	37	LANCETS ULTRA THIN 30G.....	100
ketoconazole.....	28,68	KROGER BLOOD GLUCOSE TEST..	74	lansoprazole.....	149
ketorolac tromethamine....	4,138	KROGER HEALTHPRO GLUCOSE		lanthanum carbonate.....	85
KIMONO.....	91	TEST.....	74	LANTUS.....	25
KIMONO COLORS.....	91	KROGER HEALTHPRO LANCET		LANTUS SOLOSTAR.....	25
KIMONO MAXX-LARGE FLARE..	91	26G.....	99	lapatinib ditosylate.....	37
KIMONO MICRO THIN.....	91	KROGER INSULIN SYRINGE.....	117	larin 1.5/30.....	55
KIMONO MICRO THIN PLUS....	91	KROGER LANCETS.....	100	larin 1/20.....	55
KIMONO PLUS.....	91	KROGER LANCETS 21G.....	100	larin 24 fe.....	55
KIMONO PS.....	91	KROGER LANCETS MICRO THIN		larin fe 1.5/30.....	55
KIMONO PS PLUS.....	91	33G.....	100	larin fe 1/20.....	55
KIMONO SENSATION.....	92	KROGER LANCETS SUPER THIN..	100	larissia.....	55
KIMONO SENSATION PLUS....	92	KROGER LANCETS THIN.....	100	LATANOPROST.....	140
KIMONO SPECIAL.....	92	KROGER LANCETS THIN 26G...	100	layolis fe.....	55
KINNEY LANCETS.....	99	KROGER LANCETS ULTRATHIN		LEADER INSULIN SYRINGE.....	117
KINNEY THIN LANCETS.....	99	30G.....	100	LEADER UNIFINE PENTIPS.....	117
KINRAY INSULIN SYRINGE....	117	KROGER PEN NEEDLES.....	117	LEADER UNIFINE PENTIPS PLUS..	117
kionex.....	129	KROGER PREMIUM GLUCOSE		LEDIPASVIR-SOFOSBUVIR.....	47
KISQALI (200 MG DOSE).....	38	TEST.....	75	leena.....	60
KISQALI (400 MG DOSE).....	38	kurvelo.....	55	leflunomide.....	4
KISQALI (600 MG DOSE).....	38			lenalidomide.....	129
KLARITY-C DROPS.....	138	L		lessina.....	55
klayesta.....	64	labetalol hcl.....	48	letrozole.....	38
klor-con.....	127	lacosamide.....	19	leucovorin calcium.....	38
klor-con 10.....	127	lactulose.....	90	LEUKERAN.....	39
klor-con m10.....	127	lactulose encephalopathy.....	84	leuprolide acetate.....	39
klor-con m15.....	128	LAGEVRIO.....	47	LEUPROLIDE ACETATE (3 MONTH)	39
klor-con m20.....	128	lamivudine.....	46,47	LEVALBUTEROL TARTRATE.....	16
klor-con/ef.....	128	lamivudine-zidovudine.....	44	levetiracetam.....	19
kl aspirin low dose.....	6	lamotrigine.....	19	levetiracetam er.....	19
kl quit2.....	144	lamotrigine er.....	19	levo-t.....	147
kl quit4.....	144	LAMPIT.....	12	LEVOBUNOLOL HCL.....	136
KMART VALU INSULIN SYRINGE		LANCETS.....	100	levocarnitine.....	78
29G.....	117	LANCETS 28G THIN.....	100	levocarnitine sf.....	78
KMART VALU INSULIN SYRINGE		LANCETS 30G.....	100	levocetirizine dihydrochloride..	29
30G.....	117	LANCETS 33G.....	100	levofloxacin.....	83
KOSHER PRENATAL PLUS IRON	132	LANCETS MICRO THIN 33G....	100	LEVOFLOXACIN.....	138
kourzeq.....	130	LANCETS SUPER THIN.....	100	levonest.....	60
kp aspirin.....	6	LANCETS SUPER THIN 28G.....	100	levonorg-eth estrad triphasic....	60
kp folic acid.....	88	LANCETS THIN.....	100	levonorgest-eth est & eth est....	59

levonorgest-eth estrad 91-day	59	loestrin 1/20 (21)	55	LYTGOBI (16 MG DAILY DOSE)	36
levonorgest-eth estradiol-iron	55	loestrin fe 1.5/30	55	LYTGOBI (20 MG DAILY DOSE)	36
levonorgestrel	58	loestrin fe 1/20	55	lyza	60
levonorgestrel-ethinyl estrad	55,58	lojaimiess	59	M	
levora 0.15/30 (28)	55	LOKELMA	129	M-M-R II	150
LEVOTHYROXINE SODIUM	147	lomustine	39	M-NATAL PLUS	132
levothyroxine sodium	147	LONGS INSULIN SYRINGE	117	MAGELLAN INSULIN SAFETY SYR	117
levoxyl	147	LONGS LANCETS STANDARD	100	MAGELLAN SYRINGE-SAFETY	
LIBERTY MEDICAL LANCETS	100	LONGS LANCETS THIN	100	NEEDLE	117
LIBERTY NEXT GENERATION		LONGS LANCETS ULTRA THIN	100	MAGELLAN TUBERCULIN	
TEST	75	LONSURF	38	SYRINGE	117
LIBERTY TEST	75	lopinavir-ritonavir	44	malathion	69
LIBERVANT	18	lorazepam	14	MARATHON MEDICAL PENTIPS	117
lidocaine	69	lorazepam intensol	14	maraviroc	45
lidocaine hcl	69	LORBRENA	35	marlissa	55
lidocaine hcl urethral/mucosal	69	loryna	55	MATERVIA	132
lidocaine viscous hcl	130	losartan potassium	32	MATRONEX	132
lidocaine-hydrocort (perianal)	11	losartan potassium-hctz	32	MATULANE	38
lidocaine-prilocaine	70	loteprednol etabonate	139	matzim la	49
lillow	55	lovastatin	30	MAVYRET	47
linezolid	12	low-ogestrel	55	MAXI-COMFORT INSULIN	
LINZESS	84	loxapine succinate	43	SYRINGE	117
liomny	147	lubiprostone	83	MAXI-COMFORT SAFETY PEN	
liothyronine sodium	147	LUER LOCK SAFETY SYRINGES	117	NEEDLE	117
lisdexamphetamine dimesylate	1	luizza 1.5/30	55	maxi-tuss ac	62
lisinopril	31	luizza 1/20	55	MAXICOMFORT II PEN NEEDLE	117
lisinopril-hydrochlorothiazide	31	LUMAKRAS	37	MAXICOMFORT SYR 27G X 1/2"	117
LITE TOUCH LANCETS	100	LUMIGAN	140	MAXX	92
LITETOUCH INSULIN SYRINGE	117	LUPRON DEPOT (3-MONTH)	39	MAXX PLUS	92
LITETOUCH LANCETS	100	LUPRON DEPOT (4-MONTH)	39	meclizine hcl	27
LITETOUCH PEN NEEDLES	117	LUPRON DEPOT (6-MONTH)	39	MECLOFENAMATE SODIUM	4
lithium	41	LUPRON DEPOT-PED (1-MONTH)	80	medi-first aspirin	6
lithium carbonate	41	LUPRON DEPOT-PED (3-MONTH)	80	MEDIC INSULIN SYRINGE	117
lithium carbonate er	41	lurasidone hcl	41	MEDICHOICE SAFETY LANCET	100
LIVE BETTER LANCET SUPER		lutera	55	MEDICHOICE SAFETY LANCET	
THIN	100	LUTRATE DEPOT	39	EXTRA	100
LIVE BETTER LANCET ULTRA		lyleq	60	MEDICHOICE SAFETY LANCET	
THIN	100	lyllana	83	NORM	100
LO LOESTRIN FE	52	LYNPARZA	40	MEDICINE SHOPPE PEN NEEDLES	117
lo-zumandimine	55	LYSODREN	34	medique aspirin	7
loestrin 1.5/30 (21)	55	LYTGOBI (12 MG DAILY DOSE)	36		

