



2025 Michigan
Medicaid Formulary

Introduction

Meridian is pleased to provide an updated 2025 Medicaid Formulary as a reference and informational tool for providers, pharmacists, and patients. The purpose of the Meridian formulary is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

Pharmacy and Therapeutics (P&T) Committee

Meridian uses the State of Michigan criteria for the formulary items to determine coverage. For items not on the list or formulary Meridian would depend on our internal P&T Committee made up of providers, pharmacists, and healthcare professionals. The clinical information within the formulary was derived from medical literature and is reviewed and approved by the P&T Committee.

Notice

The information contained in this formulary is provided by Meridian, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lower-case italics (e.g., methylphenidate HCL).

Meridian will not cover prescription drugs that are prescribed for experimental, investigational, or non-FDA approved indications, dosages, or routes of administration.

Formulary Components

The Meridian formulary contains covered medications without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medications that have quantity limits. Members will not be charged a co-pay when Meridian covers a medication.

Generic Substitution

Meridian is a mandatory generic plan. Michigan Department of Health and Human Services (MDHHS) has mandated that some brand medications are to be covered over the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

Meridian covers many medications without requiring authorization. These medications include many prescriptions and over-the-counter medications (with a valid prescription).

Non-Covered Benefits

The following categories are not covered benefits: medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

Tier Descriptions

Tier Number	Tier Name	Tier Description
1	PDL Preferred	MDHHS preferred drug list (PDL) mandated coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
2	PDL Non-Preferred	MDHHS PDL mandated coverage. Prior authorization required. In some cases will need the trial and failure of preferred agent(s). Some products may have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
3	Non-PDL	MDHHS mandated Non-PDL coverage. Prior authorization required. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
4	Supplemental	Additional products that Meridian covers for the benefit of its members. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.

Prior Authorization (PA)

Drugs indicated with "PA" require prior authorization for coverage. Details of PA criteria are listed next to the drug name. Please call the Help Desk at **866-984-6462** or fax a completed prior authorization form to **877-355-8070**. All prior authorizations will be reviewed within 24 hours.

Step Therapy (ST)

Drugs with an "ST" need step therapy for coverage. The required step is listed next to the drug name.

Specialty Medications (SP)

All specialty medications noted as "SP" are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)

Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications have a maximum of 30 days per prescription.

Fill Limit (FL)

Drugs indicated with an "FL" have a set fill limit imposed. The fill limit is listed next to the drug name. These medications are limited to a number of fills in a set amount of time.

Day Supply Limit (DS)

Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Gender Restriction (GR)

Drugs indicated with a "GR" have a set gender restriction imposed. The gender restriction is listed next to the drug name. These medications are limited to either males or females.

Age Limit (AL)

Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Maintenance Product (MP)

Drugs indicated with an "MP" are used to treat long-term conditions or illnesses and are available for up to a 102-day supply.

Prescription and OTC Product (RX/OTC)

Drugs indicated with an "RX/OTC" are over-the-counter products that are available for coverage with a valid prescription written by a licensed prescriber.

Benefit Exception

The process for requesting non-formulary medication(s) requires covermymeds submission or faxing a completed Formulary Exception form indicating the request for an exception to the formulary. This request must include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Help Desk at **866-984-6462**, fax completed Formulary Exception forms to **877-355-8070** or follow the covermymeds prior authorization process.

Pharmacy Benefit Management

Meridian utilizes Express Scripts to manage each member's pharmacy benefit. Express Scripts provides Meridian with a pharmacy network, pharmacy claims management services, and claims adjudication. This formulary is up to date through the date of publication. Please notify Meridian of any mistakes in the formulary. A copy of this formulary can be mailed upon request. The Help Desk can be contacted at **866-984-6462**.

Contact Information

Pharmacy Help Desk: 866-984-6462

Prior Authorization Fax Number: 877-355-8070

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
DYANAVEL XR TBCR	CO	
XELSTRYM	CO	
Analeptics		
<i>caffeine citrate SOLN PO</i>	3	AL(Up to 1 yrs old); MP
Anorexiant Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	1	AL(At least 17 yrs old); PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	1	AL(At least 17 yrs old); PA
<i>benzphetamine hcl 50 MG</i>	1	AL(At least 18 yrs old); PA
<i>diethylpropion hcl TABS</i>	1	AL(At least 18 yrs old); PA
<i>diethylpropion hcl TB24</i>	1	AL(At least 18 yrs old); PA
LOMAIRA TABS	1	AL(At least 17 yrs old); PA
PHENDIMETRAZINE TARTRATE ER CP24	1	AL(At least 18 yrs old); PA
<i>phendimetrazine tartrate TABS</i>	1	AL(At least 18 yrs old); PA
<i>phentermine hcl CAPS</i>	1	AL(At least 17 yrs old); PA
<i>phentermine hcl TABS</i>	1	AL(At least 17 yrs old); PA
Anti-Obesity Agents		
IMCIVREE	CO	SP
<i>orlistat</i>	1	AL(At least 12 yrs old); PA
SAXENDA	1	AL(At least 12 yrs old); PA
WEGOVY	1	AL(At least 12 yrs old); PA
XENICAL (<i>orlistat</i>)	1	AL(At least 12 yrs old); PA
ZEPBOUND SOAJ	1	AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
ZEPBOUND SOLN	1	AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>clonidine hcl (adhd) TB12</i>	CO	
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	CO	
ONYDA XR SUER	CO	
Stimulants - Misc.		
<i>methylphenidate hcl TBCR</i>	CO	
RELEXXII TBCR (<i>methylphenidate hcl</i>)	CO	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
PALFORZIA (12 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (300 MG MAINTENANCE) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NF	SP
PALFORZIA (300 MG TITRATION) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	<i>neomycin sulfate</i> TABS	1	
PALFORZIA (40 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	<i>paromomycin sulfate</i>	3	
PALFORZIA (6 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	TOBI PODHALER CAPS	1	SP
PALFORZIA (80 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	TOBI NEBU (<i>tobramycin</i>)	NF	SP
PALFORZIA INITIAL DOSE 4-17YRS CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	<i>tobramycin NEBU</i>	1	SP
PALFORZIA INITIAL ESCALATION CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA	<i>tobramycin NEBU</i>	2	SP
ALTERNATIVE MEDICINES			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Alternative Medicine - M's			Antirheumatic - Enzyme Inhibitors		
<i>melatonin LIQD 1 MG/ML</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC	OLUMIANT	2	SP
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			RINVOQ LQ SOLN	2	SP
Aminoglycosides			RINVOQ TB24	2	SP
BETHKIS NEBU (<i>tobramycin</i>)	1	SP	XELJANZ XR TB24	2	SP
HUMATIN	3		XELJANZ SOLN	2	SP
			XELJANZ TABS	2	SP
			Anti-TNF-alpha - Monoclonal Antibodies		
			ABRILADA (1 PEN) AJKT	2	SP
			ABRILADA (2 PEN) AJKT	2	SP
			ABRILADA (2 SYRINGE) PSKT	2	SP
			ADALIMUMAB-AACF (2 PEN) AJKT	2	SP
			ADALIMUMAB-AACF (2 SYRINGE) PSKT	2	SP
			ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	SP
			ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	SP
			ADALIMUMAB-AATY (1 PEN) AJKT	2	SP
			ADALIMUMAB-AATY (2 PEN) AJKT	2	SP
			ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOAJ	2	SP	HULIO (2 SYRINGE) PSKT	2	SP
ADALIMUMAB-ADAZ SOSY	2	SP	HUMIRA (2 PEN) AJKT	1	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP	HUMIRA (2 SYRINGE) PSKT	1	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	SP	HUMIRA-CD/UC/HS STARTER AJKT	1	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	SP	HUMIRA-PED<40KG CROHNS STARTER PSKT	1	SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	SP	HUMIRA-PED>=40KG CROHNS START PSKT	1	SP
ADALIMUMAB-FKJP (2 PEN) AJKT	2	SP	HUMIRA-PED>=40KG UC STARTER AJKT	1	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP	HUMIRA-PS/UV/ADOL HS STARTER AJKT	1	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP	HUMIRA-PSORIASIS/UEIT STARTER AJKT	1	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	SP	HYRIMOZ-CROHNS/UC STARTER SOAJ	2	SP
AMJEVITA-PED 10KG TO <15KG SOSY	2	SP	HYRIMOZ-PED<40KG CROHN STARTER SOSY	2	SP
AMJEVITA-PED 15KG TO <30KG SOSY	2	SP	HYRIMOZ-PED>=40KG CROHN START SOSY	2	SP
AMJEVITA SOAJ 40 MG/0.8ML	2	SP	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	2	SP
AMJEVITA SOSY	2	AL(At least 2 yrs old); SP	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	2	SP
CYLTEZO (2 PEN) AJKT	2	SP	HYRIMOZ SOAJ	2	SP
CYLTEZO (2 SYRINGE) PSKT	2	SP	HYRIMOZ SOSY	2	SP
CYLTEZO-CD/UC/HS STARTER AJKT	2	SP	IDACIO (2 PEN) AJKT	2	SP
CYLTEZO-PSORIASIS/UV STARTER AJKT	2	SP	IDACIO (2 SYRINGE) PSKT	2	SP
HADLIMA PUSHTOUCH SOAJ	2	SP	IDACIO-CROHNS/UC STARTER AJKT	2	SP
HADLIMA SOSY	2	SP	IDACIO-PSORIASIS STARTER AJKT	2	SP
HULIO (2 PEN) AJKT	2	SP	SIMLANDI (1 PEN) AJKT	2	SP
			SIMLANDI (1 SYRINGE) PSKT	2	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI (2 PEN) AJKT	2	SP	CELEBREX 400 MG (celecoxib)	2	QL(1 EA daily)
SIMLANDI (2 SYRINGE) PSKT	2	SP	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	2	QL(2 EA daily)
SIMPONI ARIA SOLN	2	SP	celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 EA daily)
SIMPONI SOAJ	2	SP	celecoxib 400 MG	1	QL(1 EA daily)
SIMPONI SOSY	2	SP	CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)	1	RX/OTC
YUFLYMA (1 PEN) AJKT	2	SP	CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)	1	RX/OTC
YUFLYMA (2 PEN) AJKT	2	SP	DAYPRO TABS (oxaprozin)	2	
YUFLYMA (2 SYRINGE) PSKT	2	SP	diclofenac potassium CAPS	2	
YUFLYMA-CD/UC/HS STARTER AJKT	2	SP	diclofenac potassium TABS	2	
YUSIMRY	2	SP	diclofenac sodium TB24	2	
Interleukin-6 Receptor Inhibitors			diclofenac sodium TBEC	1	
ACTEMRA ACTPEN SOAJ	2	SP	diclofenac w/ misoprostol TBEC	2	
ACTEMRA SOSY	2	SP	DUEXIS (ibuprofen-famotidine)	2	
KEVZARA SOAJ	2	SP	EC-NAPROSYN TBEC (naproxen)	2	
KEVZARA SOSY	2	SP	etodolac CAPS	2	
TYENNE SOAJ	2	SP	etodolac TABS	2	
TYENNE SOSY	2	SP	etodolac TB24	2	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			FELDENE CAPS (piroxicam)	2	
ADVIL DUAL ACTION TABS (ibuprofen-acetaminophen)	2		fenoprofen calcium CAPS 400 MG	2	
ADVIL MIGRAINE CAPS (ibuprofen)	1		fenoprofen calcium TABS	2	
ADVIL CAPS (ibuprofen)	1		flurbiprofen TABS 100 MG	2	
ADVIL TABS (ibuprofen)	1		ibuprofen-acetaminophen TABS	2	
ALEVE CAPS (naproxen sodium)	1		ibuprofen CAPS	1	
ALEVE TABS (naproxen sodium)	1		ibuprofen CHEW	1	
ANAPROX DS TABS (naproxen sodium)	2		ibuprofen-famotidine	2	
ARTHROTEC TBEC (diclofenac w/ misoprostol)	2		ibuprofen SUSP	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen TABS</i>	1		<i>naproxen sodium TABS 220 MG</i>	1	
INDOCIN SUSP (<i>indomethacin</i>)	2		<i>naproxen sodium TB24</i>	2	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		<i>naproxen-esomeprazole magnesium</i>	2	
<i>indomethacin CPCR</i>	2		<i>naproxen SUSP</i>	2	
<i>indomethacin SUSP</i>	2		<i>naproxen TABS</i>	1	
INFANTS ADVIL SUSP (<i>ibuprofen</i>)	1		<i>naproxen TBEC</i>	2	
<i>ketoprofen CAPS 25 MG, 50 MG</i>	2		<i>oxaprozin TABS</i>	2	
<i>ketoprofen CP24</i>	2		<i>piroxicam CAPS</i>	2	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	2	QL(5 EA per fill retail)	RELAFEN DS	2	
<i>ketorolac tromethamine TABS</i>	1	QL(21 EA per fill retail)	SPRIX SOLN NA	2	QL(5 EA per fill retail)
LODINE TABS (<i>etodolac</i>)	2		<i>sulindac TABS</i>	1	
<i>meclofenamate sodium CAPS</i>	2		TOLECTIN 600 TABS	2	
<i>mefenamic acid CAPS</i>	2		<i>tolmetin sodium CAPS</i>	2	
<i>meloxicam CAPS</i>	2		<i>tolmetin sodium TABS 600 MG</i>	2	
<i>meloxicam TABS</i>	1		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	2	
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	1		ZIPSOR CAPS (<i>diclofenac potassium</i>)	2	
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	1		ZORVOLEX CAPS 18 MG	2	
<i>nabumetone</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors		
NALFON CAPS (<i>fenoprofen calcium</i>)	2		OTEZLA TABS	2	SP
NALFON TABS 600 MG	2		OTEZLA TBPk	2	SP
NAPRELAN TB24 (<i>naproxen sodium</i>)	2		Pyrimidine Synthesis Inhibitors		
NAPROSYN SUSP (<i>naproxen</i>)	2		ARAVA (<i>leflunomide</i>)	3	QL(1 EA daily)
NAPROSYN TABS 500 MG (<i>naproxen</i>)	1		<i>leflunomide</i>	3	QL(1 EA daily)
<i>naproxen sodium CAPS</i>	1		Selective Costimulation Modulators		
<i>naproxen sodium TABS 275 MG, 550 MG</i>	2		ORENCIA CLICKJECT SOAJ	2	SP
			ORENCIA SOSY	2	SP
			Soluble Tumor Necrosis Factor Receptor Agents		
			ENBREL MINI SOCT	1	SP
			ENBREL SURECLICK SOAJ	1	SP