MEDLANCE EXTRA 21G.....	101	MENQUADFI.....	150	metronidazole.....	11,69
MEDLANCE LITE 25G.....	101	MEPERIDINE HCL.....	9	METRONIDAZOLE	
MEDLANCE PLUS EXTRA 21G..	101	meprobamate.....	13	BENZO+SYRSPEND.....	12
MEDLANCE PLUS LANCETS....	101	mercaptopurine.....	34	mexiletine hcl.....	14
MEDLANCE PLUS LITE 25G....	101	merzee.....	55	mibelas 24 fe.....	56
MEDLANCE PLUS SPECIAL		mesalamine.....	84	MICROCHAMBER.....	125
0.8MM.....	101	mesalamine er.....	84	MICRODOT PEN NEEDLE.....	117
MEDLANCE PLUS SUPERLITE		mesna.....	40	MICRODOT TEST.....	75
30G.....	101	metaxalone.....	135	microgestin 1.5/30.....	56
MEDLANCE PLUS UNIVERSAL		metformin hcl.....	23	microgestin 1/20.....	56
21G.....	101	metformin hcl er.....	23	microgestin 24 fe.....	56
MEDLANCE UNIVERSAL 21G... 101		methadone hcl.....	9	microgestin fe 1.5/30.....	56
medroxyprogesterone		METHADONE HCL.....	9	microgestin fe 1/20.....	56
acetate.....	59,141	methadone hcl intensol.....	9	MICROLET LANCETS.....	101
mefenamic acid.....	4	methadose.....	9	MICROLET NEXT LANCETS.....	101
mefloquine hcl.....	33	methazolamide.....	77	MICROSPACER.....	125
megestrol acetate.....	40	methenamine hippurate.....	13	midodrine hcl.....	153
MEGESTROL ACETATE.....	141	methenamine mandelate.....	13	MIGLITOL.....	23
meijer aspirin ec.....	7	methimazole.....	146	miglustat.....	87
MEIJER BLOOD GLUCOSE TEST.. 75		METHITEST.....	10	mili.....	56
MEIJER ESSENTIAL GLUCOSE		methocarbamol.....	135	mimvey.....	82
TEST.....	75	METHOTREXATE SODIUM.....	34	MINILINK REAL-TIME	
MEIJER LANCETS.....	101	methotrexate sodium.....	34	TRANSMITTER.....	101
MEIJER LANCETS THIN.....	101	methotrexate sodium (pf).....	34	MINIMED 630G GUARDIAN	
MEIJER LANCETS UNIVERSAL		methscopolamine bromide.....	149	PRESS.....	101
21G.....	101	methsuximide.....	21	MINIMED INSTINCT GLUC	
MEIJER LANCETS UNIVERSAL		methyl dopa.....	32	SENSOR.....	101
30G.....	101	METHYLDOPA.....	32	minocycline hcl.....	146
MEIJER LANCETS UNIVERSAL		methylergonovine maleate.....	140	minoxidil.....	33
33G.....	101	methylphenidate hcl.....	1	minzoya.....	56
MEIJER PEN NEEDLES.....	117	METHYLPHENIDATE HCL ER.....	1	mirabegron er.....	150
MEIJER SUPER THIN LANCETS.. 101		methylphenidate hcl er (cd).....	2	mirtazapine.....	21
MEIJER TRUETEST TEST.....	75	methylphenidate hcl er (la).....	2	misoprostol.....	149
MEIJER TRUETRACK TEST.....	75	methylphenidate hcl er (osm).....	2	mm aspirin.....	7
MEKINIST.....	37	methylprednisolone.....	61	MM BLULINK GLUCOSE TEST.....	75
meleya.....	60	methyltestosterone.....	10	MM EASY TOUCH GLUCOSE.....	75
meloxicam.....	4	metoclopramide hcl.....	83	MM INSULIN SYRINGE/NEEDLE.. 118	
memantine hcl.....	143	metolazone.....	78	MM PEN NEEDLES.....	118
MEMANTINE HCL.....	143	metoprolol succinate er.....	48	MM TWIST LANCETS.....	101
memantine hcl er.....	143	metoprolol tartrate.....	48	MNEXSPIKE.....	151
MENEST.....	83	metoprolol-hydrochlorothiazide. 33		MOBILE LANCETS 30G.....	101

modafinil.....	2	MONOJECT SYRINGE ECC LUER.....	118	MULTI-	
MODERNA COVID-19 VAC 6M-11Y.....	151	MONOJECT SYRINGE ECCENTRIC TIP.....	118	VITAMIN/FLUORIDE/IRON.....	131
moexipril hcl.....	31	MONOJECT SYRINGE LUER LOCK.....	119	MULTIGEN.....	88
MOLINDONE HCL.....	43	MONOJECT SYRINGE LUER-LOCK TIP.....	119	MULTIVITAMIN W/FLUORIDE.....	131
mometasone furoate.....	68,136	MONOJECT SYRINGE PHARMACY TRAY.....	119	MULTIVITAMIN/FLUORIDE.....	131
mondoxyne nl.....	146	MONOJECT SYRINGE REG LUER.....	119	mupirocin.....	64
mono-lynyah.....	56	MONOJECT SYRINGE REGULAR TIP.....	119	my choice.....	58
MONOJECT BLUNTIP CANNULA.....	118	MONOJECT SYRINGE TOOMEY TYPE.....	119	my way.....	58
MONOJECT BLUNTIP SYR/CANNULA.....	118	MONOJECT TB SAFETY SYRINGE.....	119	mycophenolate mofetil.....	129
MONOJECT CONTROL SYRINGE.....	118	MONOJECT TB SYRINGE.....	119	mycophenolate sodium.....	129
MONOJECT FILTER NEEDLE.....	118	MONOJECT ULTRA COMFORT SYRINGE.....	119	mycophenolic acid.....	129
MONOJECT FLUSH SYRINGE.....	128	MONOLET LANCETS.....	101	MYGLUCOHEALTH LANCETS 30G.....	102
MONOJECT HYPODERMIC NEEDLE.....	118	MONOLET OPD LANCETS.....	101	MYGLUCOHEALTH TEST.....	75
MONOJECT INSULIN SYRINGE.....	118	MONOLETTOR SAFETY LANCETS.....	101	myorisan.....	64
MONOJECT INTRODUCER NEEDLE.....	118	montelukast sodium.....	16	N	
MONOJECT LIFESHIELD SYRINGE.....	118	morphine sulfate.....	9	na sulfate-k sulfate-mg sulf.....	90
MONOJECT MAGELLAN SAFETY NDL.....	118	MORPHINE SULFATE (CONCENTRATE).....	9	nabumetone.....	4
MONOJECT MAGELLAN SYRINGE.....	118	MORPHINE SULFATE ER.....	9	nadolol.....	48
MONOJECT MEDICATION TRANSF NDL.....	118	morphine sulfate er.....	9	NAFTIFINE HCL.....	64
MONOJECT PHARMACY TRAY.....	118	MORPHINE SULFATE ER BEADS.....	9	naloxone hcl.....	27
MONOJECT PISTON SYRINGE.....	118	MOUNJARO.....	25	naltrexone hcl.....	27
MONOJECT SODIUM CHLORIDE FLUSH.....	128	moxifloxacin hcl.....	83	NAMENDA TITRATION PAK.....	143
MONOJECT SOFTPACK/CATH TIP.....	118	MOXIFLOXACIN HCL.....	138	naproxen.....	4
MONOJECT SOFTPACK/LLOCK.....	118	MOXIFLOXACIN HCL (2X DAY).....	138	naproxen sodium.....	4
MONOJECT SOFTPACK/LTIP.....	118	MPD SAFETY LANCET 21G.....	101	naratriptan hcl.....	126
MONOJECT SOFTPACK/RG LOCK.....	118	MPD SAFETY LANCET 23G.....	101	NATALCHEW.....	132
MONOJECT SOFTPACK/RG LUER.....	118	MPD SAFETY LANCET 28G.....	101	NATALVIT.....	132
MONOJECT SYRINGE.....	118	MPD SAFETY LANCET 30G.....	102	nateglinide.....	26
MONOJECT SYRINGE CATH TIP.....	118	MS INSULIN SYRINGE.....	119	NAYZILAM.....	18
		MULTAQ.....	14	nebivolol hcl.....	48
		MULTI-DRAW NEEDLE.....	119	NEBUSAL.....	62
		MULTI-VIT-FLOR.....	131	necon 0.5/35 (28).....	56
		MULTI-VITAMIN/FLUORIDE.....	131	NEFAZODONE HCL.....	22
				NEMLUVIO.....	69
				neo-polycin.....	137
				neo-polycin hc.....	139
				NEO-VITAL RX.....	132
				neomycin sulfate.....	2
				neomycin-bacitracin zn-polymyx.....	137
				NEOMYCIN-POLYMYXIN B GU.....	85