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOLN	1	SP
ENBREL SOSY	1	SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)
<i>butalbital-aspirin-caffeine CAPS</i>	3	QL(4 EA daily); AL(Up to 64 yrs old)
<i>ESGIC TABS (butalbital-acetaminophen-caffeine)</i>	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	3	
<i>acetaminophen CHEW 80 MG</i>	3	
<i>acetaminophen LIQD 160 MG/5ML</i>	3	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	3	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	3	
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	3	
<i>acetaminophen TABS 325 MG, 500 MG</i>	3	
<i>acetaminophen TBCR</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen TBDP 160 MG</i>	3	
FEVERALL JUNIOR STRENGTH SUPP	3	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	3	
TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	3	
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	3	
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	3	
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	3	
TYLENOL FOR CHILDREN + ADULTS SUSP (<i>acetaminophen</i>)	3	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	3	
TYLENOL TABS (<i>acetaminophen</i>)	3	
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	3	AL(At least 40 yrs old - Up to 79 yrs old)
<i>aspirin CHEW</i>	3	QL(1 EA daily); MP
ASPIRIN SUPP 300 MG	3	
<i>aspirin TABS 325 MG</i>	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 81 MG</i>	3	QL(1 EA daily); MP
<i>aspirin TBEC 325 MG</i>	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)
BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	3	AL(At least 40 yrs old - Up to 79 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diflunisal TABS</i>	2		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(10 EA per fill retail)
DOLOBID TABS	2		FENTORA TABS (<i>fentanyl citrate</i>)	2	QL(4 EA daily); AL(At least 18 yrs old)
ECOTRIN ARTHRTIS PAIN TBEC (<i>aspirin</i>)	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>hydrocodone bitartrate CP12</i>	2	
ECOTRIN TBEC (<i>aspirin</i>)	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>hydrocodone bitartrate T24A</i>	2	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl LIQD</i>	1	QL(4 ML daily)
Opioid Agonists			HYDROMORPHONE HCL SUPP	2	
ACTIQ LPOP (<i>fentanyl citrate</i>)	2	QL(4 EA daily); AL(At least 18 yrs old)	<i>hydromorphone hcl TABS 8 MG</i>	1	QL(67 EA per 30 day(s) retail; 67 EA per 30 days mail)
<i>codeine sulfate TABS 30 MG</i>	1	QL(6 EA daily); AL(At least 12 yrs old)	<i>hydromorphone hcl TABS 4 MG</i>	1	QL(135 EA per 30 day(s) retail; 135 EA per 30 days mail)
CODEINE SULFATE TABS	1	QL(6 EA daily); AL(At least 12 yrs old)	<i>hydromorphone hcl TABS 2 MG</i>	1	QL(6 EA daily)
CONZIP CP24 (<i>tramadol hcl</i>)	2	AL(At least 12 yrs old)	<i>hydromorphone hcl TB24</i>	2	
DILAUDID LIQD (<i>hydromorphone hcl</i>)	2	QL(4 ML daily)	HYSINGLA ER T24A	2	
DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	2	QL(67 EA per 30 day(s) retail; 67 EA per 30 days mail)	<i>levorphanol tartrate TABS</i>	2	
DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	2	QL(135 EA per 30 day(s) retail; 135 EA per 30 days mail)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2	QL(8 ML daily)
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	2	QL(6 EA daily)	<i>meperidine hcl TABS 50 MG</i>	2	QL(4 EA daily)
<i>fentanyl citrate LPOP</i>	2	QL(4 EA daily); AL(At least 18 yrs old)	<i>methadone hcl CONC</i>	2	
<i>fentanyl citrate TABS</i>	2	QL(4 EA daily); AL(At least 18 yrs old)	<i>methadone hcl SOLN PO</i>	2	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	2	QL(10 EA per fill retail)	<i>methadone hcl TABS</i>	2	
			<i>methadone hcl TBSO</i>	2	
			METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	2	
			METHADOSE CONC (<i>methadone hcl</i>)	2	
			<i>morphine sulfate beads</i>	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	2		<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG</i>	1	QL(3 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(8 ML daily)	<i>oxycodone hcl TABS 20 MG</i>	2	QL(3 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(4 ML daily)	<i>oxycodone hcl TABS 30 MG</i>	2	QL(2 EA daily)
<i>morphine sulfate SUPP</i>	1		OXYCONTIN T12A 80 MG	1	Limit: 22 tablets per 30 days; QL(0.74 EA daily)
<i>morphine sulfate TABS 15 MG</i>	1	QL(6 EA daily)	OXYCONTIN T12A 20 MG	1	QL(3 EA daily)
<i>morphine sulfate TABS 30 MG</i>	1	QL(3 EA daily)	OXYCONTIN T12A 10 MG	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1		OXYCONTIN T12A 15 MG	1	QL(4 EA daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	2		OXYCONTIN T12A 30 MG	1	QL(2 EA daily)
NUCYNTA ER TB12	2		OXYCONTIN T12A 40 MG	1	Limit: 45 tablets per 30 days; QL(1.5 EA daily)
NUCYNTA TABS	2		OXYCONTIN T12A 60 MG	1	QL(1 EA daily)
OXAYDO TABS	2	QL(3 EA daily)	<i>oxymorphone hcl TABS 5 MG</i>	2	QL(4 EA daily)
<i>oxycodone hcl CAPS</i>	2	QL(3 EA daily)	<i>oxymorphone hcl TABS 10 MG</i>	2	QL(3 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	2	QL(3 ML daily)	<i>oxymorphone hcl TB12</i>	2	
<i>oxycodone hcl SOLN</i>	1	QL(8 ML daily)	QDOLO SOLN (<i>tramadol hcl</i>)	2	QL(80 ML daily); AL(At least 12 yrs old)
<i>oxycodone hcl T12A 40 MG</i>	1	Limit: 45 tablets per 30 days; QL(1.5 EA daily)	ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	2	QL(3 EA daily)
<i>oxycodone hcl T12A 80 MG</i>	1	Limit: 22 tablets per 30 days; QL(0.74 EA daily)	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	2	QL(2 EA daily)
<i>oxycodone hcl T12A 10 MG</i>	1	QL(6 EA daily)	ROXYBOND TABA 5 MG, 10 MG	2	QL(3 EA daily)
<i>oxycodone hcl T12A 20 MG</i>	1	QL(3 EA daily)	ROXYBOND TABA 30 MG	2	QL(60 EA per 30 day(s) retail)
OXYCODONE HCL TABA 5 MG, 10 MG	2	QL(3 EA daily)	ROXYBOND TABA 15 MG	2	QL(90 EA per 30 day(s) retail)
OXYCODONE HCL TABA 30 MG	2	QL(60 EA per 30 day(s) retail)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	AL(At least 12 yrs old)
OXYCODONE HCL TABA 15 MG	2	QL(90 EA per 30 day(s) retail)	<i>tramadol hcl SOLN</i>	2	QL(80 ML daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	2	QL(80 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>tramadol hcl TABS 50 MG, 100 MG</i>	1	AL(At least 12 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	2	
<i>tramadol hcl TB24</i>	1	AL(At least 12 yrs old)	NALOCET TABS	2	
XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	2	QL(2 EA daily)	<i>oxycodone w/ acetaminophen SOLN</i>	1	
XTAMPZA ER 36 MG	2	QL(1.5 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
Opioid Combinations			OXYCODONE-ACETAMINOPHEN SOLN	2	
<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 12 yrs old)	OXYCODONE-ACETAMINOPHEN TABS	2	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 12 yrs old)	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	2	
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	2	AL(At least 12 yrs old)	PROLATE SOLN	2	
APADAZ	2		PROLATE TABS	2	
BENZHYDROCODONE-ACETAMINOPHEN	2		SEGLENTIS	2	QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	AL(At least 12 yrs old)	<i>tramadol-acetaminophen</i>	1	AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	2	AL(At least 12 yrs old)	Opioid Partial Agonists		
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	2	AL(At least 12 yrs old)	BELBUCA FILM	2	QL(2 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		BRIXADI (WEEKLY) SOSY	CO	SP
			BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	CO	SP
			<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	CO	

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine PTWK</i>	2	Limit: 6 patches per 28 days; QL(0.215 EA daily)
<i>butorphanol tartrate NA 10 MG/ML</i>	2	QL(15 ML per 30 day(s) retail)
BUTRANS PTWK (<i>buprenorphine</i>)	1	Limit: 6 patches per 28 days; QL(0.215 EA daily)
<i>pentazocine w/ naloxone hcl</i>	2	
ZUBSOLV SUBL	CO	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	2	PA
<i>danazol CAPS</i>	3	
FORTESTA GEL TD (<i>testosterone</i>)	2	
NATESTO GEL NA	2	
TESTIM GEL TD (<i>testosterone</i>)	2	
<i>testosterone cypionate SOLN IM</i>	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	3	
<i>testosterone GEL TD 1.62 %, 1.62 %</i>	1	PA
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	2	
<i>testosterone SOLN</i>	2	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
VOGELXO GEL TD (<i>testosterone</i>)	2	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Steroids		
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	3	
<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	3	
<i>hydrocortisone (rectal) EX 1 %</i>	2	RX/OTC
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	3	
<i>alum & mag hydrox-simethicone LIQD</i>	3	
<i>alum & mag hydrox-simethicone SUSP</i>	3	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	3	
HYVEE ADVANCED ANTACID SUSP (<i>alum & mag hydrox-simethicone</i>)	3	
SM FOAMING ANTACID	4	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	3	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	3	
SODIUM BICARBONATE POWD	4	RX/OTC
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	3	
<i>calcium carbonate (antacid) SUSP</i>	3	MP
CALCIUM CARBONATE ANTACID SUSP	3	MP
TUMS CHEWY BITES ULTRA STR CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS CHEWY BITES CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS E-X 750 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS EXTRA STRENGTH 750 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS EXTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS SMOOTHIES CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS ULTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS CHEW (<i>calcium carbonate (antacid)</i>)	3	
Antacids - Magnesium Salts		

Drug Name	Drug Tier	Requirements/ Limits
MAG 440 TABS 440 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>magnesium oxide TABS 420 MG</i>	3	MP
<i>magnesium oxide TABS 400 MG</i>	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	4	
BENZNIDAZOLE	3	PA
<i>ivermectin</i>	3	QL(10 EA per 30 day(s) retail)
STROMEKTOL (<i>ivermectin</i>)	3	QL(10 EA per 30 day(s) retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	3	QL(2 EA daily); AL(At least 18 yrs old); PA
<i>ranolazine TB12</i>	3	QL(2 EA daily); MP; PA
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	3	MP
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	3	MP
<i>isosorbide mononitrate TABS</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits
ISOSORBIDE MONONITRATE TABS	3	MP
<i>isosorbide mononitrate TB24</i>	3	QL(2 EA daily); MP
NITRO-BID OINT	3	MP
NITRO-DUR PT24 (<i>nitroglycerin</i>)	3	QL(1 EA daily); MP
<i>nitroglycerin PT24</i>	3	QL(1 EA daily); MP
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	3	
<i>nitroglycerin SUBL</i>	3	MP
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	3	
NITROSTAT SUBL (<i>nitroglycerin</i>)	3	MP
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	2	
Benzodiazepines		
LOREEV XR CS24	CO	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	3	AL(Up to 64 yrs old); MP
NORPACE CAPS (<i>disopyramide phosphate</i>)	3	AL(Up to 64 yrs old); MP
<i>quinidine sulfate TABS</i>	3	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	3	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl TABS</i>	3	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG, 400 MG</i>	3	MP
<i>amiodarone hcl TABS 100 MG</i>	3	QL(1 EA daily); MP
<i>dofetilide</i>	1	SP
TIKOSYN (<i>dofetilide</i>)	2	SP
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	1	AL(At least 6 yrs old); SP; PA
NUCALA SOAJ	2	AL(At least 6 yrs old); SP; MP
NUCALA SOLR	2	AL(At least 6 yrs old); SP
NUCALA SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
NUCALA SOSY 40 MG/0.4ML	2	AL(Up to 11 yrs old); SP; MP
TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
XOLAIR SOAJ	1	AL(At least 6 yrs old); SP; PA
XOLAIR SOSY	1	AL(At least 6 yrs old); SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA	1	QL(0.9 GM daily); MP
INCRUSE ELLIPTA	1	QL(90 EA per 90 day(s) retail); MP
INCRUSE ELLIPTA	1	QL(21 EA per 90 day(s) retail); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide</i> SOLN 0.02 %	1	MP
LONHALA MAGNAIR REFILL KIT SOLN	2	MP
LONHALA MAGNAIR STARTER KIT SOLN	2	MP
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	1	QL(1 EA daily); MP
SPIRIVA RESPIMAT AERS	1	QL(0.16 GM daily); MP
<i>tiotropium bromide monohydrate</i> CAPS	2	QL(1 EA daily); MP
TUDORZA PRESSAIR	2	MP
YUPELRI	2	MP
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	2	MP
<i>montelukast sodium</i> CHEW 5 MG	1	AL(Up to 14 yrs old); MP
<i>montelukast sodium</i> CHEW 4 MG	1	AL(Up to 5 yrs old); MP
<i>montelukast sodium</i> PACK	2	AL(Up to 5 yrs old); MP
<i>montelukast sodium</i> TABS	1	MP
SINGULAIR CHEW 4 MG (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP
SINGULAIR CHEW 5 MG (<i>montelukast sodium</i>)	2	AL(Up to 14 yrs old); MP
SINGULAIR PACK (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP
SINGULAIR TABS (<i>montelukast sodium</i>)	2	MP
<i>zafirlukast</i>	2	MP
<i>zileuton</i> TB12	2	MP
ZYFLO TABS	2	MP
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
OHTUVAYRE	3	QL(5 ML daily); AL(At least 18 yrs old); SP; PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	NF	MP; PA
<i>roflumilast</i>	1	MP; PA
Steroid Inhalants		
ALVESCO	1	MP
ARMONAIR DIGIHALER	2	MP
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	1	MP
ARNUITY ELLIPTA 50 MCG/ACT	1	AL(Up to 11 yrs old); MP
ASMANEX (120 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX (14 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	1	QL(1 EA per 30 day(s) retail); AL(Up to 11 yrs old); MP
ASMANEX (60 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	QL(0.55 GM daily); MP
ASMANEX HFA AERO 50 MCG/ACT	2	QL(0.55 GM daily); AL(Up to 12 yrs old); MP
<i>budesonide (inhalation)</i> SUSP	1	QL(4 ML daily); AL(Up to 8 yrs old); MP
FLOVENT DISKUS AEPB (<i>fluticasone propionate (inhalation)</i>)	2	MP
FLOVENT DISKUS AEPB	2	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.45 GM daily); MP	AIRSUPRA	2	QL(0.72 GM daily); MP
FLOVENT HFA 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.9 GM daily); MP	<i>albuterol sulfate AERS</i>	2	QL(0.5 GM daily); MP
FLOVENT HFA 110 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.5 GM daily); MP	<i>albuterol sulfate AERS</i>	2	QL(0.6 GM daily); MP
<i>fluticasone propionate (inhalation) AEPB</i>	2	MP	<i>albuterol sulfate AERS</i>	2	QL(1.3 GM daily); MP
<i>fluticasone propionate hfa 220 MCG/ACT</i>	1	QL(0.9 GM daily); MP	<i>albuterol sulfate NEBU</i>	1	MP
<i>fluticasone propionate hfa 110 MCG/ACT</i>	1	QL(0.5 GM daily); MP	ALBUTEROL SULFATE NEBU	1	MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(0.45 GM daily); MP	ANORO ELLIPTA	1	QL(42 EA per 90 day(s) retail)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	1	QL(0.04 EA daily); MP	ANORO ELLIPTA	1	QL(180 EA per 90 day(s) retail)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	1	QL(0.07 EA daily); MP	<i>arformoterol tartrate</i>	2	MP
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	2	QL(4 ML daily); AL(Up to 8 yrs old); MP	BEVESPI AEROSPHERE	1	QL(32.1 GM per 90 day(s) retail); MP
QVAR REDHALER	1	MP	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL(2.5 EA daily); MP
Sympathomimetics			BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 EA per 90 day(s) retail); AL(Up to 11 yrs old); MP
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	1	QL(2.5 EA daily); MP	BREZTRI AEROSPHERE	2	QL(32.1 GM per 90 day(s) retail); MP
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	1	QL(0.5 GM daily); MP	BREZTRI AEROSPHERE	2	QL(17.7 GM per 90 day(s) retail); MP
AIRDUO DIGIHALER	2	QL(0.04 EA daily); MP	BROVANA (<i>arformoterol tartrate</i>)	2	MP
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 EA daily); MP	<i>budesonide-formoterol fumarate dihydrate</i>	2	QL(0.7 GM daily); MP
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 EA daily); MP	COMBIVENT RESPIMAT AERS	1	QL(20 GM per 90 day(s) retail); MP
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 EA daily); MP	DUAKLIR PRESSAIR	2	MP
			DULERA 50 MCG/ACT-5 MCG/ACT	1	QL(0.9 GM daily); AL(Up to 11 yrs old); MP
			DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	QL(0.9 GM daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone furoate-vilanterol</i>	2	QL(2.5 EA daily); MP
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	2	QL(0.04 EA daily); MP
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	2	QL(2.5 EA daily); MP
<i>fluticasone-salmeterol</i> AERO	2	QL(0.5 GM daily); MP
<i>formoterol fumarate</i> NEBU	2	MP
<i>ipratropium-albuterol</i> SOLN	1	MP
<i>levalbuterol hcl</i>	2	MP
<i>levalbuterol tartrate</i>	2	QL(1 GM daily); MP
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	2	MP
PROAIR DIGIHALER	2	QL(0.04 EA daily); MP
PROAIR RESPICLICK AEPB	2	QL(0.04 EA daily); MP
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.5 GM daily); MP
SEREVENT DISKUS	1	QL(2.5 EA daily); MP
STIOLTO RESPIMAT	1	QL(12 GM per 90 day(s) retail); MP
STRIVERDI RESPIMAT	2	MP
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.7 GM daily); MP
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.5 GM daily); MP

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.45 GM daily); MP
<i>terbutaline sulfate</i> TABS	3	MP
TRELEGY ELLIPTA	1	QL(180 EA per 90 day(s) retail); MP
TRELEGY ELLIPTA	1	QL(84 EA per 90 day(s) retail); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.55 GM daily); MP
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(1.3 GM daily); MP
XOPENEX HFA (<i>levalbuterol tartrate</i>)	1	QL(1 GM daily); MP
Xanthines		
<i>theophylline</i> ELIX	3	
<i>theophylline</i> SOLN	3	MP
<i>theophylline</i> TB12 300 MG, 450 MG	3	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	1	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS 2.5 MG	1	QL(2 EA daily); MP
ELIQUIS TABS 5 MG	1	QL(218 EA per 102 day(s) retail); MP
<i>rivaroxaban</i> TABS 2.5 MG	2	QL(2 EA daily); MP
SAVAYSA	2	MP
XARELTO STARTER PACK TBPK	1	QL(51 EA per 30 day(s) retail)
XARELTO SUSR	1	QL(20 ML daily); MP

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 20 MG	1	QL(42 EA per 34 day(s) retail); MP
XARELTO TABS 15 MG	1	QL(102 EA per 102 day(s) retail); MP
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	1	QL(2 EA daily); MP
XARELTO TABS 10 MG	1	QL(1 EA daily); MP
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	2	SP; MP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	SP; MP
<i>enoxaparin sodium SOSY</i>	1	SP; MP
<i>fondaparinux sodium</i>	2	SP; MP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	2	SP; MP
FRAGMIN SOSY	2	SP; MP
<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	4	MP
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML</i>	3	MP
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	2	SP; MP
LOVENOX SOSY (<i>enoxaparin sodium</i>)	2	SP; MP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	2	QL(2 EA daily); MP
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	2	QL(4 EA daily); MP
PRADAXA CAPS 75 MG, 150 MG (<i>dabigatran etexilate mesylate</i>)	1	QL(2 EA daily); MP
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	1	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
PRADAXA PACK	2	AL(Up to 11 yrs old); MP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
LIBERVANT FILM	CO	
Anticonvulsants - Misc.		
<i>carbamazepine CHEW</i>	CO	
GABARONE TABS 100 MG, 400 MG	CO	
LEVETIRACETAM IN NACL	CO	
MOTPOLY XR CP24	CO	
<i>primidone</i>	CO	
<i>topiramate CPSP</i>	CO	
ZONISADE SUSP	CO	
ZTALMY	CO	SP
Carbamates		
XCOPRI TABS	CO	SP
GABA Modulators		
VIGAFYDE SOLN	CO	SP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Antidepressant Combinations		
AUVELITY	CO	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	CO	
ZURZUVAE	CO	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM	CO	
HYDROBROMIDE CAPS		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
VENLAFAXINE BESYLATE ER	CO	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acarbose</i>	1	MP	<i>pioglitazone hcl-metformin hcl TABS</i>	2	MP
<i>miglitol</i>	1	MP	QTERN	2	MP
Antidiabetic - Amylin Analogs			<i>saxagliptin-metformin hcl</i>	2	MP
SYMLINPEN 120 SOPN	1	MP	SEGLUROMET	2	MP
SYMLINPEN 60 SOPN	1	MP	SITAGLIPTIN BASE-METFORMIN HCL TABS	2	
Antidiabetic Combinations			SOLIQUA	2	QL(0.6 ML daily); MP
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	2	MP	STEGLUJAN	2	MP
<i>alogliptin-metformin hcl</i>	2	MP	SYNJARDY XR TB24	1	MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG</i>	2	MP	SYNJARDY TABS	1	MP
<i>dapagliflozin propanediol-metformin hcl</i>	2	MP	TRIJARDY XR	2	MP
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	2	MP	XIGDUO XR	1	MP
<i>glipizide-metformin hcl</i>	2	MP	XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	1	MP
<i>glyburide-metformin</i>	1	MP	XULTOPHY	2	QL(0.5 ML daily); MP
GLYXAMBI	2	MP	ZITUVIMET XR TB24	2	
INVOKAMET XR TB24	2	MP	ZITUVIMET TABS	2	
INVOKAMET TABS	2	MP	Biguanides		
JANUMET XR TB24	1	MP	GLUMETZA TB24 (<i>metformin hcl</i>)	2	MP
JANUMET TABS	1	QL(2 EA daily); MP	<i>metformin hcl SOLN</i>	2	MP
JENTADUETO XR TB24	2	MP	<i>metformin hcl TABS 625 MG, 750 MG</i>	2	MP
JENTADUETO TABS	1	MP	<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
KAZANO (<i>alogliptin-metformin hcl</i>)	2	MP	<i>metformin hcl TB24 500 MG, 1000 MG</i>	2	MP
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	2	MP	<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	2	MP	RIOMET SOLN (<i>metformin hcl</i>)	2	MP
<i>pioglitazone hcl-glimepiride</i>	2	MP	Diabetic Other		
			BAQSIMI ONE PACK POWD	1	QL(0.067 EA daily); MP
			BAQSIMI TWO PACK POWD	1	QL(0.067 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazoxide</i>	2	MP	ONGLYZA (<i>saxagliptin hcl</i>)	2	MP
GLUCAGEN HYPOKIT	1	MP	<i>saxagliptin hcl</i>	2	MP
<i>glucagon (rdna)</i>	2	MP	SITAGLIPTIN	2	MP
GLUCAGON EMERGENCY	2	MP	TRADJENTA	1	MP
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>)	2	MP	ZITUVIO	2	MP
GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ML per 30 day(s) retail; 1 ML per 90 days mail)	Incretin Mimetic Agents		
GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ML per 30 day(s) retail; 1 ML per 90 days mail)	BYDUREON BCISE AUIJ	2	QL(0.122 ML daily); MP
GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	1	QL(0.4 ML per 30 day(s) retail; 1 ML per 90 days mail)	BYETTA 10 MCG PEN SOPN	1	QL(0.08 ML daily); MP
GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	1	QL(0.2 ML per 30 day(s) retail; 1 ML per 90 days mail)	BYETTA 5 MCG PEN SOPN	1	QL(0.04 ML daily); MP
GVOKE KIT SOLN	2	QL(0.4 ML per 30 day(s) retail)	<i>liraglutide</i>	2	QL(0.2 ML daily); MP
GVOKE PFS SOSY 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail; 1 ML per 90 days mail)	MOUNJARO	2	QL(0.072 ML daily)
GVOKE PFS SOSY 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail; 1 ML per 90 days mail)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1	QL(0.11 ML daily); MP
PROGLYCEM (<i>diazoxide</i>)	1	MP	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	1	QL(0.11 ML daily); MP
ZEGALOGUE SOAJ	1		OZEMPIC (2 MG/DOSE) SOPN	1	QL(0.11 ML daily); MP
ZEGALOGUE SOSY	1		RYBELSUS TABS	2	QL(1 EA daily); MP
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			TRULICITY	1	QL(0.072 ML daily); MP
<i>alogliptin benzoate</i>	2	MP	VICTOZA (<i>liraglutide</i>)	1	QL(0.3 ML daily); MP
JANUVIA	1	QL(2 EA daily); MP	VICTOZA (<i>liraglutide</i>)	1	QL(0.2 ML daily); MP
NESINA (<i>alogliptin benzoate</i>)	2	MP	Insulin		
			ADMELOG SOLOSTAR SOPN	2	QL(3 ML daily); MP
			ADMELOG SOLN IJ	2	QL(3 ML daily); MP
			AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	2	QL(6 EA daily); MP
			APIDRA SOLOSTAR SOPN	1	QL(3 ML daily); MP
			APIDRA SOLN	1	QL(3 ML daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BASAGLAR KWIKPEN SOPN	2	QL(3 ML daily); MP	INSULIN ASP PROT & ASP FLEXPEN SUPN	1	QL(90 ML per fill retail); MP
FIASP FLEXTOUCH SOPN	2	QL(3 ML daily); MP	INSULIN ASPART FLEXPEN SOPN	1	QL(90 ML per fill retail); MP
FIASP PENFILL SOCT	2	QL(3 ML daily); MP	INSULIN ASPART PENFILL SOCT	2	QL(3 ML daily); MP
FIASP PUMPCART SOCT	2	QL(3 ML daily); MP	INSULIN ASPART PROT & ASPART SUSP	1	QL(3 ML daily)
FIASP SOLN	2	QL(3 ML daily); MP	INSULIN ASPART SOLN IJ	1	QL(90 ML per fill retail); MP
HUMALOG JUNIOR KWIKPEN SOPN	1	QL(3 ML daily); MP	INSULIN DEGLUDEC FLEXTOUCH SOPN	2	QL(3 ML daily); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(3 ML daily); MP	INSULIN DEGLUDEC SOLN	2	QL(3 ML daily); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(3 ML daily); MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	2	QL(3 ML daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(3 ML daily); MP	INSULIN GLARGINE SOLOSTAR SOPN	2	QL(3 ML daily); MP
HUMALOG MIX 50/50 SUSP	1	QL(3 ML daily); MP	INSULIN GLARGINE SOLN	2	QL(3 ML daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(3 ML daily); MP	INSULIN GLARGINE-YFGN SOLN	2	QL(3 ML daily); MP
HUMALOG MIX 75/25 SUSP	1	QL(3 ML daily); MP	INSULIN GLARGINE-YFGN SOPN	2	QL(3 ML daily); MP
HUMALOG TEMPO PEN SOPN	1	QL(3 ML daily); MP	INSULIN LISPRO (1 UNIT DIAL) SOPN	1	QL(3 ML daily); MP
HUMALOG SOCT	1	QL(3 ML daily); MP	INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(3 ML daily); MP
HUMALOG SOLN IJ	1	QL(3 ML daily); MP	INSULIN LISPRO PROT & LISPRO SUPN	2	QL(3 ML daily); MP
HUMULIN 70/30 KWIKPEN SUPN	1	QL(3 ML daily); MP	INSULIN LISPRO SOLN IJ	1	QL(3 ML daily); MP
HUMULIN 70/30 SUSP	1	QL(3 ML daily); MP	LANTUS SOLOSTAR SOPN	1	QL(3 ML daily); MP
HUMULIN N KWIKPEN SUPN	2	QL(3 ML daily); MP	LANTUS SOLN	1	QL(3 ML daily); MP
HUMULIN N SUSP	1	QL(3 ML daily); MP	LEVEMIR FLEXPEN SOPN	1	QL(3 ML daily); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(3 ML daily); MP	LEVEMIR SOLN	1	QL(3 ML daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(3 ML daily); MP	LYUMJEV KWIKPEN SOPN	2	QL(3 ML daily); MP
HUMULIN R SOLN IJ	1	QL(3 ML daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV TEMPO PEN SOPN	2	QL(3 ML daily); MP	NOVOLOG RELION SOLN IJ	2	QL(90 ML per fill retail); MP
LYUMJEV SOLN	2	QL(3 ML daily); MP	NOVOLOG SOLN IJ	2	QL(90 ML per fill retail); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(3 ML daily); MP	REZVOGLAR KWIKPEN	2	QL(90 ML per fill retail); MP
NOVOLIN 70/30 FLEXPEN SUPN	2	QL(3 ML daily); MP	SEMGLEE (YFGN) SOLN	2	QL(3 ML daily); MP
NOVOLIN 70/30 RELION SUSP	2	QL(3 ML daily); MP	SEMGLEE (YFGN) SOPN	2	QL(3 ML daily); MP
NOVOLIN 70/30 SUSP	2	QL(3 ML daily); MP	SEMGLEE SOLN	2	QL(3 ML daily); MP
NOVOLIN N FLEXPEN RELION SUPN	1	QL(3 ML daily); MP	SEMGLEE SOPN	2	QL(3 ML daily); MP
NOVOLIN N FLEXPEN SUPN	1	QL(3 ML daily); MP	TOUJEO MAX SOLOSTAR SOPN	2	QL(3 ML daily); MP
NOVOLIN N RELION SUSP	1	QL(3 ML daily); MP	TOUJEO SOLOSTAR SOPN	2	QL(3 ML daily); MP
NOVOLIN N SUSP	1	QL(3 ML daily); MP	TRESIBA FLEXTOUCH SOPN	2	QL(3 ML daily); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(3 ML daily); MP	TRESIBA SOLN	2	QL(3 ML daily); MP
NOVOLIN R FLEXPEN SOPN IJ	1	QL(3 ML daily); MP	Insulin Sensitizing Agents		
NOVOLIN R RELION SOLN IJ	1	QL(3 ML daily); MP	ACTOS (<i>pioglitazone hcl</i>)	2	MP
NOVOLIN R SOLN IJ	1	QL(3 ML daily); MP	<i>pioglitazone hcl</i>	1	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(90 ML per fill retail); MP	Meglitinide Analogues		
NOVOLOG FLEXPEN RELION SOPN	2	QL(90 ML per fill retail); MP	<i>nateglinide</i>	1	MP
NOVOLOG FLEXPEN SOPN	2	QL(90 ML per fill retail); MP	<i>repaglinide</i>	1	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(90 ML per fill retail); MP	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ML daily); MP	<i>dapagliflozin propanediol</i>	2	MP
NOVOLOG MIX 70/30 SUSP	2	QL(3 ML daily); MP	FARXIGA (<i>dapagliflozin propanediol</i>)	1	MP
NOVOLOG PENFILL SOCT	1	QL(3 ML daily); MP	INVOKANA	2	MP
			JARDIANCE	1	MP
			STEGLATRO	2	MP
			Sulfonylureas		
			AMARYL (<i>glimepiride</i>)	2	MP
			<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP	CULTURELLE CAPS (<i>lactobacillus rhamnosus (gg)</i>)	NF	
<i>glipizide TB24</i>	1	MP	<i>lactobacillus rhamnosus (gg) CAPS</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GLUCOTROL XL TB24 (<i>glipizide</i>)	2	MP			
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP	PEPTO-BISMOL MAX STRENGTH SUSP (<i>bismuth subsalicylate</i>)	3	
<i>glyburide TABS</i>	1	MP	PEPTO-BISMOL TO-GO CHEW (<i>bismuth subsalicylate</i>)	3	
GLYNASE (<i>glyburide micronized</i>)	2	MP	PEPTO-BISMOL CHEW (<i>bismuth subsalicylate</i>)	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			PEPTO-BISMOL SUSP 262 MG/15ML (<i>bismuth subsalicylate</i>)	3	
Antidiarrheal/Probiotic Agents - Misc.			PEPTO-BISMOL TABS (<i>bismuth subsalicylate</i>)	3	
<i>bismuth subsalicylate CHEW 262 MG</i>	3		Antidiarrheal/Probiotic Combinations		
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	3		CULTURELLE HEALTH (INULIN) CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>bismuth subsalicylate TABS</i>	3		Antiperistaltic Agents		
CULTURELLE IMMUNITY SUPPORT CAPS (<i>lactobacillus rhamnosus (gg)</i>)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	<i>diphenoxylate w/ atropine LIQD</i>	1	
CULTURELLE PRO-WELL HEALTH CAPS (<i>lactobacillus rhamnosus (gg)</i>)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	<i>diphenoxylate w/ atropine TABS</i>	1	
CULTURELLE CAPS (<i>lactobacillus rhamnosus (gg)</i>)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	IMODIUM A-D CAPS (<i>loperamide hcl</i>)	1	RX/OTC
			IMODIUM A-D SOLN (<i>loperamide hcl</i>)	3	
			IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOMOTIL TABS (diphenoxylate w/ atropine)	NF		granisetron hcl TABS	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
loperamide hcl CAPS	1	RX/OTC	ondansetron hcl SOLN PO 4 MG/5ML	1	QL(75 ML per fill retail)
loperamide hcl SOLN 1 MG/7.5ML	3		ondansetron hcl TABS 4 MG, 8 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
loperamide hcl SUSP	3		ondansetron TBDP 16 MG	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
LOPERAMIDE HCL SUSP	3		ondansetron TBDP 4 MG, 8 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
loperamide hcl TABS	1		SANCUSO PTCH	2	Limit: 6 patches per 30 days; QL(0.2 EA daily); SP
ANTIDOTES AND SPECIFIC ANTAGONISTS			Antiemetics - Anticholinergic		
Antidotes - Chelating Agents			ANTIVERT CHEW (meclizine hcl)	3	RX/OTC
CHEMET	3		dimenhydrinate TABS	3	
Opioid Antagonists			DRAMAMINE TABS (dimenhydrinate)	3	
KLOXXADO LIQD	3	QL(6 EA per 90 day(s) retail)	meclizine hcl CHEW	3	RX/OTC
naloxone hcl LIQD	3	QL(6 EA per 90 day(s) retail); RX/OTC	meclizine hcl TABS 12.5 MG, 25 MG	3	RX/OTC
naloxone hcl SOCT	3	QL(6 ML per 90 day(s) retail)	trimethobenzamide hcl CAPS	4	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	3	QL(6 ML per 90 day(s) retail)	Antiemetics - Miscellaneous		
naloxone hcl SOSY 2 MG/2ML	3	QL(6 ML per 90 day(s) retail)	AKYNZEO	2	QL(1 EA per fill retail); SP
NARCAN LIQD (naloxone hcl)	3	QL(6 EA per 90 day(s) retail); RX/OTC	dronabinol CAPS	3	PA
OPVEE NA	3	QL(6 EA per 90 day(s) retail)	MARINOL CAPS (dronabinol)	3	PA
REXTOVY LIQD	3	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail)	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
ZIMHI SOSY	3	QL(3 ML per 90 day(s) retail)			
ANTIEMETICS - Drugs to Treat Nausea and Vomiting					
5-HT3 Receptor Antagonists					
ANZEMET TABS 50 MG	2	QL(10 EA per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS 80 MG</i>	1	QL(2 EA per fill retail); AL(At least 12 yrs old)	CRESEMBA CAPS	2	
<i>aprepitant CAPS 40 MG, 125 MG</i>	1	QL(1 EA per fill retail); AL(At least 12 yrs old)	DIFLUCAN SUSR (<i>fluconazole</i>)	2	
<i>aprepitant CAPS</i>	2	QL(3 EA per fill retail); AL(At least 12 yrs old)	DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	2	QL(2 EA per fill retail)
<i>aprepitant MISC</i>	2	QL(3 EA per fill retail); AL(At least 12 yrs old)	DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	2	
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	2	QL(2 EA per fill retail); AL(At least 12 yrs old)	<i>fluconazole SUSR</i>	1	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	2	QL(3 EA per fill retail); AL(At least 12 yrs old)	<i>fluconazole TABS 150 MG</i>	1	QL(2 EA per fill retail)
EMEND SUSR	2	AL(At least 12 yrs old)	<i>fluconazole TABS 50 MG, 100 MG, 200 MG</i>	1	
VARUBI (180 MG DOSE) TBPB	2	QL(2 EA per 7 day(s) retail)	<i>itraconazole CAPS</i>	2	QL(84 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>itraconazole SOLN</i>	2	QL(840 ML per fill retail)
Antifungal - Glucan Synthesis Inhibitors			<i>ketoconazole</i>	1	
BREXAFEMME	2	QL(4 EA per fill retail)	NOXAFIL PACK	2	AL(Up to 17 yrs old)
Antifungals			NOXAFIL SUSP (<i>posaconazole</i>)	2	
ANCOBON (<i>flucytosine</i>)	2		NOXAFIL TBEC (<i>posaconazole</i>)	2	
<i>flucytosine</i>	2		<i>posaconazole SUSP</i>	2	
<i>griseofulvin microsize SUSP</i>	1		<i>posaconazole TBEC</i>	2	
<i>griseofulvin microsize TABS</i>	2		SPORANOX CAPS (<i>itraconazole</i>)	2	QL(84 EA per fill retail)
<i>griseofulvin ultramicrosize</i>	2		SPORANOX SOLN (<i>itraconazole</i>)	2	QL(840 ML per fill retail)
<i>nystatin TABS</i>	1		TOLSURA CAPS	2	
<i>terbinafine hcl TABS</i>	1	QL(84 EA per fill retail)	VFEND SUSR (<i>voriconazole</i>)	2	
Imidazole-Related Antifungals			VFEND TABS (<i>voriconazole</i>)	2	
			VIVJOA	2	QL(18 EA per fill retail)
			<i>voriconazole SUSR</i>	2	
			<i>voriconazole TABS</i>	2	
			ANTI-HISTAMINES - Drugs to Treat Allergies		
			Antihistamines - Alkylamines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpheniramine maleate TABS</i>	3		ALLEGRA ALLERGY TABS (<i>fexofenadine hcl</i>)	1	
CHLOR-TRIMETON TABS (<i>chlorpheniramine maleate</i>)	3		<i>cetirizine hcl CAPS</i>	2	
Antihistamines - Ethanolamines			<i>cetirizine hcl CHEW</i>	2	
BENADRYL ALLERGY CHILDRENS LIQD (<i>diphenhydramine hcl</i>)	3		<i>cetirizine hcl SOLN PO</i>	1	RX/OTC
BENADRYL ALLERGY ULTRATABS TABS (<i>diphenhydramine hcl</i>)	3	AL(Up to 64 yrs old)	<i>cetirizine hcl SYRP PO</i>	1	RX/OTC
BENADRYL ALLERGY CAPS (<i>diphenhydramine hcl</i>)	3	AL(Up to 64 yrs old)	<i>cetirizine hcl TABS</i>	1	
BENADRYL ALLERGY TABS (<i>diphenhydramine hcl</i>)	3	AL(Up to 64 yrs old)	CLARINEX TABS (<i>desloratadine</i>)	2	
<i>carbinoxamine maleate SOLN</i>	3		CLARITIN ALLERGY CHILDRENS SOLN (<i>loratadine</i>)	1	QL(10 ML daily)
<i>carbinoxamine maleate TABS 4 MG</i>	3		CLARITIN CHILDRENS CHEW (<i>loratadine</i>)	1	
<i>clemastine fumarate TABS 1.34 MG</i>	3		CLARITIN CHEW (<i>loratadine</i>)	1	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	3		CLARITIN SOLN (<i>loratadine</i>)	1	QL(10 ML daily)
<i>diphenhydramine hcl CAPS</i>	3	AL(Up to 64 yrs old)	CLARITIN TABS (<i>loratadine</i>)	1	QL(1 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	3		<i>desloratadine TABS</i>	2	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	3		<i>desloratadine TBDP 2.5 MG</i>	2	AL(Up to 11 yrs old)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	3	AL(Up to 64 yrs old)	<i>desloratadine TBDP 5 MG</i>	2	
<i>diphenhydramine hcl TABS 25 MG</i>	3	AL(Up to 64 yrs old)	<i>fexofenadine hcl SUSP</i>	1	
Antihistamines - Non-Sedating			<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	1	
ALLEGRA ALLERGY CHILDRENS SUSP (<i>fexofenadine hcl</i>)	1		<i>levocetirizine dihydrochloride SOLN</i>	2	RX/OTC
			<i>levocetirizine dihydrochloride TABS</i>	1	RX/OTC
			<i>loratadine CHEW</i>	1	
			<i>loratadine SOLN</i>	1	QL(10 ML daily)
			<i>loratadine TABS</i>	1	QL(1 EA daily)
			XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	2	RX/OTC
			XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC ALLERGY CAPS (cetirizine hcl)	2		VYTORIN (ezetimibe-simvastatin)	2	QL(1 EA daily)
ZYRTEC ALLERGY TABS (cetirizine hcl)	1		Antihyperlipidemics - Misc.		
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (cetirizine hcl)	2		icosapent ethyl	2	
ZYRTEC CHILDRENS ALLERGY SOLN PO (cetirizine hcl)	2	RX/OTC	LOVAZA (omega-3-acid ethyl esters)	2	
ZYRTEC CHEW 10 MG (cetirizine hcl)	2		omega-3-acid ethyl esters	2	
Antihistamines - Phenothiazines			VASCEPA (icosapent ethyl)	2	
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	3	AL(At least 2 yrs old - Up to 64 yrs old)	Bile Acid Sequestrants		
promethazine hcl SUPP 12.5 MG, 25 MG	3	QL(4 EA daily); AL(At least 2 yrs old - Up to 64 yrs old)	cholestyramine light PACK	1	MP
promethazine hcl SUPP 50 MG	3	QL(2 EA daily); AL(At least 2 yrs old - Up to 64 yrs old)	cholestyramine light POWD	1	MP
promethazine hcl TABS	3	AL(At least 2 yrs old - Up to 64 yrs old)	cholestyramine PACK	1	MP
Antihistamines - Piperidines			cholestyramine POWD	1	MP
cyproheptadine hcl SYRP	3	AL(Up to 64 yrs old)	colesevelam hcl PACK	2	MP
cyproheptadine hcl TABS	3	AL(Up to 64 yrs old)	colesevelam hcl TABS	2	MP
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			COLESTID FLAVORED GRAN (colestipol hcl)	2	MP
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			COLESTID FLAVORED PACK (colestipol hcl)	2	MP
NEXLETOL	2	AL(At least 18 yrs old)	COLESTID GRAN (colestipol hcl)	2	MP
Antihyperlipidemics - Combinations			COLESTID PACK (colestipol hcl)	2	MP
ezetimibe-simvastatin	2	QL(1 EA daily)	COLESTID TABS (colestipol hcl)	2	MP
NEXLIZET	2	AL(At least 18 yrs old)	colestipol hcl GRAN	2	MP
			colestipol hcl PACK	2	MP
			colestipol hcl TABS	1	MP
			QUESTRAN LIGHT POWD (cholestyramine light)	2	MP
			QUESTRAN PACK (cholestyramine)	2	MP
			QUESTRAN POWD (cholestyramine)	2	MP
			WELCHOL PACK (colesevelam hcl)	2	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELCHOL TABS (colesevelam hcl)	2	MP	fluvastatin sodium TB24	2	QL(1 EA daily); MP
Fibric Acid Derivatives			LESCOL XL TB24 (fluvastatin sodium)	2	QL(1 EA daily); MP
ANTARA 90 MG (fenofibrate micronized)	2		LIPITOR TABS (atorvastatin calcium)	2	QL(1 EA daily); MP
choline fenofibrate	2		LIVALO (pitavastatin calcium)	2	QL(1 EA daily); MP
fenofibrate micronized 67 MG, 134 MG, 200 MG	1		lovastatin TABS	1	QL(1 EA daily); MP
fenofibrate micronized 43 MG, 90 MG, 130 MG	2		pitavastatin calcium	2	QL(1 EA daily); MP
fenofibrate CAPS	2		pravastatin sodium	1	QL(1 EA daily); MP
fenofibrate TABS 40 MG, 120 MG	2		rosuvastatin calcium TABS	1	QL(1 EA daily); MP
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1		simvastatin TABS	1	QL(1 EA daily); MP
fenofibric acid	2		ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	2	QL(1 EA daily); MP
FENOGLIDE TABS (fenofibrate)	2		ZYPITAMAG 2 MG, 4 MG	2	QL(1 EA daily); MP
FIBRICOR (fenofibric acid)	2		Intestinal Cholesterol Absorption Inhibitors		
gemfibrozil TABS	1		ezetimibe	1	
LIPOFEN CAPS (fenofibrate)	2		ZETIA (ezetimibe)	2	
LOPID TABS (gemfibrozil)	2		Nicotinic Acid Derivatives		
TRICOR TABS (fenofibrate)	2		niacin (antihyperlipidemic) TBCR	2	
TRILIPIX (choline fenofibrate)	2		Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
HMG CoA Reductase Inhibitors			PRALUENT SOAJ	1	QL(2 ML per 28 day(s) retail); SP; PA
ALTOPREV TB24 20 MG, 40 MG, 60 MG	2	QL(1 EA daily); MP	REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(7 ML per 28 day(s) retail); SP; PA
ATORVALIQ SUSP	2	QL(20 ML daily); MP	REPATHA SURECLICK SOAJ	1	QL(2 ML per 28 day(s) retail); SP; PA
atorvastatin calcium TABS	1	QL(1 EA daily); MP	REPATHA SOSY	1	QL(2 ML per 28 day(s) retail); SP; PA
CRESTOR TABS (rosuvastatin calcium)	2	QL(1 EA daily); MP	ANTIHYPERTENSIVES - Drugs to Treat High		
EZALLOR SPRINKLE CPSP	2	QL(1 EA daily); MP			
fluvastatin sodium CAPS	2	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Blood Pressure			EDARBI	2	MP
ACE Inhibitors			<i>irbesartan</i>	2	MP
ACCUPRIL (<i>quinapril hcl</i>)	2	MP	<i>losartan potassium</i>	1	MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	2	MP	MICARDIS (<i>telmisartan</i>)	2	MP
<i>benazepril hcl</i>	1	MP	<i>olmesartan medoxomil</i>	1	MP
<i>captopril</i>	2	MP	<i>telmisartan</i>	2	MP
<i>enalapril maleate SOLN</i>	2	MP	<i>valsartan SOLN</i>	2	MP
<i>enalapril maleate TABS</i>	1	MP	<i>valsartan TABS</i>	1	MP
EPANED SOLN (<i>enalapril maleate</i>)	2	MP	Antiadrenergic Antihypertensives		
<i>fosinopril sodium</i>	2	MP	CARDURA (<i>doxazosin mesylate</i>)	2	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP	CATAPRES-TTS-1 PTWK (<i>clonidine</i>)	2	QL(0.143 EA daily); MP
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	2	MP	CATAPRES-TTS-2 PTWK (<i>clonidine</i>)	2	QL(0.143 EA daily); MP
<i>moexipril hcl</i>	2	MP	CATAPRES-TTS-3 PTWK (<i>clonidine</i>)	2	QL(0.143 EA daily); MP
<i>perindopril erbumine</i>	2	MP	<i>clonidine hcl TABS</i>	1	MP
QBRELIS SOLN	2	MP	<i>clonidine PTWK</i>	1	QL(0.143 EA daily); MP
<i>quinapril hcl</i>	2	MP	<i>clonidine TB24</i>	1	MP
<i>ramipril CAPS</i>	1	MP	<i>doxazosin mesylate</i>	1	MP
<i>trandolapril</i>	2	MP	<i>guanfacine hcl</i>	1	MP
VASOTEC TABS (<i>enalapril maleate</i>)	2	MP	<i>methyldopa TABS</i>	1	MP
ZESTRIL TABS (<i>lisinopril</i>)	2	MP	MINIPRESS CAPS (<i>prazosin hcl</i>)	2	MP
Angiotensin II Receptor Antagonists			NEXICLON XR TB24 (<i>clonidine</i>)	1	MP
ATACAND (<i>candesartan cilexetil</i>)	2	MP	<i>prazosin hcl CAPS</i>	1	MP
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	2	MP	<i>terazosin hcl</i>	1	MP
BENICAR (<i>olmesartan medoxomil</i>)	2	MP	Antihypertensive Combinations		
<i>candesartan cilexetil</i>	2	MP	ACCURETIC (<i>quinapril-hydrochlorothiazide</i>)	2	MP
COZAAR (<i>losartan potassium</i>)	2	MP	<i>amlodipine besylate-benazepril hcl</i>	1	MP
DIOVAN TABS (<i>valsartan</i>)	2	MP	<i>amlodipine besylate-olmesartan medoxomil</i>	1	MP
			<i>amlodipine besylate-valsartan</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	2	MP
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	2	MP	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	2	MP
<i>atenolol & chlorthalidone</i>	1	MP	<i>metoprolol & hydrochlorothiazide TABS</i>	2	MP
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	2	MP	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	2	MP
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	2	MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	MP
<i>benazepril & hydrochlorothiazide</i>	1	MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	MP
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	2	MP	<i>quinapril-hydrochlorothiazide</i>	2	MP
<i>bisoprolol & hydrochlorothiazide</i>	1	MP	TEKTURNA HCT	2	MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	MP	<i>telmisartan-amlodipine</i>	2	MP
<i>captopril & hydrochlorothiazide</i>	2	MP	<i>telmisartan-hydrochlorothiazide</i>	2	MP
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	2	MP	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	2	MP
EDARBYCLOR	2	MP	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	2	MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	MP	<i>trandolapril-verapamil hcl</i>	2	MP
EXFORGE (<i>amlodipine besylate-valsartan</i>)	2	MP	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	2	MP
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	2	MP	<i>valsartan-hydrochlorothiazide</i>	1	MP
<i>fosinopril sodium & hydrochlorothiazide</i>	2	MP	VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	2	MP
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	2	MP	ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	2	MP
<i>irbesartan-hydrochlorothiazide</i>	2	MP	ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	2	MP
<i>lisinopril & hydrochlorothiazide</i>	1	MP	Direct Renin Inhibitors		
<i>losartan potassium & hydrochlorothiazide</i>	1	MP			