neomycin-polymyxin-dexameth.....	139	NITRO-BID.....	13	NOVOLIN 70/30.....	25
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	137	NITROFURANTOIN.....	13	NOVOLIN N.....	25
NEOMYCIN-POLYMYXIN-HC... 139		nitrofurantoin macrocrystal.....	13	NOVOLOG.....	25
neomycin-polymyxin-hc.....	140	nitrofurantoin monohyd macro..	13	NOVOLOG 70/30 FLEXPEN RELION	25
NEONATAL COMPLETE.....	132	nitroglycerin.....	13	NOVOLOG FLEXPEN.....	25
NEONATAL PLUS.....	132	NIVA THYROID.....	147	NOVOLOG FLEXPEN RELION.....	25
NESTABS.....	132	NIVA-PLUS.....	132	NOVOLOG MIX 70/30.....	25
NESTABS ONE.....	134	nizatidine.....	148	NOVOLOG MIX 70/30 FLEXPEN... 25	
NEUTEK 2TEK TEST.....	75	NOKOR VENTED NEEDLE.....	119	NOVOLOG MIX 70/30 RELION... 25	
nevirapine.....	45	nora-be.....	60	NOVOLOG PENFILL.....	25
nevirapine er.....	46	norelgestromin-eth estradiol... 57		NOVOPEN ECHO.....	119
new day.....	58	norethin ace-eth estrad-fe..... 56		NOVOTWIST PEN NEEDLE.....	119
NEXLETOL.....	29	norethin-eth estradiol-fe..... 56		NP THYROID.....	147
NEXLIZET.....	29	norethindron-ethinyl estrad-fe.. 60		NUBEQA.....	34
NIACIN (ANTIHYPERLIPIDEMIC). 30		norethindrone.....	60	NULEV.....	148
nicardipine hcl.....	49	norethindrone acet-ethinyl est.. 56		NURTEC.....	126
nicoderm cq.....	144	norethindrone acetate.....	141	NUVAXOVID COVID-19 VACCINE. 151	
nicorette.....	144	norethindrone-eth estradiol... 82		nyamyc.....	65
nicorette mini.....	144	norgestim-eth estrad triphasic... 60		nylia 1/35.....	56
nicorette starter kit.....	144	norgestimate-eth estradiol..... 56		nylia 7/7/7.....	60
nicotine.....	144	norlyda.....	60	nymyo.....	56
NICOTINE.....	144	norlyroc.....	60	nystatin.....	28,65,130
nicotine mini.....	145	NORM-JECT LUER LOCK SYRINGE..... 119		nystatin-triamcinolone.....	65
nicotine polacrilex.....	145	NORM-JECT LUER SLIP SYRINGE. 119		nystop.....	65
nicotine polacrilex mini.....	145	NORMAL SALINE FLUSH.....	128		
nicotine step 1.....	145	nortrel 0.5/35 (28).....	56	O	
nicotine step 2.....	145	nortrel 1/35 (21).....	56	OB COMPLETE ONE.....	133
nicotine step 3.....	145	nortrel 1/35 (28).....	56	OB COMPLETE PETITE.....	133
NICOTROL.....	145	nortrel 7/7/7.....	60	OB COMPLETE PREMIER.....	133
NICOTROL NS.....	145	nortriptyline hcl.....	23	OB COMPLETE/DHA.....	133
nifedipine.....	49	NOVA MAX GLUCOSE TEST.....	75	ocella.....	56
nifedipine er.....	49	NOVA SAFETY LANCETS 23G... 102		octreotide acetate.....	81
nifedipine er osmotic release... 49		NOVA SAFETY LANCETS 28G... 102		OCTREOTIDE ACETATE.....	81
nikki.....	56	NOVA SUREFLEX LANCETS.....	102	ODEFSEY.....	44
nilotinib hcl.....	35	NOVAREL.....	80	OFEV.....	146
nimodipine.....	49	NOVAVAX COVID-19 VACCINE.. 151		OFLOXACIN.....	83
NIMODIPINE.....	49	NOVOFINE AUTOCOVER PEN NEEDLE..... 119		ofloxacin.....	138
nitazoxanide.....	12	NOVOFINE PLUS PEN NEEDLE... 119		OGSIVEO.....	36
nitisinone.....	79			olanzapine.....	43,44
				olanzapine-fluoxetine hcl.....	145
				olmesartan medoxomil.....	32

olmesartan medoxomil-hctz	32	ONETOUCH DELICA PLUS	OTEZLA XR	4
olmesartan-amlodipine-hctz	31	LANCET30G	OTEZLA/OTEZLA XR INITIATION PK .	4
olopatadine hcl	135	ONETOUCH DELICA PLUS	OTREXUP	2,3
OLPRUVA (2 GM DOSE)	81	LANCET33G	oxaprozin	4
OLPRUVA (3 GM DOSE)	81	ONETOUCH DELICA SAFETY	oxazepam	14
OLPRUVA (4 GM DOSE)	81	LANCING	oxcarbazepine	19,20
OLPRUVA (5 GM DOSE)	81	ONETOUCH ULTRA	OXERVATE	138
OLPRUVA (6 GM DOSE)	81	ONETOUCH ULTRA BLUE TEST	oxybutynin chloride	149
OLPRUVA (6.67 GM DOSE)	81	ONETOUCH ULTRA TEST	oxybutynin chloride er	149
omega-3-acid ethyl esters	29	ONETOUCH ULTRASOFT 2	oxycodone hcl	9
omeprazole	149	LANCETS	oxycodone-acetaminophen	10
omeprazole magnesium	149	ONETOUCH ULTRASOFT	oxymorphone hcl	9
OMEPRAZOLE+SYRSPEND SF		LANCETS	OXYMORPHONE HCL ER	9
ALKA	149	ONETOUCH VERIO		
OMNIFLEX DIAPHRAGM	93	opcicon one-step	P	
OMNIPOD 5 DEXG7G6 INTRO GEN		OPFOLDA	pacerone	14
5	108	OPTICHAMBER DIAMOND	paliperidone er	42
OMNIPOD 5 DEXG7G6 PODS GEN		OPTICHAMBER DIAMOND-LG	pantoprazole sodium	149
5	108	MASK	PARADIGM REAL-TIME	
OMNIPOD 5 G7 INTRO (GEN 5)	108	OPTICHAMBER DIAMOND-MD	TRANSMITTER	102
OMNIPOD 5 G7 PODS (GEN 5) .	108	MASK	paricalcitol	79
OMNIPOD 5 LIBRE2 G6 INTRO		OPTICHAMBER DIAMOND-SM	paroxetine hcl	22
GEN5	108	MASK	PAROXETINE HCL	22
OMNIPOD 5 LIBRE2 PLUS G6		option 2	paroxetine hcl er	22
PODS	108	OPTIUMEZ TEST	PAXLOVID (150/100)	46
OMNIPOD CLASSIC PDM (GEN		oralone	PAXLOVID (300/100 & 150/100) . .	46
3)	108	ORENITRAM	PAXLOVID (300/100)	46
OMNIPOD CLASSIC PODS (GEN		ORENITRAM MONTH 1	pazopanib hcl	37
3)	108	ORENITRAM MONTH 2	PC LANCETS SUPER THIN 30G	102
OMNIPOD DASH INTRO (GEN		ORENITRAM MONTH 3	pc pediatric iron drops	88
4)	108	ORKAMBI	PC UNIFINE PENTIPS	119
OMNIPOD DASH PDM (GEN 4) .	108	orphenadrine citrate er	PEDIARIX	147
OMNIPOD DASH PODS (GEN 4)	109	ORPHENADRINE-ASPIRIN-	peg 3350-kcl-na bicarb-nacl	90
ON CALL EXPRESS BLOOD		CAFFEINE	peg-3350/electrolytes	90
GLUCOSE	75	orquidea	peg-3350/electrolytes/ascorbat . .	90
ondansetron	27	ORSERDU	peg-kcl-nacl-nasulf-na asc-c	90
ondansetron hcl	27	orsythia	PEG-PREP	90
ONE DROP TEST	75	OSCIMIN	PEGASYS	47
one vite ferrous sulfate	88	oseltamivir phosphate	PEN NEEDLE/5-BEVEL TIP	119
ONE VITE WOMENS PLUS	133	OSPHENA	PEN NEEDLES	119
ONENATAL RX	133	OTEZLA	PEN NEEDLES 5/16"	119