Drug Name	Drug Tier	Requirements/ Limits
<i>aliskiren fumarate</i>	2	MP
TEKTURNA (<i>aliskiren fumarate</i>)	2	MP
Endothelin Receptor Antagonists		
TRYVIO	3	QL(1 EA daily); AL(At least 18 yrs old); PA
Vasodilators		
<i>hydralazine hcl SOLN</i>	3	MP
<i>hydralazine hcl TABS 10 MG, 25 MG, 50 MG</i>	3	QL(4 EA daily); MP
<i>hydralazine hcl TABS 100 MG</i>	3	QL(3 EA daily); MP
<i>minoxidil 2.5 MG, 10 MG</i>	3	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	2	QL(12 EA per fill retail); AL(At least 18 yrs old)
FLAGYL CAPS (<i>metronidazole</i>)	2	
LIKMEZ SUSP	2	QL(400 ML per 10 day(s) retail; 400 ML per 10 days mail)
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>metronidazole TABS 125 MG</i>	2	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	3	
XIFAXAN 200 MG	2	QL(9 EA per fill retail); AL(At least 12 yrs old)
XIFAXAN 550 MG	2	AL(At least 18 yrs old)
Anti-infective Misc. - Combinations		

Drug Name	Drug Tier	Requirements/ Limits
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfamethoxazole-trimethoprim SUSP</i>	3	
<i>sulfamethoxazole-trimethoprim TABS</i>	3	
Antiprotozoal Agents		
ALINIA TABS (<i>nitazoxanide</i>)	2	QL(6 EA per 30 day(s) retail)
<i>atovaquone</i>	3	
MEPRON (<i>atovaquone</i>)	3	
<i>nitazoxanide TABS</i>	2	QL(6 EA per 30 day(s) retail)
Glycopeptides		
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	2	
VANCOCIN CAPS (<i>vancomycin hcl</i>)	2	
<i>vancomycin hcl CAPS</i>	1	
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1	
<i>vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG</i>	3	
VANCOMYCIN HCL SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG	3	
Leprostatics		
<i>dapsone</i>	3	
Lincosamides		
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	3	AL(Up to 12 yrs old)
CLEOCIN (<i>clindamycin hcl</i>)	3	
<i>clindamycin hcl</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin palmitate hydrochloride</i>	3	AL(Up to 12 yrs old)	KRINTAFEL	3	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; AL(At least 16 yrs old); MP; PA
Monobactams			<i>mefloquine hcl</i>	3	MP; PA
CAYSTON	1	SP	PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	3	MP
Oxazolidinones			<i>primaquine phosphate TABS</i>	3	MP
<i>linezolid SUSR</i>	2		PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	3	MP
<i>linezolid TABS</i>	1	QL(28 EA per fill retail)	<i>pyrimethamine</i>	3	MP; PA
SIVEXTRO TABS	2	QL(14 EA per fill retail)	SOVUNA	3	
ZYVOX SUSR (<i>linezolid</i>)	2		ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ZYVOX TABS (<i>linezolid</i>)	2	QL(28 EA per fill retail)	Antimyasthenic/Cholinergic Agents		
Urinary Anti-infectives			MESTINON TABS (<i>pyridostigmine bromide</i>)	3	
HIPREX (<i>methenamine hippurate</i>)	3		<i>pyridostigmine bromide TABS 60 MG</i>	3	
MACROBID (<i>nitrofurantoin monohyd macro</i>)	3	QL(20 EA per 10 day(s) retail); AL(Up to 64 yrs old)	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
MACRODANTIN 50 MG, 100 MG (<i>nitrofurantoin macrocrystal</i>)	3	QL(2 EA daily); AL(Up to 64 yrs old)	Antimycobacterial Agents		
<i>methenamine hippurate</i>	3		<i>cycloserine</i>	3	MP
<i>methenamine mandelate</i>	3		<i>ethambutol hcl TABS</i>	3	MP
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	3	QL(2 EA daily); AL(Up to 64 yrs old)	<i>isoniazid SYRP</i>	3	AL(Up to 12 yrs old); MP
<i>nitrofurantoin monohyd macro</i>	3	QL(20 EA per 10 day(s) retail); AL(Up to 64 yrs old)	<i>isoniazid TABS</i>	3	MP
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	3	MP
Antimalarials			MYCOBUTIN (<i>rifabutin</i>)	3	MP
<i>chloroquine phosphate TABS</i>	3	MP	PRETOMANID	3	MP; PA
DARAPRIM (<i>pyrimethamine</i>)	3	MP; PA	PRIFTIN	3	QL(0.86 EA daily); MP
<i>hydroxychloroquine sulfate</i>	3		<i>pyrazinamide</i>	3	MP
			<i>rifabutin</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin CAPS</i>	3	MP	FOLOTYN	3	SP
SIRTURO	3	PA	<i>gemcitabine hcl SOLN</i>	3	SP
TRECTOR	3	MP	GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>)	3	SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>gemcitabine hcl SOLR</i>	3	SP
Alkylating Agents			JYLAMVO SOLN PO	3	
ALKERAN (<i>melphalan</i>)	3		<i>mercaptopurine SUSP 2000 MG/100ML</i>	3	SP
<i>cyclophosphamide CAPS</i>	3		<i>mercaptopurine TABS</i>	3	SP
CYCLOPHOSPHAMIDE TABS	3		<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	3	SP
GLEOSTINE 10 MG, 40 MG, 100 MG	3		<i>methotrexate sodium SOLR</i>	3	SP
LEUKERAN	3		<i>methotrexate sodium TABS 2.5 MG</i>	3	
<i>melphalan</i>	3		<i>nelarabine</i>	3	SP
MYLERAN TABS	3	SP	ONUREG TABS	3	SP
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	3	SP	<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	3	SP
<i>oxaliplatin SOLR</i>	3	SP	<i>pralatrexate</i>	3	SP
<i>temozolomide CAPS</i>	3	SP	PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	3	SP
Antimetabolites			TABLOID	3	
ALIMTA SOLR (<i>pemetrexed disodium</i>)	3	SP	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	
ARRANON (<i>nelarabine</i>)	3	SP	VIDAZA SUSR (<i>azacitidine</i>)	3	SP
<i>azacitidine SUSR</i>	3	SP	XATMEP SOLN PO	3	
<i>capecitabine</i>	3	SP	XELODA (<i>capecitabine</i>)	3	SP
<i>cladribine 10 MG/10ML</i>	3	SP	Antineoplastic - Angiogenesis Inhibitors		
<i>clofarabine</i>	3	SP	CYRAMZA	3	
CLOLAR (<i>clofarabine</i>)	3	SP	FRUZAQLA	CO	SP
<i>cytarabine SOLN</i>	3	SP	Antineoplastic - Antibodies		
<i>decitabine</i>	3	SP	ARZERRA	3	SP
<i>floxuridine</i>	3	SP	BLINCYTO	3	SP
<i>fludarabine phosphate SOLN</i>	3	SP	GAZYVA	3	SP
FLUDARABINE PHOSPHATE SOLN	3	SP			
<i>fludarabine phosphate SOLR</i>	3	SP			
<i>fluorouracil</i>	3	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEYTRUDA	3	SP	<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	SP
LOQTORZI	3	SP	<i>letrozole</i>	3	
OPDIVO 40 MG/4ML, 100 MG/10ML	3	SP	LEUPROLIDE ACETATE (3 MONTH) INJ	3	SP
RIABNI	3	SP	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	SP
RITUXAN	3	SP	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	3	SP
TECENTRIQ	1	SP	LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	3	SP
YERVOY	3		LUPRON DEPOT (4-MONTH) IM	3	SP
Antineoplastic - BCL-2 Inhibitors			LUPRON DEPOT (6-MONTH) IM	3	SP
VENCLEXTA STARTING PACK TBPB	3	SP	LYSODREN	3	SP
VENCLEXTA TABS	3	SP	<i>megestrol acetate SUSP</i>	1	
Antineoplastic - EGFR Inhibitors			<i>megestrol acetate TABS</i>	3	
LAZCLUZE	CO	SP	NILANDRON (<i>nilutamide</i>)	3	SP
Antineoplastic - Hedgehog Pathway Inhibitors			<i>nilutamide</i>	3	SP
DAURISMO	3	SP	NUBEQA	3	SP
ERIVEDGE	3	SP	ORGOVYX	3	SP
ODOMZO	3	SP	ORSERDU	3	SP
Antineoplastic - Hormonal and Related Agents			SOLTAMOX SOLN	3	
<i>abiraterone acetate</i>	3	SP	<i>tamoxifen citrate TABS</i>	3	
AKEEGA	3	SP	<i>toremifene citrate</i>	3	SP
<i>anastrozole</i>	3		TRELSTAR MIXJECT	3	SP
ARIMIDEX (<i>anastrozole</i>)	3		XTANDI CAPS	3	SP
AROMASIN (<i>exemestane</i>)	3		XTANDI TABS	3	SP
<i>bicalutamide</i>	3		YONSA	3	SP
CAMCEVI	3	SP	ZYTIGA (<i>abiraterone acetate</i>)	3	SP
CASODEX (<i>bicalutamide</i>)	3		Antineoplastic - Immunomodulators		
ELIGARD SC	3	SP	POMALYST	3	SP
EMCYT	3	SP	Antineoplastic - Menin Inhibitors		
ERLEADA	3	SP	REVUFORJ	CO	SP
EULEXIN	3		Antineoplastic - XPO1 Inhibitors		
<i>exemestane</i>	3				
FARESTON (<i>toremifene citrate</i>)	3	SP			
FEMARA (<i>letrozole</i>)	3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (100 MG ONCE WEEKLY) 50 MG	3	SP	CAPRELSA	CO	SP
XPOVIO (40 MG ONCE WEEKLY) 40 MG	3	SP	DANZITEN	CO	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	3	SP	<i>everolimus TABS</i>	3	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	3	SP	<i>everolimus TBSO</i>	3	SP
XPOVIO (60 MG TWICE WEEKLY)	3	SP	GOMEKLI CAPS PO 1 MG, 2 MG	CO	
XPOVIO (80 MG ONCE WEEKLY) 40 MG	3	SP	GOMEKLI TBSO PO 1 MG	CO	
XPOVIO (80 MG TWICE WEEKLY)	3	SP	IDHIFA	3	SP
Antineoplastic Combinations			IMBRUVICA SUSP	CO	SP
INQOVI	3	SP	IMKELDI SOLN	CO	SP
KISQALI FEMARA (200 MG DOSE)	3	SP	ITOVEBI	CO	SP
KISQALI FEMARA (400 MG DOSE)	3	SP	JAKAFI	3	SP
KISQALI FEMARA (600 MG DOSE)	3	SP	JAYPIRCA	CO	SP
LONSURF	3	SP	KRAZATI	3	SP
TECENTRIQ HYBREZA	1	SP	LUMAKRAS	3	SP
Antineoplastic Enzyme Inhibitors			LYTGOBI (12 MG DAILY DOSE)	CO	SP
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	3	SP	LYTGOBI (16 MG DAILY DOSE)	CO	SP
AFINITOR TABS (<i>everolimus</i>)	3	SP	LYTGOBI (20 MG DAILY DOSE)	CO	SP
ALUNBRIG TABS	CO	SP	MEKINIST SOLR	CO	SP
ALUNBRIG TBPk	CO	SP	OGSIVEO	CO	SP
AUGTYRO	CO	SP	OJJAARA	CO	SP
BORTEZOMIB SOLN IV	CO	SP	RETEVMO TABS	CO	SP
BORTEZOMIB SOLR IV 3.5 MG	CO	SP	REZLIDHIA	3	SP
BORUZU SOLN IJ	CO	SP	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	CO	
BOSULIF CAPS	CO	SP	ROZLYTREK PACK	CO	SP
BRAFTOVI 75 MG	3	SP	RUBRACA	CO	SP
CALQUENCE	CO	SP	RYTELO	CO	SP
			SCEMBLIX	CO	SP
			TAFINLAR TBSO	CO	SP
			TALZENNA	CO	SP
			TAZVERIK	3	SP
			TIBSOVO	3	SP
			TRUQAP TABS	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUQAP TBPk	CO	SP	COMTAN (<i>entacapone</i>)	2	MP
TURALIO 125 MG	CO	SP	<i>entacapone</i>	1	MP
VANFLYTA	CO	SP	ONGENTYS	2	MP
VORANIGO	3	SP	TASMAR (<i>tolcapone</i>)	2	MP
XALKORI CPSP	CO	SP	<i>tolcapone</i>	2	MP
ZEJULA CAPS	CO	SP	Antiparkinson Dopaminergics		
ZEJULA TABS	CO	SP	<i>amantadine hcl CAPS</i>	1	MP
ZOLINZA	3	SP	<i>amantadine hcl SOLN</i>	1	MP
Antineoplastics Misc.			<i>amantadine hcl TABS</i>	2	MP
BESREMI	3		<i>bromocriptine mesylate CAPS</i>	2	MP
<i>bexarotene</i>	3	SP	<i>bromocriptine mesylate TABS 2.5 MG</i>	2	MP
HYDREA (<i>hydroxyurea</i>)	3	MP	<i>carbidopa-levodopa-entacapone</i>	2	MP
<i>hydroxyurea</i>	3	MP	<i>carbidopa-levodopa TABS</i>	1	MP
MATULANE	3	SP	<i>carbidopa-levodopa TBCR</i>	1	MP
NIPENT	3	SP	<i>carbidopa-levodopa TBDP</i>	2	MP
TARGRETIN (<i>bexarotene</i>)	3	SP	DHIVY TABS	2	MP
<i>tretinoin (chemotherapy)</i>	3	SP	DUOPA SUSP	2	MP
Chemotherapy Rescue/Antidote/Protective Agents			GOCOVRI CP24	2	SP; MP
COSELA	CO	SP	INBRIJA CAPS	2	MP
IWILFIN	CO	SP	KYNMOBI FILM	2	SP; MP
<i>leucovorin calcium TABS</i>	3		MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	2	MP
<i>mesna TABS</i>	3	SP	NEUPRO	2	QL(1 EA daily); MP
MESNEX TABS	3	SP	OSMOLEX ER TB24 129 MG	2	MP
Mitotic Inhibitors			PARLODEL CAPS (<i>bromocriptine mesylate</i>)	2	MP
<i>etoposide CAPS</i>	3	SP	PARLODEL TABS (<i>bromocriptine mesylate</i>)	2	MP
Topoisomerase I Inhibitors			<i>pramipexole dihydrochloride TABS</i>	1	MP
HYCANTIN CAPS	3	SP	<i>pramipexole dihydrochloride TB24</i>	2	MP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease					
Antiparkinson Adjunctive Therapy					
<i>carbidopa</i>	2	MP			
LODOSYN (<i>carbidopa</i>)	2	MP			
NOURIANZ	2	MP			
Antiparkinson COMT Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride TABS</i>	1	MP
<i>ropinirole hydrochloride TB24</i>	2	MP
RYTARY CPR	2	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	2	MP
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	2	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	2	AL(At least 18 yrs old); MP; PA
<i>rasagiline mesylate</i>	1	AL(At least 18 yrs old); MP; PA
<i>selegiline hcl CAPS</i>	2	MP
<i>selegiline hcl TABS</i>	2	MP
XADAGO	2	MP
ZELAPAR TBDP	2	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	CO	
Antipsychotics - Misc.		
CAPLYTA	CO	

Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
ERZOFRI	CO	
RYKINDO SRER	CO	
UZEDY SUSY	CO	
Dibenzapines		
<i>quetiapine fumarate TABS</i>	CO	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	CO	SP
COBENFY CAPS	CO	SP
Phenothiazines		
<i>prochlorperazine</i>	3	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	3	QL(4 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	CO	MP
ABILIFY MYCITE MAINTENANCE KIT	CO	SP
ABILIFY MYCITE STARTER KIT	CO	SP
OIPZA FILM	CO	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
DESCOVY	CO	SP
PREZISTA SUSP	CO	SP
SUNLENCA SOLN	CO	SP
SUNLENCA TBPK 300 MG	CO	SP
Antiviral Combinations		
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
CMV Agents		
LIVTENCITY	1	SP
PREVYMIS PACK	1	SP
PREVYMIS TABS	1	SP

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE TABS (<i>valganciclovir hcl</i>)	3	QL(2 EA daily)
<i>valganciclovir hcl</i> TABS	3	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	3	QL(1 EA daily); SP; MP
BARACLUDE TABS (<i>entecavir</i>)	3	QL(1 EA daily); SP; MP
<i>entecavir</i> TABS	3	QL(1 EA daily); SP; MP
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	3	QL(1 EA daily); SP; MP
<i>lamivudine (hbv)</i> TABS	3	QL(1 EA daily); SP; MP
VEMLIDY	3	QL(1 EA daily); AL(At least 6 yrs old); SP; MP; PA
Herpes Agents		
<i>acyclovir</i> CAPS	1	MP
<i>acyclovir</i> SUSP	1	MP
<i>acyclovir</i> TABS PO	1	MP
<i>famciclovir</i>	1	MP
SITAVIG TABS BU	2	MP
<i>valacyclovir hcl</i>	1	MP
VALTREX (<i>valacyclovir hcl</i>)	2	MP
Influenza Agents		
<i>oseltamivir phosphate</i> CAPS	1	QL(14 EA per fill retail)
<i>oseltamivir phosphate</i> SUSR	1	QL(120 ML per fill retail)
RELENZA DISKHALER	1	
<i>rimantadine hydrochloride</i> TABS	1	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	2	QL(14 EA per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	2	QL(120 ML per fill retail)
XOFLUZA (40 MG DOSE) 40 MG	1	MP