PENBRAYA	150	phenylephrine hcl	137	POCKETCHEM EZ TEST	75
PENICILLIN G POT IN		phenytek	21	POLY HUB NEEDLE	120
DEXTROSE	140,141	phenytoin	21	POLY-VI-FLOR	131
PENICILLIN V POTASSIUM	141	phenytoin infatabs	21	POLY-VI-FLOR/IRON	131
PENMENVY	150	phenytoin sodium extended	21	polycin	137
pentamidine isethionate	12	PHEXX	152	polymyxin b-trimethoprim	137
pentazocine-naloxone hcl	10	PHEXXI	152	pomalidomide	36
PENTIPS	119	philith	56	portia-28	56
PENTIPS GENERIC PEN		PHOSPHA 250 NEUTRAL	127	posaconazole	28
NEEDLES	119	PHOSPHO-TRIN 250 NEUTRAL	127	pot & sod cit-cit ac	85
pentoxifylline er	87	PHOSPHOLINE IODIDE	137	potassium chloride	128
PERFECT LANCETS 28G	102	PHOSPHOROUS	127	potassium chloride crys er	128
PERFECT LANCETS 30G	102	phytonadione	153	potassium chloride er	128
PERFECT POINT SAFETY		PIFELTRO	46	POTASSIUM CHLORIDE ER	128
LANCETS	102	pilocarpine hcl	130,137	potassium citrate er	85
PERFECT POINT SAFETY		pimecrolimus	69	POTASSIUM CITRATE-CITRIC ACID	86
NEEDLE	119	PIMOZIDE	144	pramipexole dihydrochloride	41
PERINDOPRIL ERBUMINE	31	pimtrea	52	pramipexole dihydrochloride er	41
perindopril erbumine	31	pindolol	48	prasugrel hcl	87
periogard	130	pioglitazone hcl	26	pravastatin sodium	30
PERMETHRIN	70	pioglitazone hcl-metformin hcl	26	praziquantel	11
perphenazine	43	PIP BLOOD GLUCOSE TEST STRIP	75	prazosin hcl	32
PERPHENAZINE-		PIP LANCETS 28G	102	PRECISION SURE-DOSE SYRINGE	120
AMITRIPTYLINE	143	PIP LANCETS 30G	102	PRECISION THINS GP LANCETS	102
PFIZER COVID-19 VAC-TRIS 5-		PIP PEN NEEDLES 31G X 5MM	119	PRECISION XTRA BLOOD GLUCOSE	75
11Y	151	PIP PEN NEEDLES 32G X 4MM	119	PRECISION XTRA KETONE	75
PFIZER COVID-19 VAC-TRIS 6M-		pirfenidone	146	PRECISION XTRA-	
4Y	151	pirmella 1/35	56	GLUCOSE/KETONE	93
PHARMACIST CHOICE		pirmella 7/7/7	60	prednisolone	61
AUTOCODE	75	piroxicam	4	prednisolone acetate	139
PHARMACIST CHOICE LANCETS	102	pitavastatin calcium	30	prednisolone sodium phosphate	61
PHARMACIST CHOICE NO		plan b one-step	58	PREDNISOLONE SODIUM	
CODING	75	PLEGRIDY	143	PHOSPHATE	139
PHARMACY COUNTER		PLEGRIDY STARTER PACK	143	PREDNISONE	62
LANCETS	102	PNV 27-CA/FE/FA	133	PREFERRED PLUS INSULIN	
PHEBURANE	81	PNV PRENATAL PLUS		SYRINGE	120
phenazo	86	MULTIVIT+DHA	133	PREFERRED PLUS LANCETS	
PHENAZOPYRIDINE HCL	86	PNV-OMEGA	133	COLORED	102
PHENELZINE SULFATE	22	PNV-SELECT	133	PREFERRED PLUS LANCETS THIN	102
phenobarbital	89	POCKET CHAMBER	126	PREFERRED PLUS UNIFINE	
phenoxybenzamine hcl	31	POCKET SPACER	126	PENTIPS	120

pregabalin.....	20	primaquine phosphate.....	33	PROQUAD.....	150
PREGNYL.....	80	primidone.....	20	protriptyline hcl.....	23
PREMARIN.....	83,152	PRIORIX.....	150	PROVIDA OB.....	133
PREMESISR.....	134	PRO COMFORT INSULIN		pseudoeph-bromphen-dm.....	63
PREMIUM BLOOD GLUCOSE		SYRINGE.....	120	PSS SELECT GP LANCETS.....	103
TEST.....	75	PRO COMFORT LANCETS 30G ..	102	PSS SELECT SAFETY LANCETS.....	103
PREMIUM CONDOMS		PRO COMFORT LANCETS 31G ..	102	PTS PANELS GLUCOSE TEST.....	76
LUBRICATED.....	92	PRO COMFORT PEN NEEDLES ..	120	PTS PANELSEGLU TEST.....	76
PREMIUM LIDOCAINE.....	69	PRO COMFORT SAFETY LANCETS		PULMOSAL.....	62
PREMPHASE.....	82	30G.....	102	PULMOZYME.....	146
PREMPRO.....	82	PRO VOICE V8/V9 GLUCOSE.....	75	PURE COMFORT LANCETS 30G ..	103
PRENA 1 TRUE.....	134	probenecid.....	86	PURE COMFORT PEN NEEDLE ..	120
PRENAISSANCE PLUS.....	134	PROCHAMBER VHC.....	126	PURE COMFORT SAFETY LANCET	
PRENATAL.....	133	prochlorperazine.....	43	30G.....	103
PRENATAL 19.....	133	prochlorperazine maleate.....	43	PURE COMFORT SAFETY PEN	
PRENATAL PLUS.....	133	procto-med hc.....	11	NEEDLE.....	120
PRENATAL PLUS		PROCTOFOAM HC.....	11	px aspirin.....	7
VITAMIN/MINERAL.....	133	proctosol hc.....	11	px enteric aspirin.....	7
PRENATAL VITAMIN PLUS LOW		proctozone-hc.....	11	PX EXTRA SHORT PEN NEEDLES ..	120
IRON.....	133	PRODIGY INSULIN SYRINGE.....	120	px folic acid.....	88
PRENATAL-U.....	133	PRODIGY LANCETS 28G ..	102	PX INSULIN SYRINGE.....	120
PRENATE.....	134	PRODIGY NO CODING BLOOD		PX LANCETS MICROTHIN 33G ..	103
PRENATE AM.....	135	GLUC.....	76	PX LANCETS ULTRA THIN.....	103
PRENATE ENHANCE.....	134	PRODIGY SAFETY LANCETS 26G ..	102	PX LANCETS ULTRA THIN 28G ..	103
PRENATE PIXIE.....	134	PRODIGY TWIST TOP LANCETS		PX MINI PEN NEEDLES.....	120
PRENATE RESTORE.....	134	28G.....	102	PX PEN NEEDLE.....	120
PRENATRIX.....	133	progesterone.....	141	PX SHORTLENGTH PEN NEEDLES ..	120
PRENATRYL.....	133	PROGESTERONE MICRONIZED ..	141	px stop smoking aid.....	145
PRENATVITE COMPLETE.....	133	promethazine hcl.....	29	pyrazinamide.....	34
PRENATVITE PLUS.....	133	PROMETHAZINE VC.....	62	PYRIDOSTIGMINE BROMIDE.....	33
PREPLUS.....	133	promethazine-codeine.....	63	pyridostigmine bromide.....	33
PRETOMANID.....	34	promethazine-dm.....	63	pyridostigmine bromide er.....	33
prevalite.....	29	PROMETHAZINE-		pyrimethamine.....	33
PREVENT DROPSAFE PEN		PHENYLEPHRINE.....	62	PYZCHIVA.....	66
NEEDLES.....	120	promethegan.....	29		
PREVENT SAFETY PEN NEEDLES	120	propafenone hcl.....	14	Q	
previfem.....	56	propafenone hcl er.....	14	QBREXZA.....	69
PREVNAR 20.....	150	proparacaine hcl.....	138	qc aspirin.....	7
PREVYMIS.....	46	propranolol hcl.....	48	qc aspirin low dose.....	7
PREZCOBIX.....	44	propranolol hcl er.....	48	qc childrens aspirin.....	7
PREZISTA.....	45	propylthiouracil.....	147	qc enteric aspirin.....	7

qc folic acid	88	RA E-ZJECT LANCETS ULTRA THIN	103	RELION LANCETS ULTRA-THIN 30G	103
QC LANCETS SUPER THIN 30G	103	ra folic acid	88	RELION MINI PEN NEEDLES	120
QC LANCETS ULTRA THIN	103	RA INSULIN SYRINGE	120	RELION PEN NEEDLES	120
qc nicotine transdermal system	145	ra mini nicotine	145	RELION PREMIER TEST	76
qc omeprazole magnesium	149	ra nicotine	145	RELION PRIME TEST	76
QC PEN NEEDLES	120	ra nicotine gum	145	RELION SHORT PEN NEEDLES	120
QC UNIFINE PENTIPS	120	ra nicotine polacrilex	145	RELION TRUE METRIX TEST STRIPS 76	
QC UNILET LANCETS 28G	103	ra pain relief aspirin	7	RELION ULTIMA TEST	76
QC UNILET LANCETS MICRO THIN	103	RA PEN NEEDLES	120	RELION ULTRA THIN LANCETS 30G	103
QTERN	26	rabeprazole sodium	149	RELION ULTRA THIN PLUS LANCETS	103
QUAZEPAM	89	raloxifene hcl	80	RENACIDIN	86
quetiapine fumarate	43	ramelteon	89	RENTHYROID	147
quetiapine fumarate er	43	ramipril	31	repaglinide	26
QUFLORA FE PEDIATRIC	131	ranolazine er	13	REPATHA	30
QUFLORA PEDIATRIC	131,132	rasagiline mesylate	40	REPATHA PUSHTRONEX SYSTEM	30
QUICK TOUCH BLOOD GLUCOSE TEST	76	RASUVO	3	REPATHA SURECLICK	30
QUICK TOUCH INSULIN PEN NEEDLE	120	RAYA SURE PEN NEEDLE	120	REXALL BLOOD GLUCOSE TEST	76
QUICKTEK TEST	76	react	58	REXALL LANCETS ULTRA THIN 30G	103
quinapril hcl	31	READYLANCE SAFETY LANCETS	103	REYATAZ	45
quinapril-hydrochlorothiazide	31	REALITY INSULIN SYRINGE	120	REYVOW	127
quinidine gluconate er	14	REALITY LANCETS	103	REZDIFFRA	84
QUINIDINE SULFATE	14	REALITY LATEX CONDOMS	92	REZLIDHIA	39
quinine sulfate	33	REALITY LATEX/ULTRA TEXTURED	92	REZUROCK	130
QUINTET AC BLOOD GLUCOSE TEST	76	REALITY TRIGGER LANCETS	103	RIBAVIRIN	47
QUINTET BLOOD GLUCOSE TEST	76	reclipsen	56	rifabutin	34
		REFUAH PLUS BLOOD GLUCOSE TEST	76	rifampin	34
		RELENZA DISKHALER	48	RIGHTEST GL300 LANCETS	103
		RELEVIA	133	RIGHTEST GS100 BLOOD GLUCOSE	76
		RELION BLOOD GLUCOSE TEST	76	RIGHTEST GS300 BLOOD GLUCOSE	76
		RELION CONFIRM/MICRO TEST	76	RIGHTEST GS550 BLOOD GLUCOSE	76
		RELION GLUCOSE TEST STRIPS	76	RIGHTEST GT333 BLOOD GLUCOSE	76
		RELION INSULIN SYRINGE	120	RIGHTEST GT333 GLUCOSE TEST	76
		RELION LANCET DEVICES 30G	103	rilpivirine hcl	46
		RELION LANCETS	103	riluzole	136
		RELION LANCETS MICRO-THIN 33G	103	RIMANTADINE HCL	47
		RELION LANCETS THIN 26G	103	RINVOQ	2
		RA E-ZJECT LANCETS 28G	103		
		RA E-ZJECT LANCETS THIN 26G	103		
		RA E-ZJECT LANCETS THIN 28G	103		

R

ra aspirin	7				
ra aspirin adult low dose	7				
ra aspirin adult low strength	7				
ra aspirin childrens	7				
ra aspirin ec	7				
ra aspirin ec adult low st	7				
RA E-ZJECT LANCETS 28G	103				
RA E-ZJECT LANCETS THIN 26G	103				
RA E-ZJECT LANCETS THIN 28G	103				