Drug Name	Drug Tier	Requirements/ Limits
XOFLUZA (80 MG DOSE) 80 MG	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1	MP
<i>carvedilol phosphate</i>	1	MP
COREG (<i>carvedilol</i>)	2	MP
COREG CR (<i>carvedilol phosphate</i>)	2	MP
<i>labetalol hcl</i> TABS	1	MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl</i> CAPS	2	MP
<i>atenolol</i> TABS	1	MP
<i>betaxolol hcl</i>	2	MP
<i>bisoprolol fumarate</i>	2	MP
BYSTOLIC (<i>nebivolol hcl</i>)	1	MP
KAPSPARGO SPRINKLE CS24	2	MP
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	2	MP
<i>metoprolol succinate</i> TB24	1	MP
<i>metoprolol tartrate</i> TABS	1	MP
<i>nebivolol hcl</i>	1	MP
TENORMIN TABS (<i>atenolol</i>)	2	MP
TOPROL XL TB24 (<i>metoprolol succinate</i>)	2	MP
Beta Blockers Non-Selective		
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	2	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	2	MP
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	2	MP
HEMANGEOL SOLN PO	2	SP; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INDERAL LA CP24 (<i>propranolol hcl</i>)	2	MP	<i>diltiazem hcl TB24</i>	2	MP
INDERAL XL	2	MP	<i>felodipine</i>	2	MP
INNOPRAN XL	2	MP	<i>isradipine CAPS</i>	2	MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	2	MP	KATERZIA	2	AL(At least 6 yrs old); MP
<i>pindolol TABS</i>	2	MP	<i>levamlodipine maleate</i>	2	MP
<i>propranolol hcl CP24</i>	1	MP	<i>nicardipine hcl CAPS</i>	2	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	MP	<i>nifedipine CAPS</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP	<i>nifedipine TB24</i>	1	MP
<i>sotalol hcl (afib/afl)</i>	1	MP	<i>nimodipine CAPS</i>	3	QL(252 EA per 365 day(s) retail)
<i>sotalol hcl TABS</i>	1	MP	<i>nisoldipine</i>	2	MP
SOTYLIZE SOLN PO	2	MP	NORLIQVA SOLN	2	AL(At least 6 yrs old); MP
<i>timolol maleate TABS</i>	2	MP	NORVASC TABS (<i>amlodipine besylate</i>)	2	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			PROCARDIA XL TB24 (<i>nifedipine</i>)	2	MP
Calcium Channel Blockers			SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	2	MP
<i>amlodipine besylate TABS</i>	1	MP	TIAZAC (<i>diltiazem hcl extended release beads</i>)	2	MP
CALAN SR TBCR (<i>verapamil hcl</i>)	2	MP	VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	2	MP
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	2	MP	<i>verapamil hcl CP24</i>	2	MP
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	2	MP	<i>verapamil hcl TABS</i>	1	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	2	MP	<i>verapamil hcl TBCR</i>	1	MP
CONJUPRI (<i>levamlodipine maleate</i>)	2	MP	VERELAN PM CP24 (<i>verapamil hcl</i>)	2	MP
<i>diltiazem hcl coated beads CP24</i>	1	MP	VERELAN CP24 (<i>verapamil hcl</i>)	2	MP
<i>diltiazem hcl extended release beads</i>	2	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl extended release beads</i>	1	MP	Cardiac Glycosides		
<i>diltiazem hcl CP12</i>	1	MP	<i>digoxin TABS 125 MCG, 250 MCG</i>	3	MP
<i>diltiazem hcl CP24</i>	1	MP	LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	MP
<i>diltiazem hcl TABS</i>	1	MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to		