RINVOQ LQ.....	2	SAPS HEALTH TWIST TOP SF.....	130
risedronate sodium.....	78	LANCETS.....	104
risperidone.....	42	SAPS TWIST TOP LANCETS.....	104
risperidone microspheres er.....	42	SAPSCARE TWIST TOP LANCETS.....	104
RITEFLO.....	126	SAVELLA.....	142
ritonavir.....	45	SAVELLA TITRATION PACK.....	142
rivastigmine.....	142	saxagliptin hcl.....	24
rivastigmine tartrate.....	142	saxagliptin-metformin er.....	24
rivelsa.....	59	sb aspirin.....	7
rizatriptan benzoate.....	126	sb aspirin ec.....	7
roflumilast.....	16	sb childrens aspirin.....	7
ropinirole hcl.....	41	SB INSULIN SYRINGE.....	121
ropinirole hcl er.....	41	SB LANCETS THIN.....	104
rosuvastatin calcium.....	30	SB LANCETS ULTRA THIN.....	104
rosyrah.....	59	sb low dose asa ec.....	7
ROTATEQ.....	151	SCEMBLIX.....	35
roweepra.....	20	scopolamine.....	27
ROZLYTREK.....	38	SE-NATAL 19.....	133
rufinamide.....	20	SECURESAFE HYPODERMIC NEEDLE.....	121
RUKOBIA.....	45	SECURESAFE INSULIN SYRINGE.....	121
		SECURESAFE SAFETY PEN.....	121
		NEEDLES.....	121
		SECURESAFE SYRINGE/NEEDLE.....	121
		SELARSDI.....	66
		SELECT-OB.....	133
		SELECT-OB+DHA.....	134
		selegiline hcl.....	41
		selenium sulfide.....	66
		SELENIUM SULFIDE.....	66
		SENSILANCE SAFETY LANCETS 21G.....	104
		SENSILANCE SAFETY LANCETS 23G.....	104
		SENSILANCE SAFETY LANCETS 28G.....	104
		SENSILANCE SAFETY LANCETS 26G.....	104
		SENSILANCE SAFETY LANCETS 28G.....	104
		SEREVENT DISKUS.....	16
		sertraline hcl.....	22
		setlakin.....	59
		sevelamer carbonate.....	85
		sevelamer hcl.....	85
		sharobel.....	60
		shewise.....	58
		SHINGRIX.....	151
		SHOPKO ON-THE-GO LANCETS 30G.....	104
		SHOPKO UNIFINE PENTIPS.....	121
		SHOPKO UNIFINE PENTIPS PLUS.....	121
		SHOPKO UNILET LANCETS 28G.....	104
		SHOPKO UNILET LANCETS 30G.....	104
		sildenafil citrate.....	51
		silodosin.....	85
		silver sulfadiazine.....	66
		SIMBRINZA.....	136
		simliya.....	52
		simpesse.....	59
		simvastatin.....	30
		SINGLE-LET.....	104
		sirolimus.....	129
		SKYRIZI.....	66,84
		SKYRIZI PEN.....	66
		SLYND.....	60
		sm aspirin.....	7
		sm aspirin adult low strength.....	7
		sm aspirin ec.....	7
		sm aspirin ec low strength.....	7
		sm aspirin low dose.....	7
		sm childrens aspirin.....	7
		sm folic acid.....	88
		SM LANCETS 33G.....	104
		sm nicotine.....	145
		sm nicotine polacrilex.....	145
		SMART SENSE COLOR LANCETS 33G.....	104
		SMART SENSE PREMIUM TEST.....	76
		SMART SENSE STANDARD LANCETS.....	104
		SMART SENSE SUPER THIN LANCETS.....	104
		SMART SENSE THIN LANCETS 26G.....	104

S

sacubitril-valsartan.....	50	SAFE-T-LANCE.....	103
SAFE-T-LANCE.....	103	SAFE-T-LANCE PLUS.....	104
SAFE-T-LANCE PLUS.....	104	SAFETY INSULIN SYRINGES.....	120
SAFETY INSULIN SYRINGES.....	120	SAFETY LANCET 30G/PRESSURE ACT.....	104
SAFETY LANCET 30G/PRESSURE ACT.....	104	SAFETY LANCETS.....	104
SAFETY LANCETS.....	104	SAFETY LANCETS 21G.....	104
SAFETY LANCETS 21G.....	104	SAFETY LANCETS 23G.....	104
SAFETY LANCETS 23G.....	104	SAFETY LANCETS 28G.....	104
SAFETY LANCETS 28G.....	104	SAFETY PEN NEEDLES.....	121
SAFETY PEN NEEDLES.....	121	sajazir.....	87
sajazir.....	87	SALICYLIC ACID.....	69
SALICYLIC ACID.....	69	SALINE FLUSH.....	128
SALINE FLUSH.....	128	salsalate.....	7
salsalate.....	7	SANDOSTATIN.....	81
SANDOSTATIN.....	81	SANTYL.....	68
SANTYL.....	68	sapropterin dihydrochloride.....	80
sapropterin dihydrochloride.....	80	SAPS HEALTH PLUS LANCETS.....	104

SMART SENSE VALUE TEST	76	STIVARGA	37	SYRINGE 2-3 ML	121
SMARTEST BLOOD GLUCOSE TEST	76	STRENSIQ	79,80	SYRINGE 30-35 ML	121
SMARTEST LANCETS 28G	104	STRIBILD	44	SYRINGE 50-60 ML	121
sod citrate-citric acid	86	STRIVERDI RESPIMAT	16	SYRINGE DISPOSABLE	121
SODIUM CHLORIDE	62,86	SUBLOCADE	10	SYRINGE ECCENTRIC TIP	121
sodium chloride	128	sucralfate	148	SYRINGE LUER LOCK	121
sodium chloride (pf)	128	sulfacetamide sodium	66,139	SYRINGE LUER SLIP	121
sodium chloride flush	128	sulfacetamide sodium (acne)	63	SYRINGE/HYPODERMIC SAFETY	121
SODIUM CITRATE-CITRIC ACID	86	SULFACETAMIDE SODIUM- SULFUR	63,64	T	
SODIUM FLUORIDE	127,130	SULFACETAMIDE- PREDNISOLONE	139	TABLOID	35
SODIUM FLUORIDE 5000 PPM	130	UREA	64	tacrolimus	69,129
sodium polystyrene sulfonate	129	sulfadiazine	146	tadalafil	51
sodium sulfacetamide wash	66	sulfamethoxazole-trimethoprim	12	tadalafil (pah)	51
SOFOSBUVIR-VELPATASVIR	47	SULFAMEZ WASH	64	TADLIQ	51
solifenacin succinate	149	sulfasalazine	84	TAFINLAR	35
SOLQUA	26	sulfatrim pediatric	12	tafluprost (pf)	140
SOLU-CORTEF	62	sulindac	4	TAGRISO	36
SOLUS V2 LANCETS 28G	104	sumatriptan	127	take action	58
SOLUS V2 TEST	76	sumatriptan succinate	127	TALZENNA	40
SOLUS V2 TWIST LANCETS 30G	104	SUMATRIPTAN SUCCINATE REFILL	127	tamoxifen citrate	34
sorafenib tosylate	37	sunitinib malate	37	tamsulosin hcl	85
sotalol hcl	48	SUNLENCA	45	tarina 24 fe	57
sotalol hcl (af)	48	SUPER THIN LANCETS	105	tarina fe 1/20	57
SOTYLIZE	49	SUPREME TEST	76	tarina fe 1/20 eq	57
SPIKEVAX	151	SURE COMFORT INSULIN SYRINGE	121	tasimelteon	89
SPIKEVAX 6M-11Y	151	SURE COMFORT LANCETS 18G	105	taysofy	57
SPINOSAD	70	SURE COMFORT LANCETS 21G	105	tazarotene	65
SPIRIVA HANDIHALER	16	SURE COMFORT LANCETS 23G	105	taztia xt	49
SPIRIVA RESPIMAT	16	SURE COMFORT LANCETS 28G	105	TAZVERIK	37
spironolactone	78	SURE COMFORT LANCETS 30G	105	TECHLITE AST LANCETS	105
spironolactone-hctz	77	SURE COMFORT PEN NEEDLES	121	TECHLITE INSULIN SYRINGE	121
sprintec 28	57	SURELITE LANCETS	105	TECHLITE LANCETS	105
sps (sodium polystyrene sulf)	129	syeda	57	TECHLITE LANCETS 26G	105
sronyx	57	SYMBICORT	15	TECHLITE LANCETS 30G	105
ssd	66	SYMPTUZA	44	TECHLITE PEN NEEDLES	121
SSS 10-5	63	SYRINGE	121	TECHLITE PLUS PEN NEEDLES	121
st joseph aspirin	7			TEGRETOL-XR	20
st joseph low dose	8			telmisartan	32
STERILANCE TL	104			TELMISARTAN-AMLODIPINE	32
STIOLTO RESPIMAT	15			telmisartan-hctz	32

temazepam	89	TOBRAMYCIN	2	TRAVEL LANCETS ADVANCED
temozolomide	38	tobramycin	138	28G
tenofovir disoproxil fumarate	46	tobramycin-dexamethasone	139	travoprost (bak free)
TEPMETKO	37	TODAYS HEALTH MINI PEN		trazodone hcl
terazosin hcl	32	NEEDLES	121	TRELEGY ELLIPTA
terbinafine hcl	28	TODAYS HEALTH PEN NEEDLES	121	tretinoin
terbutaline sulfate	16	TODAYS HEALTH SHORT PEN		tretinoin microsphere
terconazole	152	NEEDLE	121	TRETINOIN MICROSPHERE PUMP
teriflunomide	142	TODAYS HEALTH THIN LANCETS		tri femynor
testosterone	10	28G	105	tri-estarylla
TESTOSTERONE CYPIONATE	11	TODAYS HEALTH THIN LANCETS		tri-legest fe
TESTOSTERONE ENANTHATE	11	30G	105	tri-lynyah
tetrabenazine	142	tolterodine tartrate	149	tri-lo-estarylla
TETRACAINE HCL	138	tolterodine tartrate er	150	tri-lo-marzia
tetracycline hcl	146	tolvaptan	80	tri-lo-mili
TEZSPIRE	17	tolvaptan (hyponatremia)	81	tri-lo-sprintec
TGT BLOOD GLUCOSE TEST	76	TOOMEY SYRINGE	122	tri-mili
TGT LANCET MICRO THIN 33G	105	TOPAMAX SPRINKLE	20	tri-nymyo
TGT LANCET THIN 26G	105	TOPCARE CLICKFINE PEN		tri-sprintec
TGT LANCET ULTRA THIN 30G	105	NEEDLES	122	TRI-VI-FLOR
THALOMID	128	TOPCARE LANCETS MICRO-THIN		TRI-VI-FLORO
theophylline er	17	33G	105	TRI-VITAMIN WITH FLUORIDE
THINLETS GP LANCETS	105	TOPCARE ULTRA COMFORT INS		TRI-VITE/FLUORIDE
thioridazine hcl	43	SYR	122	tri-vylibra
thiothixene	44	topiramate	20	tri-vylibra lo
thrive	145	toremifene citrate	34	triamcinolone acetonide
THRIVITE RX	133	torpenz	37	TRIAMCINOLONE ACETONIDE
THYROID	147	torseamide	78	triamterene
tiadylt er	49	TOUJEO MAX SOLOSTAR	25	triamterene-hctz
TIAGABINE HCL	21	TOUJEO SOLOSTAR	25	triazolam
tiagabine hcl	21	tovet	68	TRICARE
ticagrelor	87	tramadol hcl	9	TRICITRATES
tilia fe	60	TRAMADOL HCL (ER BIPHASIC)	9	triderm
timolol maleate	49,136	tramadol hcl er	9	trientine hcl
timolol maleate (once-daily)	136	tramadol-acetaminophen	10	TRIENTINE HCL
timolol maleate oculosol	136	trandolapril	31	trifluoperazine hcl
timolol maleate pf	136	TRANDOLAPRIL-VERAPAMIL HCL		TRIFLURIDINE
tinidazole	12	ER	31	trihexyphenidyl hcl
tiopronin	86	tranexamic acid	89	TRIHEXYPHENIDYL HCL
TIVICAY	45	tranylcypramine sulfate	22	TRIKAFTA
tizanidine hcl	135	TRAVEL LANCETS	105	trimethobenzamide hcl

trimethoprim	12	TRUE METRIX PRO BLOOD	TYENNE	3
trimipramine maleate	23	GLUCOSE	TYMLOS	80
TRINATAL RX 1	134	TRUEPLUS 5-BEVEL PEN	TYRVAYA	136
TRINATE	134	NEEDLES	TYVASO	50
TRISTART DHA	134	TRUEPLUS INSULIN SYRINGE	TYVASO DPI INSTITUTIONAL KIT	51
TRIUMEQ	44	TRUEPLUS LANCETS 26G	TYVASO DPI MAINTENANCE KIT	51
TRIUMEQ PD	44	TRUEPLUS LANCETS 28G	TYVASO DPI TITRATION KIT	51
trivora (28)	61	TRUEPLUS LANCETS 30G	TYVASO REFILL	51
TRIZIVIR	45	TRUEPLUS LANCETS 33G	TYVASO STARTER	51
TROJAN BARESKIN	92	TRUEPLUS PEN NEEDLES		
TROJAN ENZ	92	TRUEPLUS SAFETY LANCETS	U	
TROJAN MAGNUM	92	28G	UBRELVY	126
TROJAN ULTRA RIBBED		TRUETEST TEST	ULTICARE INSULIN SAFETY SYR	122
LUBRICATED	92	TRUETRACK TEST	ULTICARE INSULIN SYR 1/2 UNIT	122
TROJAN ULTRA THIN	92	TRULICITY	ULTICARE INSULIN SYRINGE	122
TROJAN ULTRA		TRUQAP	ULTICARE MICRO PEN NEEDLES	122
THIN/SPERMICIDAL	92	TRUSTEX COLOR CONDOMS +	ULTICARE MINI PEN NEEDLES	122
TROJAN-ENZ LUBRICATED	92	LUBE	ULTICARE PEN NEEDLES	122
TROJAN-ENZ/SPERMICIDAL	92	TRUSTEX LUB/RIBBED/STUDED	ULTICARE SHORT PEN NEEDLES	122
tropium chloride	150	TRUSTEX LUB/SPERMICIDE EX ST	ULTICARE SYRINGE	122
tropium chloride er	150	TRUSTEX LUB/SPERMICIDE XL	ULTICARE TUBERCULIN SAFETY	
TRUE COMFORT INSULIN		TRUSTEX LUBRICATED	SYR	122
SYRINGE	122	TRUSTEX LUBRICATED EX LARGE	ULTIGUARD SAFEPACK PEN	
TRUE COMFORT PEN NEEDLES	122	TRUSTEX LUBRICATED EXTRA ST	NEEDLE	122
TRUE COMFORT PRO INSULIN		TRUSTEX	ULTIGUARD SAFEPACK	
SYR	122	LUBRICATED/SPERMICIDE	SYR/NEEDLE	123
TRUE COMFORT PRO PEN		TRUSTEX NATURAL CONDOMS +	ULTILET CLASSIC LANCETS	106
NEEDLES	122	LUBE	ULTILET LANCETS	106
TRUE COMFORT SAFETY		TRUSTEX NON-LUBRICATED	ULTILET PEN NEEDLE	123
LANCETS	105	TRUSTEX RIA LUB/SPERMICIDE	ULTILET SAFETY LANCETS	106
TRUE COMFORT SAFETY PEN		TRUSTEX RIA LUBRICATED	ULTILET SAFETY LANCETS 23G	106
NEEDLE	122	TRUSTEX RIA NON-LUBRICATED	ULTRA COMFORT INSULIN	
TRUE COMFORT TWIST TOP		TRUSTEX-NONOXYNOL-	SYRINGE	123
LANCETS	105	9/RIB/STUD	ULTRA FLO INSULIN PEN	
TRUE COVER	92	tulana	NEEDLES	123
TRUE FOCUS BLOOD GLUCOSE		turqoz	ULTRA FLO INSULIN SYR 1/2	
STRIP	76	TWIRLA	UNIT	123
true folic acid	88	TWIST TOP LANCETS 30G	ULTRA FLO INSULIN SYRINGE	123
TRUE METRIX BLOOD GLUCOSE		TYBLUME	ULTRA THIN LANCETS 31G	106
TEST	77	TYBOST	ULTRA THIN PEN NEEDLES	123
		tydemy	ULTRA-CARE LANCETS 30G	106