Drug Name	Drug Tier	Requirements/ Limits
Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	3	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	QL(1 EA daily); MP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	2	QL(1 EA daily); MP
ENTRESTO TABS	1	QL(2 EA daily); MP
OPSYNVI	2	QL(1 EA daily); AL(At least 18 yrs old); SP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	2	MP
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	2	SP
ORENITRAM MONTH 2 TEPK	2	SP
ORENITRAM MONTH 3 TEPK	2	SP
ORENITRAM TBCR	2	SP; MP
TYVASO DPI INSTITUTIONAL KIT POWD	2	SP; MP
TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP
TYVASO DPI TITRATION KIT POWD	2	SP; MP
TYVASO REFILL KIT SOLN IN	1	SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
TYVASO STARTER KIT SOLN IN	1	SP; MP; PA
TYVASO SOLN IN	1	SP; MP; PA
VENTAVIS IN	1	SP; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	2	SP; MP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP; MP; PA
<i>bosentan TABS</i>	2	SP; MP; PA
LETAIRIS (<i>ambrisentan</i>)	2	SP; MP; PA
OPSUMIT	1	SP; MP; PA
TRACLEER TABS (<i>bosentan</i>)	1	SP; MP; PA
TRACLEER TBSO	2	SP; MP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	2	SP; MP; PA
LIQREV SUSP	2	SP
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	2	SP; MP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	2	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; MP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; MP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; MP; PA
TADLIQ SUSP	2	AL(At least 18 yrs old); SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TITRATION TBPK	1	SP; MP; PA
UPTRAVI TABS	1	SP; MP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	3	AL(At least 18 yrs old); MP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	QL(28 EA per fill retail)
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	2	QL(28 EA per fill retail)
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
<i>cephalexin TABS</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	QL(42 EA per fill retail)
<i>cefaclor CAPS</i>	2	QL(42 EA per fill retail)
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	2	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	QL(28 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(42 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(28 EA per fill retail)
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime SUSR</i>	2	
<i>cefpodoxime proxetil SUSR</i>	2	
<i>cefpodoxime proxetil TABS</i>	2	QL(28 EA per fill retail)
SUPRAX CAPS (<i>cefixime</i>)	1	
SUPRAX CHEW	2	
SUPRAX SUSR	2	
SUPRAX SUSR (<i>cefixime</i>)	2	
CHEMICALS		
Bulk Chemicals - C's		
CITRULLINE	4	RX/OTC
CREATINE MONOHYDRATE	4	RX/OTC
L-CITRULLINE	4	RX/OTC
Bulk Chemicals - O's		
L-ORNITHINE HYDROCHLORIDE	4	RX/OTC
ORNITHINE HCL	4	RX/OTC
Bulk Chemicals - S's		
NICE PURE BAKING SODA	4	RX/OTC
Solids		
COENZYME Q10	4	RX/OTC
UBIDECARENONE	4	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	3	
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	1		YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>ethynodiol diacet & eth estrad</i>	3		YAZ (<i>drospirenone-ethinyl estradiol</i>)	2	
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	3		Combination Contraceptives - Transdermal		
<i>levonorgestrel & eth estradiol TABS</i>	3		<i>norelgestromin-ethinyl estradiol</i>	3	
<i>levonorgestrel-eth estradiol (triphasic)</i>	3		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	3		<i>etonogestrel-ethinyl estradiol</i>	3	QL(0.036 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	3		NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	3	QL(0.036 EA daily)
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	3		Emergency Contraceptives		
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	3		ELLA	3	
<i>norethin acet & estrad-fe CHEW</i>	3		<i>levonorgestrel (emergency oc) 1.5 MG</i>	3	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	3		PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	3	
<i>norethindrone & eth estradiol</i>	3		Progestin Contraceptives - Injectable		
<i>norethindrone & ethinyl estradiol-fe</i>	3		DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	3	
<i>norethindrone acet & eth estra TABS</i>	3		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	3	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	3		Progestin Contraceptives - Oral		
<i>norethindrone-eth estradiol (triphasic)</i>	3		<i>norethindrone (contraceptive)</i>	3	
<i>norgestimate-ethinyl estradiol</i>	3		OPILL	3	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	3		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	3		Glucocorticosteroids		
			AGAMREE	3	SP
			ALKINDI SPRINKLE CPSP	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide CPEP</i>	3	PA	MEDROL TBPK (<i>methylprednisolone</i>)	3	
<i>budesonide TB24</i>	2		<i>methylprednisolone acetate SUSP</i>	3	
CORTEF TABS (<i>hydrocortisone</i>)	3		METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML	3	
<i>deflazacort SUSP</i>	3		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	3	
<i>deflazacort TABS</i>	3		<i>methylprednisolone TABS</i>	3	
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	3		<i>methylprednisolone TBPK</i>	3	
DEPO-MEDROL SUSP	3		MILLIPRED TABS	3	
DEXAMETHASONE INTENSOL CONC	3		ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	3	
<i>dexamethasone sodium phosphate SOLN IJ</i>	3		PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	3		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	3	
<i>dexamethasone sodium phosphate SOSY IJ</i>	3		<i>prednisolone sodium phosphate TBDP</i>	3	
<i>dexamethasone ELIX</i>	3		<i>prednisolone SOLN</i>	3	
<i>dexamethasone SOLN</i>	3		<i>prednisolone TABS</i>	3	
<i>dexamethasone TABS</i>	3		PREDNISONE INTENSOL CONC	3	
<i>dexamethasone TBPK</i>	3		<i>prednisone SOLN</i>	3	
EMFLAZA SUSP (<i>deflazacort</i>)	3		<i>prednisone TABS</i>	3	
EMFLAZA TABS (<i>deflazacort</i>)	3		<i>prednisone TBPK</i>	3	
EOHILIA SUSP	3	QL(20 ML daily); AL(At least 11 yrs old); PA	RAYOS TBEC	3	
HEMADY TABS	3		SOLU-CORTEF (<i>hydrocortisone sod succinate</i>)	3	
<i>hydrocortisone sod succinate 100 MG</i>	3		SOLU-CORTEF	3	
<i>hydrocortisone TABS</i>	3		SOLU-MEDROL 2 GM, 500 MG, 1000 MG (<i>methylprednisolone sod succ</i>)	3	
KENALOG-10 SUSP	3				
KENALOG-40 SUSP (<i>triamcinolone acetate</i>)	3				
MEDROL TABS (<i>methylprednisolone</i>)	3				
MEDROL TABS	3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL	3		NYQUIL HBP COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
SOLU-MEDROL (PF)	3		promethazine & phenylephrine SYRP	4	
triamcinolone acetonide SUSP 40 MG/ML	3		promethazine w/codeine SOLN	4	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	3		promethazine w/codeine SYRP	4	
UCERIS TB24 (budesonide)	2		promethazine-dm SYRP	4	
Mineralocorticoids			promethazine-phenylephrine-codeine	4	
fludrocortisone acetate TABS	3	MP	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	4	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			VICKS NYQUIL COLD & FLU NIGHT LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
Cough/Cold/Allergy Combinations			VICKS NYQUIL COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
dextromethorphan-doxylamine-acetaminophen LIQD	4		VICKS NYQUIL HBP COLD & FLU LIQD (dextromethorphan-doxylamine-acetaminophen)	NF	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	4		Expectorants		
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	4		GERI-TUSSIN SYRP	4	
dextromethorphan-phenylephrine-acetaminophen LIQD	3		guaifenesin LIQD	4	
guaifenesin-codeine SOLN	4		guaifenesin TABS 200 MG	4	
guaifenesin-codeine SYRP	4		Misc. Respiratory Inhalants		
MUCINEX D TB12 (pseudoephedrine-guaifenesin)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYPERSAL NEBU (sodium chloride inhalant))	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
HYPERSAL NEBU	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	adapalene GEL 0.3 %	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
NEBUSAL NEBU	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	adapalene GEL 0.1 %	3	QL(45 GM per 30 day(s) retail); RX/OTC
sodium chloride (inhalant) NEBU 3 %, 7 %	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	BENZAC AC WASH LIQD 5 % (benzoyl peroxide)	3	RX/OTC
sodium chloride (inhalant) NEBU 0.9 %	3		BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	3	
			benzoyl peroxide CREA 10 %	3	
			benzoyl peroxide-erythromycin GEL	3	
			benzoyl peroxide FOAM 10 %	3	
			benzoyl peroxide GEL 5 %	3	
			benzoyl peroxide GEL 10 %	3	QL(114 GM per 30 day(s) retail)
			benzoyl peroxide LIQD 5 %, 10 %	3	
Mucolytics			CABTREO	2	
acetylcysteine SOLN	3		clindamycin phosphate (topical) SOLN	3	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			clindamycin phosphate (topical) SWAB	3	
Acne Products			clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	3	QL(2 EA daily); PA	clindamycin phosphate-benzoyl peroxide (refrigerate)	2	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	NF		clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	2	
ACANYA GEL (clindamycin phosphate-benzoyl peroxide)	2		clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN CLEANSER LIQD (<i>benzoyl peroxide</i>)	3	RX/OTC	NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	3	
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	3	QL(45 GM per 30 day(s) retail); RX/OTC	XEPI	2	QL(60 GM per 30 day(s) retail)
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)	Antifungals - Topical		
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)	ALOE VESTA ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2	
<i>erythromycin (acne aid) SOLN</i>	3		AZOLEN ANTI-FUNGAL WASH SOLN	1	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	QL(2 EA daily); PA	AZOLEN TINCTURE SOLN	1	
ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2		<i>butenafine hcl</i>	2	RX/OTC
RETIN-A CREA 0.025 %, 0.05 % (<i>tretinoin</i>)	3	QL(20 GM per 30 day(s) retail); AL(Up to 30 yrs old)	<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	3		<i>ciclopirox olamine SUSP</i>	2	
<i>tretinoin CREA 0.025 %, 0.05 %</i>	3	QL(20 GM per 30 day(s) retail); AL(Up to 30 yrs old)	<i>ciclopirox GEL</i>	2	
Antibiotics - Topical			<i>ciclopirox KIT</i>	2	
<i>bacitracin (topical) OINT</i>	3		<i>ciclopirox SHAM</i>	2	
<i>bacitracin zinc OINT</i>	3		<i>ciclopirox SOLN</i>	1	
CENTANY AT KIT	2		<i>ciclopirox SOLN</i>	2	
<i>gentamicin sulfate (topical) CREA</i>	3		<i>clotrimazole (topical) CREA</i>	2	RX/OTC
<i>gentamicin sulfate (topical) OINT</i>	3		<i>clotrimazole (topical) CREA</i>	1	RX/OTC
<i>mupirocin calcium (topical)</i>	2		<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>mupirocin OINT</i>	1		<i>clotrimazole (topical) SOLN</i>	2	RX/OTC
<i>neomycin-bacitracin-polymyxin OINT</i>	3		<i>clotrimazole w/ betamethasone CREA</i>	1	
			<i>clotrimazole w/ betamethasone LOTN</i>	2	
			<i>econazole nitrate CREA</i>	2	
			ERTACZO	2	
			EXELDERM CREA (<i>sulconazole nitrate</i>)	2	
			FUNGOID TINCTURE SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JUBLIA	2	AL(At least 6 yrs old)	<i>miconazole nitrate (topical) CREA</i>	1	
KERYDIN (<i>tavaborole</i>)	2	AL(At least 6 yrs old)	<i>miconazole nitrate (topical) OINT</i>	2	
<i>ketoconazole (topical) CREA</i>	1		MICONAZOLE NITRATE SOLN	1	
<i>ketoconazole (topical) FOAM</i>	2		<i>miconazole-zinc oxide-white petrolatum</i>	2	AL(Up to 16 yrs old)
<i>ketoconazole (topical) SHAM 2 %</i>	1		MICONI-AL SOLN	1	
KETODAN	2		<i>naftifine hcl CREA</i>	2	
LAMISIL AT ATHLETES FOOT CREA (<i>terbinafine hcl (topical)</i>)	3		<i>naftifine hcl GEL 2 %</i>	2	
LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	3		NAFTIN GEL	2	
LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	3		NAFTIN GEL (<i>naftifine hcl</i>)	2	
LOPROX	2		<i>nystatin (topical) CREA</i>	1	
LOPROX SHAM (<i>ciclopirox</i>)	2		<i>nystatin (topical) OINT</i>	1	
LOPROX SUSP (<i>ciclopirox olamine</i>)	2		<i>nystatin (topical) POWD EX</i>	1	
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC	<i>nystatin-triamcinolone CREA</i>	1	
LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC	<i>nystatin-triamcinolone OINT</i>	1	
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC	<i>oxiconazole nitrate CREA</i>	2	
LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC	OXISTAT CREA (<i>oxiconazole nitrate</i>)	2	
LOTRIMIN ULTRA (<i>butenafine hcl</i>)	2	RX/OTC	OXISTAT LOTN	2	
<i>luliconazole</i>	2		<i>sulconazole nitrate CREA</i>	2	
LUZU (<i>luliconazole</i>)	2		<i>tavaborole</i>	2	AL(At least 6 yrs old)
MENTAX	2	RX/OTC	<i>terbinafine hcl (topical) CREA</i>	3	
MICATIN CREA (<i>miconazole nitrate (topical)</i>)	1		TINACTIN CREA (<i>tolnaftate</i>)	2	
			<i>tolnaftate CREA</i>	1	
			<i>tolnaftate POWD EX</i>	1	
			VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	2	AL(Up to 16 yrs old)
			Anti-inflammatory Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac epolamine PTCH EX</i>	2	QL(2 EA daily)	<i>calcipotriene OINT</i>	3	QL(4 GM daily); AL(At least 2 yrs old); PA
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	<i>calcipotriene SOLN</i>	3	QL(2 ML daily); AL(At least 2 yrs old); PA
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	2		<i>calcitriol (topical)</i>	3	AL(At least 2 yrs old); PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1		COSENTYX (300 MG DOSE) SOSY	1	SP
FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	2	QL(2 EA daily)	COSENTYX SENSOREADY (300 MG) SOAJ	1	SP
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	2		COSENTYX SENSOREADY PEN SOAJ	1	SP
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	2	RX/OTC	COSENTYX UNOREADY SOAJ	1	SP
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY	1	SP
<i>bexarotene (topical)</i>	3	SP	DOVONEX CREA (<i>calcipotriene</i>)	3	AL(At least 2 yrs old); PA
CARAC CREA	3	SP	ILUMYA	2	SP
<i>diclofenac sodium (actinic keratoses) EX</i>	3		SILIQ	2	SP
EFUDEX CREA (<i>fluorouracil (topical)</i>)	3	SP	SKYRIZI PEN SOAJ	2	SP
<i>fluorouracil (topical) CREA</i>	3	SP	SKYRIZI SOSY	2	SP
<i>fluorouracil (topical) SOLN</i>	3	SP	SOTYKTU	2	QL(1 EA daily); AL(At least 18 yrs old); SP
TARGRETIN (<i>bexarotene (topical)</i>)	3	SP	STELARA SOSY	2	SP
VALCHLOR	3	SP	TALTZ SOAJ	2	SP
Antipsoriatics			TALTZ SOSY	2	SP
<i>acitretin 17.5 MG</i>	3	PA	<i>tazarotene CREA 0.1 %</i>	3	PA
<i>acitretin 10 MG, 25 MG</i>	3	QL(2 EA daily); PA	<i>tazarotene GEL</i>	3	PA
BIMZELX SOAJ 160 MG/ML	2	AL(At least 18 yrs old); SP	TAZORAC CREA 0.1 % (<i>tazarotene</i>)	3	PA
BIMZELX SOSY 160 MG/ML	2	AL(At least 18 yrs old); SP	TAZORAC GEL (<i>tazarotene</i>)	3	PA