ULTRA-THIN II AUTO LANCET	106	UNISTIK 3 COMFORT	106	VALUE HEALTH INSULIN SYRINGE	123
ULTRA-THIN II INS SYR SHORT	123	UNISTIK 3 EXTRA	107	VALUE PLUS LANCET STANDARD	
ULTRA-THIN II INSULIN SYRINGE	123	UNISTIK 3 GENTLE	107	21G	107
ULTRA-THIN II LANCETS	106	UNISTIK 3 NEONATAL	107	VALUE PLUS LANCETS SUPER	
ULTRA-THIN II MINI PEN NEEDLE	123	UNISTIK 3 NORMAL	107	THIN	107
ULTRA-THIN II PEN NEEDLE SHORT	123	UNISTIK CZT COMFORT	107	VALUE PLUS LANCETS THIN 26G .	107
ULTRA-THIN II PEN NEEDLES	123	UNISTIK CZT NORMAL	107	VALUMARK LANCET SUPER THIN	
ULTRACARE INSULIN SYRINGE	123	UNISTIK NORMAL	107	30G	107
ULTRACARE PEN NEEDLES	123	UNISTIK PRO SAFETY LANCET	107	VALUMARK LANCET ULTRA THIN	
UNIFINE OTC PEN NEEDLES	123	UNISTIK SAFETY LANCETS 28G	107	28G	107
UNIFINE PEN NEEDLES	123	UNISTIK SAFETY LANCETS 30G	107	VALUMARK PEN NEEDLES	123
UNIFINE PENTIPS	123	UNISTIK TOUCH SAFETY LANC 21G	107	vancomycin hcl	12
UNIFINE PENTIPS PLUS	123	UNISTIK TOUCH SAFETY LANC 23G	107	VANFLYTA	38
UNIFINE PROTECT PEN NEEDLE	123	UNISTIK TOUCH SAFETY LANC 28G	107	VANISHPOINT INSULIN SYRINGE .	123
UNIFINE SAFECONTROL PEN NEEDLE	123	UNISTIK TOUCH SAFETY LANC 30G	107	VANISHPOINT SAFETY SYRINGE .	123
UNIFINE ULTRA PEN NEEDLE	123	UNISTIK TOUCH SAFETY LANC 30G	107	VANISHPOINT SYRINGE	123
UNILET COMFORTOUCH LANCET	106	UNISTRIP1 GENERIC	77	VANISHPOINT TUBERCULIN SYRINGE	123
UNILET EXCELITE	106	unithroid	147	VAQTA	152
UNILET EXCELITE II	106	UNIVERSAL 1 LANCETS THIN 26G	107	varenicline tartrate	145
UNILET G.P. LANCET	106	UNIVERSAL 1 LANCETS THIN 33G	107	varenicline tartrate (starter)	145
UNILET G.P. SUPERLITE LANCET	106	UNIVERSAL 1 LANCETS ULTRA THIN	107	varenicline tartrate(continue)	145
UNILET GP 28 ULTRA THIN	106	UPNEEQ	139	VARIVAX	152
UNILET LANCET	106	ursodiol	83	VAXELIS	147
UNILET MICRO-THIN 33G	106	UZEDY	42	VAXNEUVANCE	150
UNILET SUPER-THIN 30G	106			VCF VAGINAL CONTRACEPTIVE . .	152
UNILET SUPERLITE LANCET	106			VELTASSA	129
UNILET ULTRA-THIN 28G	106			VENCLEXTA	35
UNISTIK 1	106			VENCLEXTA STARTING PACK	35
UNISTIK 2	106			venlafaxine hcl	23
UNISTIK 2 COMFORT	106			venlafaxine hcl er	23
UNISTIK 2 EXTRA	106			VENTOLIN HFA	16
UNISTIK 2 NEONATAL	106			verapamil hcl	50
UNISTIK 2 NORMAL	106			verapamil hcl er	50
UNISTIK 2 SUPER	106			VERASENS BLOOD GLUCOSE TEST .	77
UNISTIK 3	106			VERIFINE INSULIN PEN NEEDLE . .	123

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VABRINTY	39	verapamil hcl	50
valacyclovir hcl	47	verapamil hcl er	50
valganciclovir hcl	46,47	VERASENS BLOOD GLUCOSE TEST .	77
valproic acid	21	VERIFINE INSULIN PEN NEEDLE . .	123
valsartan	32	VERIFINE INSULIN SYRINGE	124
valsartan-hydrochlorothiazide	32	VERIFINE PLUS PEN NEEDLE	124
valtya 1/35	57	VERIFINE SAFE LANCET MINI 21G	107
valtya 1/50	57	VERIFINE SAFE LANCET MINI 23G	107
		VERIFINE SAFE LANCET MINI 28G	107

VERIFINE SAFE LANCET MINI 30G.....	107	VIVAGUARD SAFETY LANCETS 28G.....	108	wixela inhub.....	15
VERIFINE UNIVERSAL LANCETS 28G.....	107	volnea.....	52	wymzya fe.....	57
VERIFINE UNIVERSAL LANCETS 30G.....	107	VORANIGO.....	39	X	
VERIFINE UNIVERSAL LANCETS 33G.....	108	voriconazole.....	28	XALKORI.....	35
VERISAFE SAFE STERILE SYRINGE.....	124	VORTEX HOLD CHMBR/MASK/CHILD.....	126	xarah fe.....	61
VERISAFE SAFETY STERILE NEEDLE.....	124	VORTEX HOLD CHMBR/MASK/TODDLER.....	126	XARELTO.....	17
VERKAZIA.....	138	VORTEX VALVE CHAMBER-PEDI MASK.....	126	XARELTO STARTER PACK.....	17
VERZENIO.....	38	VORTEX VALVED HOLDING CHAMBER.....	126	XCOPRI.....	20,21
vestura.....	57	VOSEVI.....	47	XCOPRI (250 MG DAILY DOSE).....	21
VIDA MIA UNIFINE PENTIPS.....	124	VOWST.....	84	XCOPRI (350 MG DAILY DOSE).....	21
VIDA MIA UNILET LANCETS 28G.....	108	VP INSULIN SYRINGE.....	124	xelria fe.....	57
VIDA MIA UNILET LANCETS 30G.....	108	VTAMA.....	65	XERAC AC.....	66
vienva.....	57	VUMERITY.....	143	XHANCE.....	136
vilazodone hcl.....	23	vyfemla.....	57	XIFAXAN.....	12
VINATE II.....	134	vylibra.....	57	XIGDUO XR.....	26
viorele.....	52	W		XOLAIR.....	15
VIRACEPT.....	45	WALGREENS ADV TRAVEL LANCETS.....	108	XPHOZAH.....	78
VIREAD.....	46	WALGREENS LANCETS.....	108	XTANDI.....	34
virt-phos 250 neutral.....	127	WALGREENS LANCETS MICRO THIN.....	108	xulane.....	57
VISTOGARD.....	27	WALGREENS LANCETS SUPER THIN.....	108	Y	
VITAFOL FE+.....	134	WALGREENS THIN LANCETS.....	108	YALE DISP NEEDLES.....	124
VITAFOL GUMMIES.....	134	WALGREENS ULTRA THIN LANCETS.....	108	yargesa.....	87
VITAFOL-OB.....	134	warfarin sodium.....	17	yl folic acid.....	88
VITAFOL-OB+DHA.....	134	WEGMANS UNIFINE PENTIPS PLUS.....	124	yuvafem.....	153
VITAMEDMD ONE RX/QUATREFOLIC.....	134	wera.....	57	Z	
vitamin d (ergocalciferol).....	153	WES-PHOS 250 NEUTRAL.....	127	zafemy.....	57
vitamin k1.....	153	WESNATAL DHA COMPLETE.....	134	zafirlukast.....	16
VITATHELY WITH GINGER.....	134	WESTAB PLUS.....	134	zaleplon.....	89
VITATRUE.....	134	WESTGEL DHA.....	134	ZELBORAF.....	36
VIVAGUARD INO TEST STRIPS.....	77	WINREVAIR.....	51	zelvysia.....	80
VIVAGUARD LANCETS.....	108			zenatane.....	64
VIVAGUARD LANCETS 30G.....	108			ZENPEP.....	77

ZEVRX TWIST TOP LANCETS

30G.....	108
zidovudine.....	46
ziprasidone hcl.....	41
ZOLADEX.....	39
ZOLINZA.....	36
ZOLMITRIPTAN.....	127
zolmitriptan.....	127
zolpidem tartrate.....	89
zolpidem tartrate er.....	89
ZOMACTON.....	79
ZOMACTON (FOR ZOMA-JET 10)	79
zonisamide.....	20
zovia 1/35 (28).....	57
zumandimine.....	57
ZYDELIG.....	39
ZYPREXA RELPREVV.....	44