<i>calcipotriene CREA</i>	3	AL(At least 2 yrs old); PA	TREMFYA PEN SOAJ 100 MG/ML	2	SP
			VECTICAL (<i>calcitriol (topical)</i>)	3	AL(At least 2 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VTAMA	2	AL(At least 18 yrs old)	<i>betamethasone dipropionate augmented CREA</i>	2	
Antiseborrheic Products			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	2	
<i>selenium sulfide LOTN 2.5 %</i>	3		<i>betamethasone dipropionate augmented LOTN</i>	2	
Antivirals - Topical			<i>betamethasone dipropionate augmented OINT</i>	2	
<i>ABREVA (docosanol)</i>	3	MP	<i>betamethasone valerate CREA</i>	1	
<i>acyclovir topical CREA</i>	1	MP	<i>betamethasone valerate FOAM</i>	2	
<i>acyclovir topical OINT</i>	1	MP	<i>betamethasone valerate LOTN</i>	1	
<i>DENAVIR (penciclovir)</i>	1	MP	<i>betamethasone valerate OINT</i>	1	
<i>docosanol</i>	3	MP	BRYHALI LOTN	2	
<i>penciclovir</i>	2	MP	CAPEX SHAM	2	
XERESE	2	MP	<i>clobetasol propionate emollient base 0.05 %</i>	2	
ZOVIRAX CREA (<i>acyclovir topical</i>)	2	MP	<i>clobetasol propionate emulsion</i>	2	
ZOVIRAX OINT (<i>acyclovir topical</i>)	2	MP	<i>clobetasol propionate CREA 0.025 %</i>	2	
Burn Products			<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>SILVADENE (silver sulfadiazine)</i>	3		<i>clobetasol propionate FOAM</i>	2	
<i>silver sulfadiazine</i>	3		<i>clobetasol propionate GEL 0.05 %</i>	2	
Corticosteroids - Topical			<i>clobetasol propionate LIQD</i>	2	
<i>alclometasone dipropionate CREA</i>	2		<i>clobetasol propionate LOTN</i>	2	
<i>alclometasone dipropionate OINT</i>	2		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>amcinonide CREA</i>	2		<i>clobetasol propionate SHAM</i>	2	
<i>amcinonide LOTN</i>	2				
APEXICON E CREA	2				
<i>betamethasone dipropionate (topical) CREA</i>	1				
<i>betamethasone dipropionate (topical) LOTN</i>	1				
<i>betamethasone dipropionate (topical) OINT</i>	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinolone acetonide OIL</i>	2	
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	2		<i>fluocinolone acetonide OINT</i>	2	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	2		<i>fluocinolone acetonide SOLN</i>	2	
CLOBEX SHAM (<i>clobetasol propionate</i>)	2		<i>fluocinonide emulsified base</i>	2	
<i>clocortolone pivalate</i>	2		<i>fluocinonide CREA</i>	1	
CLODAN	2		<i>fluocinonide GEL</i>	1	
CLODERM (<i>clocortolone pivalate</i>)	2		<i>fluocinonide OINT</i>	1	
CORDRAN CREA (<i>flurandrenolide</i>)	2		<i>fluocinonide SOLN</i>	1	
CORDRAN LOTN (<i>flurandrenolide</i>)	2		<i>flurandrenolide CREA</i>	2	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	2		<i>flurandrenolide LOTN</i>	2	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	2		<i>flurandrenolide OINT</i>	2	
<i>desonide CREA</i>	2		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide GEL</i>	2		<i>fluticasone propionate LOTN</i>	2	
<i>desonide LOTN</i>	2		<i>fluticasone propionate OINT</i>	1	
<i>desonide OINT</i>	2		<i>halcinonide CREA</i>	2	
DESOWEN CREA (<i>desonide</i>)	2		<i>halcinonide SOLN 0.1 %</i>	2	
<i>desoximetasone CREA</i>	2		<i>halobetasol propionate CREA</i>	1	
<i>desoximetasone GEL</i>	2		<i>halobetasol propionate FOAM</i>	2	
<i>desoximetasone LIQD</i>	2		<i>halobetasol propionate OINT</i>	1	
<i>desoximetasone OINT</i>	2		HALOG CREA (<i>halcinonide</i>)	2	
<i>diflorasone diacetate CREA</i>	2		HALOG OINT	2	
<i>diflorasone diacetate OINT</i>	2		HALOG SOLN	2	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	2		HYDROCORT LOTION COMPLETE KIT THPK	2	
<i>fluocinolone acetonide CREA</i>	2		<i>hydrocortisone (topical) CREA</i>	1	RX/OTC
			<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
			<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) SOLN</i>	2		PANDEL	2	
<i>hydrocortisone acetate (topical) CREA 1 %</i>	1		SERNIVO EMUL	2	
<i>hydrocortisone acetate (topical) OINT</i>	1		SYNALAR (CREAM)	2	
HYDROCORTISONE ACETATE CREA	1		SYNALAR (OINTMENT)	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2		SYNALAR TS	2	
<i>hydrocortisone butyrate CREA</i>	2		SYNALAR CREA (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone butyrate LOTN</i>	2		SYNALAR OINT (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone butyrate OINT</i>	2		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	2	
<i>hydrocortisone butyrate SOLN</i>	2		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	2	
<i>hydrocortisone valerate CREA</i>	2		TOPICORT CREA (<i>desoximetasone</i>)	2	
<i>hydrocortisone valerate OINT</i>	2		TOPICORT GEL (<i>desoximetasone</i>)	2	
IMPEKLO LOTN	2		TOPICORT OINT (<i>desoximetasone</i>)	2	
IMPOYZ CREA	2		TOVET	2	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	2		<i>triamcinolone acetonide (topical) AERS</i>	2	
LEXETTE FOAM (<i>halobetasol propionate</i>)	2		<i>triamcinolone acetonide (topical) CREA</i>	1	
LOCOID LIPOCREAM	2		<i>triamcinolone acetonide (topical) LOTN</i>	1	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	2		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	2	
LUXIQ FOAM (<i>betamethasone valerate</i>)	2		<i>triamcinolone acetonide (topical) OINT</i>	1	
<i>mometasone furoate CREA</i>	3		<i>triamcinolone acetonide-dimethicone-silicone</i>	2	
<i>mometasone furoate OINT</i>	1		TRIDESILON CREA 0.05 % (<i>desonide</i>)	2	
<i>mometasone furoate SOLN</i>	1		ULTRAVATE LOTN	2	
OLUX-E (<i>clobetasol propionate emulsion</i>)	2		VANICREAM HC MAXIMUM STRENGTH CREA	2	
			VANOS CREA (<i>fluocinonide</i>)	2	
			Eczema Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADBRY SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA	PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	2	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
ADBRY SOSY	1	QL(4 ML per 28 day(s) retail); SP; PA	PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	2	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
CIBINQO	2	AL(At least 12 yrs old); SP	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
DUPIXENT SOAJ	1	AL(At least 2 yrs old); SP; PA	<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
DUPIXENT SOSY	1	SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
OPZELURA	2	QL(240 GM per 30 day(s) retail); AL(At least 12 yrs old); SP	<i>podofilox SOLN</i>	3	
Emollients			Local Anesthetics - Topical		
<i>lactic acid (ammonium lactate) CREA</i>	3	RX/OTC	<i>lidocaine hcl CREA 3 %</i>	3	QL(85 GM per 30 day(s) retail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	3	RX/OTC	<i>lidocaine hcl GEL 2 %</i>	3	
Hair Growth Agents			<i>lidocaine hcl PRSY</i>	3	
LITFULO	3	QL(1 EA daily); AL(At least 12 yrs old); SP; PA	<i>lidocaine OINT 5 %</i>	3	QL(100 GM per 30 day(s) retail)
Immunomodulating Agents - Topical			<i>lidocaine-prilocaine CREA</i>	3	QL(1 GM daily)
<i>imiquimod 5 %</i>	3		<i>lidocaine PTCH 4 %</i>	3	QL(30 EA per 30 day(s) retail)
Immunosuppressive Agents - Topical			<i>lidocaine PTCH 5 %</i>	3	PA
ELIDEL (<i>pimecrolimus</i>)	1	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	3	QL(30 EA per 30 day(s) retail)
HYFTOR	3	AL(At least 6 yrs old); PA	LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	3	QL(30 EA per 30 day(s) retail)
<i>pimecrolimus</i>	1	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	LIDODERM PTCH (<i>lidocaine</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
LIDOZO	3	QL(1 EA daily)
Misc. Topical		
BASIS FACIAL MOISTURIZER CREA	4	
BASIS OVERNIGHT CREA	4	
DRYSOL SOLN	4	
EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NF	
HYDROCERIN CREA	4	
SENSI-CARE MOISTURIZING CREA	4	
<i>skin protectants, misc. CREA</i>	4	
SORBIDON HYDRATE CREA	4	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	1	QL(100 GM per 30 day(s) retail); PA
ZORYVE CREA EX	3	AL(At least 6 yrs old)
ZORYVE FOAM EX	3	AL(At least 9 yrs old)
Rosacea Agents		
METROCREAM CREA (<i>metronidazole (topical)</i>)	3	
<i>metronidazole (topical) CREA</i>	3	
<i>metronidazole (topical) GEL 0.75 %</i>	3	
Scabicides & Pediculicides		
ELIMITE CREA (<i>permethrin</i>)	3	QL(2 GM daily)
<i>ivermectin (pediculicide)</i>	1	
<i>lindane SHAM</i>	3	QL(2 ML daily)
<i>malathion</i>	3	QL(1.97 ML daily); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
NATROBA (<i>spinosad</i>)	3	QL(240 ML per 180 day(s) retail; 240 ML per 180 days mail)
NIX CREME RINSE LIQD EX (<i>permethrin</i>)	3	QL(59 ML per 30 day(s) retail)
OVIDE (<i>malathion</i>)	3	QL(1.97 ML daily); AL(At least 2 yrs old)
<i>permethrin CREA</i>	3	QL(2 GM daily)
<i>permethrin LIQD EX</i>	3	QL(59 ML per 30 day(s) retail)
<i>pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %</i>	3	QL(236 ML per 30 day(s) retail)
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	3	QL(236 ML per 30 day(s) retail)
RID LIQD 4 %-0.33 % (<i>pyrethrins-piperonyl butoxide</i>)	3	QL(236 ML per 30 day(s) retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	2	
<i>spinosad</i>	3	QL(240 ML per 180 day(s) retail; 240 ML per 180 days mail)
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	4	
DHS TAR GEL SHAM (<i>coal tar extract</i>)	NF	
DHS TAR SHAM (<i>coal tar extract</i>)	NF	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP K STRP	4	QL(3.34 EA daily)
KETONE TEST STRP	4	QL(3.34 EA daily)
KETOSTIX STRP	4	QL(3.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO STRP	4	QL(250 EA per 30 day(s) retail); RX/OTC	ALDACTAZIDE (spironolactone & hydrochlorothiazide)	3	QL(3 EA daily); MP
RELION KETONE TEST STRP	4	QL(3.34 EA daily)	amiloride & hydrochlorothiazide	3	QL(2 EA daily); MP
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	3	MP
Dietary Management Products			MAXZIDE TABS (triamterene & hydrochlorothiazide)	3	MP
ELFOLATE PLUS TABS	3		spironolactone & hydrochlorothiazide	3	QL(3 EA daily); MP
FOLBIC	3	MP	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	3	MP
FOLTANX TABS	3		triamterene & hydrochlorothiazide TABS	3	MP
NIVA-FOL	3	MP	Loop Diuretics		
WESTAB MAX	3	MP	FUROSCIX CTKT	3	QL(8 EA per 30 day(s) retail); AL(At least 18 yrs old); PA
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			furosemide SOLN PO 8 MG/ML, 10 MG/ML	3	AL(Up to 12 yrs old); MP
Digestive Enzymes			furosemide TABS 40 MG	3	QL(8 EA daily); MP
CREON CPEP	1	MP; PA	furosemide TABS 20 MG	3	QL(16 EA daily); MP
PERTZYE CPEP	2	MP	furosemide TABS 80 MG	3	QL(4 EA daily); MP
VIOKACE TABS	2	MP	LASIX TABS 80 MG (furosemide)	3	QL(4 EA daily); MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	MP; PA	LASIX TABS 40 MG (furosemide)	3	QL(8 EA daily); MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			LASIX TABS 20 MG (furosemide)	3	QL(16 EA daily); MP
Carbonic Anhydrase Inhibitors			SOAANZ TABS 20 MG	3	QL(4 EA daily); MP
acetazolamide CP12	3	QL(2 EA daily); MP	torsemide TABS 10 MG, 20 MG	3	QL(4 EA daily); MP
acetazolamide TABS	3	QL(4 EA daily); MP	torsemide TABS 5 MG, 100 MG	3	QL(2 EA daily); MP
Diuretic Combinations			Potassium Sparing Diuretics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALDACTONE TABS 50 MG (<i>spironolactone</i>)	2	QL(4 EA daily); MP	BINOSTO TBEF	2	
ALDACTONE TABS 25 MG, 100 MG (<i>spironolactone</i>)	3	QL(4 EA daily); MP	<i>calcitonin (salmon) NA</i>	1	SP
<i>amiloride hcl TABS</i>	3	QL(1 EA daily); MP	FORTEO SOPN (<i>teriparatide</i>)	2	SP
<i>spironolactone TABS 25 MG, 100 MG</i>	3	QL(4 EA daily); MP	FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 EA daily)
<i>spironolactone TABS 50 MG</i>	1	QL(4 EA daily); MP	FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	2	4 tablets per 28 days; QL(0.15 EA daily)
Thiazides and Thiazide-Like Diuretics			<i>ibandronate sodium SOLN</i>	2	SP
<i>chlorthalidone 25 MG, 50 MG</i>	3	QL(4 EA daily); MP	<i>ibandronate sodium TABS</i>	2	Limit: 1 tablet per 28 days; QL(0.04 EA daily); SP
DIURIL SUSP	3	AL(Up to 12 yrs old); MP	<i>risedronate sodium TABS 5 MG, 30 MG, 150 MG</i>	2	
<i>hydrochlorothiazide CAPS</i>	3	MP	<i>risedronate sodium TABS 35 MG</i>	2	Limit: 4 tablets per 28 days; QL(0.143 EA daily)
<i>hydrochlorothiazide TABS</i>	3	MP	<i>risedronate sodium TBEC</i>	2	Limit: 4 tablets per 28 days; QL(0.134 EA daily)
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	3	QL(1 EA daily); MP	<i>teriparatide SOPN</i>	2	SP
<i>metolazone</i>	3	QL(2 EA daily); MP	TERIPARATIDE SOPN	2	SP
ENDOCRINE AND METABOLIC AGENTS - MISC.			TYMLOS	2	SP
- Drugs to Treat Bone Disease and Regulate Hormones			GnRH/LHRH Antagonists		
Bone Density Regulators			ORILISSA 150 MG	1	QL(28 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	2		ORILISSA 200 MG	1	QL(56 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.143 EA daily)	Growth Hormones		
<i>alendronate sodium SOLN</i>	2		GENOTROPIN MINIQUICK PRSY	1	SP; PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1		GENOTROPIN CART SC	1	SP; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	4 tablets per 28 days; QL(0.15 EA daily)			
ATELVIA TBEC (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.134 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMATROPE CART IJ	2	SP	OLPRUVA (3 GM DOSE) THPK	CO	SP
NGENLA	2	AL(Up to 16 yrs old); SP	OLPRUVA (4 GM DOSE) THPK	CO	SP
NORDITROPIN FLEXPROM SOPN	1	SP; PA	OLPRUVA (5 GM DOSE) THPK	CO	SP
NUTROPIN AQ NUSPIN 10 SOPN	2	SP	OLPRUVA (6 GM DOSE) THPK	CO	SP
NUTROPIN AQ NUSPIN 20 SOPN	2	SP	OLPRUVA (6.67 GM DOSE) THPK	CO	SP
NUTROPIN AQ NUSPIN 5 SOPN	2	SP	OPFOLDA	CO	SP
OMNITROPE SOCT	2	SP	<i>paricalcitol CAPS</i>	4	SP
OMNITROPE SOLR SC	2	SP	<i>paricalcitol SOLN</i>	4	
SAIZEN IJ	2	SP	PHEBURANE PLLT	CO	SP
SAIZENPREP IJ	2	SP	ROCALtrol CAPS (<i>calcitriol</i>)	3	QL(4 EA daily); MP
SEROSTIM SC 4 MG, 5 MG, 6 MG	2	SP	ROCALtrol SOLN PO (<i>calcitriol</i>)	3	AL(Up to 12 yrs old); MP
SKYTROFA	2	AL(Up to 16 yrs old); SP	SENSIPAR 30 MG, 60 MG (<i>cinacalcet hcl</i>)	3	QL(2 EA daily); SP; PA
SOGROYA	2	SP	SENSIPAR 90 MG (<i>cinacalcet hcl</i>)	3	QL(4 EA daily); SP; PA
ZOMACTON SOLR SC	2	SP	STRENSIQ	CO	SP; MP
Hormone Receptor Modulators			XPHOZAH	2	MP
EVISTA (<i>raloxifene hcl</i>)	2		YORVIPATH 168 MCG/0.56ML	3	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
<i>raloxifene hcl</i>	1		YORVIPATH 420 MCG/1.4ML	3	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
Metabolic Modifiers			YORVIPATH 294 MCG/0.98ML	3	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
<i>calcitriol CAPS</i>	3	QL(4 EA daily); MP	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	SP
<i>calcitriol SOLN PO</i>	3	AL(Up to 12 yrs old); MP	ZEMPLAR SOLN (<i>paricalcitol</i>)	NF	
<i>cinacalcet hcl 90 MG</i>	3	QL(4 EA daily); SP; PA	Mineralocorticoid Receptor Antagonists		
<i>cinacalcet hcl 30 MG, 60 MG</i>	3	QL(2 EA daily); SP; PA			
<i>doxercalciferol CAPS</i>	4	SP			
<i>doxercalciferol SOLN</i>	4				
ELFABRIO	CO	SP			
HECTOROL SOLN (<i>doxercalciferol</i>)	NF				
LAMZEDE	CO	SP			
OLPRUVA (2 GM DOSE) THPK	CO	SP			

Drug Name	Drug Tier	Requirements/Limits
KERENDIA	3	QL(1 EA daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	CO	SP
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	3	QL(6 EA daily)
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	2	QL(6 EA daily)
<i>desmopressin acetate spray</i>	3	PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	3	PA
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.1 MG</i>	3	QL(6 EA daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
Prolactin Inhibitors		
<i>cabergoline</i>	3	
Somatostatic Agents		
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML</i>	3	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	3	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
JYNARQUE TBPB	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
SAMSCA TABS (<i>tolvaptan</i>)	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
<i>tolvaptan TABS</i>	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	AL(Up to 64 yrs old); MP
<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	4	MP
<i>estradiol & norethindrone acetate TABS</i>	3	AL(Up to 64 yrs old); MP
MYFEMBREE	1	QL(28 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
<i>norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG</i>	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
<i>norethindrone acetate-ethinyl estradiol 1 MG-5 MCG</i>	3	AL(Up to 64 yrs old); MP
ORIAHNN	1	QL(56 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
PREMPHASE	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
PREMPRO	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL(0.143 EA daily); AL(Up to 64 yrs old); MP
DELESTROGEN (<i>estradiol valerate</i>)	3	MP
ESTRACE TABS 1 MG (<i>estradiol</i>)	2	AL(Up to 64 yrs old)
ESTRACE TABS 0.5 MG, 2 MG (<i>estradiol</i>)	3	AL(Up to 64 yrs old); MP
<i>estradiol valerate</i>	3	MP
<i>estradiol PTTW</i>	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
<i>estradiol PTWK</i>	3	QL(0.143 EA daily); AL(Up to 64 yrs old); MP
<i>estradiol TABS 0.5 MG, 2 MG</i>	3	AL(Up to 64 yrs old); MP
<i>estradiol TABS 1 MG</i>	1	AL(Up to 64 yrs old)
MENEST	3	AL(Up to 64 yrs old)
MINIVELLE PTTW (<i>estradiol</i>)	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
PREMARIN TABS	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
VIVELLE-DOT PTTW (<i>estradiol</i>)	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	2	
<i>ciprofloxacin hcl TABS</i>	1	QL(42 EA per fill retail)
<i>ciprofloxacin SUSR</i>	1	
CIPRO SUSR	1	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	2	QL(42 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS 250 MG, 500 MG</i>	1	QL(14 EA per fill retail)
<i>levofloxacin TABS 750 MG</i>	1	QL(28 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	2	QL(14 EA per fill retail)
<i>ofloxacin 300 MG, 400 MG</i>	2	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>prucalopride succinate</i>)	2	
<i>prucalopride succinate</i>	2	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	3	
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	3	
<i>simethicone CHEW</i>	3	
<i>simethicone LIQD PO</i>	3	
<i>simethicone SUSP</i>	3	
Gallstone Solubilizing Agents		
RELTONE CAPS	2	MP
URSO 250 TABS (<i>ursodiol</i>)	2	MP
URSO FORTE TABS (<i>ursodiol</i>)	2	MP
<i>ursodiol CAPS</i>	1	MP
URSODIOL CAPS	2	MP
<i>ursodiol TABS</i>	1	MP
Gastrointestinal Antiallergy Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium (mastocytosis)</i>	3		COLAZAL CAPS (<i>balsalazide disodium</i>)	2	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	3		DELZICOL CPDR (<i>mesalamine</i>)	2	
Gastrointestinal Chloride Channel Activators			DIPENTUM	2	
AMITIZA (<i>lubiprostone</i>)	2	QL(2 EA daily); AL(At least 18 yrs old)	ENTYVIO PEN SOAJ	2	SP
<i>lubiprostone</i>	1	QL(2 EA daily); AL(At least 18 yrs old)	ENTYVIO SOLR	2	SP
Gastrointestinal Stimulants			LIALDA TBEC (<i>mesalamine</i>)	2	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	3		<i>mesalamine CP24</i>	2	
<i>metoclopramide hcl TABS 10 MG</i>	1		<i>mesalamine CPCR</i>	2	
<i>metoclopramide hcl TABS 5 MG</i>	3		<i>mesalamine CPDR</i>	2	
REGLAN TABS 5 MG (<i>metoclopramide hcl</i>)	3		<i>mesalamine ENEM</i>	3	
REGLAN TABS 10 MG (<i>metoclopramide hcl</i>)	2		<i>mesalamine TBEC 1.2 GM</i>	1	
Ileal Bile Acid Transporter (IBAT) Inhibitors			<i>mesalamine TBEC 800 MG</i>	2	
LIVMARLI	CO	SP	OMVOH (300 MG DOSE) SOAJ	2	AL(At least 18 yrs old); SP
Inflammatory Bowel Agents			OMVOH (300 MG DOSE) SOSY	2	AL(At least 18 yrs old); SP
APRISO CP24 (<i>mesalamine</i>)	1		OMVOH SOAJ	2	AL(At least 18 yrs old); SP
ASACOL HD TBEC (<i>mesalamine</i>)	2		OMVOH SOSY	2	AL(At least 18 yrs old); SP
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	2		PENTASA CPCR	1	
AZULFIDINE TABS (<i>sulfasalazine</i>)	2		SFROWASA ENEM	3	
<i>balsalazide disodium CAPS</i>	2		SKYRIZI SOCT 360 MG/2.4ML	2	SP; PA
CIMZIA (2 SYRINGE) PSKT	2	SP	SKYRIZI SOCT 180 MG/1.2ML	2	SP
CIMZIA KIT	2	SP	STELARA 130 MG/26ML	2	SP
CIMZIA-STARTER PSKT	2	SP	<i>sulfasalazine TABS</i>	1	
			<i>sulfasalazine TBEC</i>	1	
			TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	2	SP
			TREMFYA SOAJ SC	2	SP
			TREMFYA SOLN IV	2	SP
			TREMFYA SOSY SC	2	SP

Drug Name	Drug Tier	Requirements/ Limits
VELSIPITY	2	AL(At least 18 yrs old); SP
ZYMFENTRA (1 PEN) AJKT	2	AL(At least 18 yrs old); SP
ZYMFENTRA (2 PEN) AJKT	2	AL(At least 18 yrs old); SP
ZYMFENTRA (2 SYRINGE) PSKT	2	AL(At least 18 yrs old); SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	CO	
<i>lactulose (encephalopathy)</i>	3	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
IBSRELA	2	QL(2 EA daily); AL(At least 18 yrs old)
LINZESS	1	QL(1 EA daily); AL(At least 6 yrs old)
LOTRONEX (<i>alosetron hcl</i>)	2	
VIBERZI	2	QL(2 EA daily)
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	
RELISTOR SOLN	2	
RELISTOR TABS	2	
SYMPROIC	2	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	2	MP
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP; PA
<i>calcium acetate (phosphate binder) TABS</i>	1	MP; PA; RX/OTC
<i>ferric citrate</i>	2	MP
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	2	MP
FOSRENOL PACK	2	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>lanthanum carbonate CHEW</i>	2	MP
RENAGEL (<i>sevelamer hcl</i>)	2	MP
RENVELA PACK (<i>sevelamer carbonate</i>)	2	MP
RENVELA TABS (<i>sevelamer carbonate</i>)	2	MP; PA
<i>sevelamer carbonate PACK</i>	2	MP
<i>sevelamer carbonate TABS</i>	1	MP; PA
<i>sevelamer hcl</i>	2	MP
VELPHORO	2	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	3	
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	3	
<i>potassium citrate-citric acid SOLN</i>	3	RX/OTC
<i>sodium citrate & citric acid</i>	3	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
Cystinosis Agents		
CYSTAGON CAPS	CO	SP
PROCYSBI CPDR	CO	SP
PROCYSBI PACK	CO	SP
Genitourinary Irrigants		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (gu irrigant) 0.9 %</i>	4		<i>colchicine CAPS</i>	2	
Hyperoxaluria Agents			<i>colchicine TABS</i>	1	
RIVFLOZA SOLN	CO	SP	COLCRYS TABS (<i>colchicine</i>)	2	
RIVFLOZA SOSY	CO	SP	<i>febuxostat</i>	2	
Interstitial Cystitis Agents			GLOPERBA SOLN PO	2	
ELMIRON CAPS	3	PA	MITIGARE CAPS (<i>colchicine</i>)	2	
Prostatic Hypertrophy Agents			ULORIC (<i>febuxostat</i>)	2	
<i>alfuzosin hcl</i>	1		ZYLOPRIM 100 MG (<i>allopurinol</i>)	2	
AVODART (<i>dutasteride</i>)	2		ZYLOPRIM 300 MG (<i>allopurinol</i>)	1	
CARDURA XL	2	MP	Uricosurics		
<i>dutasteride</i>	1		<i>probenecid</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2		HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
<i>finasteride</i>	1		Antihemophilic Products		
JALYN (<i>dutasteride-tamsulosin hcl</i>)	2		ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
PROSCAR (<i>finasteride</i>)	2		COAGADEX	CO	SP
RAPAFLO (<i>silodosin</i>)	2		ESPEROCT	CO	SP
<i>silodosin</i>	2		HEMLIBRA	CO	SP
<i>tamsulosin hcl</i>	1		JIVI	CO	SP
UROXATRAL (<i>alfuzosin hcl</i>)	1		NUWIQ KIT	CO	SP
Urinary Analgesics			NUWIQ SOLR	CO	SP
<i>phenazopyridine hcl TABS 100 MG</i>	3		REBINYN	CO	SP
<i>phenazopyridine hcl TABS 200 MG</i>	1		Complement Inhibitors		
PYRIDIUM TABS 200 MG (<i>phenazopyridine hcl</i>)	2		EMPAVELI	CO	SP
PYRIDIUM TABS 100 MG (<i>phenazopyridine hcl</i>)	3		ENJAYMO	CO	SP
GOUT AGENTS - Drugs to Treat Gout			FABHALTA	CO	SP
Gout Agent Combinations			PIASKY	CO	SP
<i>colchicine w/ probenecid</i>	1		SOLIRIS	CO	SP
Gout Agents			TAVNEOS	CO	SP
<i>allopurinol</i>	1		ULTOMIRIS	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
VEOPOZ	CO	SP
VOYDEYA TABS	CO	SP
VOYDEYA TBPB	CO	SP
ZILBRYSQ	CO	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	3	MP
Plasma Kallikrein Inhibitors		
TAKHZYRO SOSY	CO	SP
Plasma Proteins		
RYPLAZIM	CO	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	3	
<i>anagrelide hcl</i>	3	
<i>aspirin-dipyridamole</i>	2	MP
BRILINTA	1	MP
<i>cilostazol</i>	3	QL(2 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	QL(2 EA per 30 day(s) retail)
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>dipyridamole</i>	2	MP
EFFIENT (<i>prasugrel hcl</i>)	2	AL(Up to 75 yrs old); MP
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	2	QL(1 EA daily); MP
<i>prasugrel hcl</i>	1	AL(Up to 75 yrs old); MP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	CO	SP
PYRUKYND TABS	CO	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickie Cell Disease		
CASGEVY	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
DROXIA CAPS	3	MP
ENDARI (<i>glutamine (sickle cell)</i>)	2	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); AL(At least 5 yrs old); PA
<i>glutamine (sickle cell)</i>	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); AL(At least 5 yrs old); PA
LYFGENIA	CO	SP
OXBRYTA TABS 300 MG	3	QL(3 EA daily); AL(At least 4 yrs old); SP; PA
OXBRYTA TABS 500 MG	3	QL(3 EA daily); AL(At least 12 yrs old); SP; PA
OXBRYTA TBSO	3	QL(3 EA daily); AL(At least 4 yrs old); SP; PA
SIKLOS TABS	3	AL(At least 2 yrs old - Up to 14 yrs old); MP
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	3	MP
Folic Acid/Folates		
<i>folic acid TABS 400 MCG</i>	3	QL(1 EA daily); MP
<i>folic acid TABS 1 MG, 800 MCG</i>	3	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	SP
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	1	SP; PA
ARANESP (ALBUMIN FREE) SOSY	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	SP; PA	UDENYCA SOSY	2	QL(0.6 ML per 14 day(s) retail); SP
FULPHILA	2	QL(0.6 ML per 14 day(s) retail); SP	VAFSEO	2	AL(At least 18 yrs old); SP
FYLNETRA	2	QL(0.6 ML per 14 day(s) retail); SP	ZARXIO	2	QL(45 ML per 30 day(s) retail); SP
GRANIX SOLN	2	SP	ZIEXTENZO	2	QL(0.6 ML per 14 day(s) retail); SP
GRANIX SOSY	2	SP	Hematopoietic Mixtures		
JESDUVROQ	2	AL(At least 18 yrs old); SP	BIFERA	4	MP
LEUKINE SOLR IJ	2	SP	FEOSOL BIFERA	4	MP
NEULASTA ONPRO PSKT	2	QL(0.6 ML per 14 day(s) retail); SP	FERREX 150 FORTE PLUS	4	MP
NEULASTA SOSY	2	QL(0.6 ML per 14 day(s) retail); SP	FERREX 28 MISC	4	MP
NEUPOGEN SOLN	1	SP	FOLGARD RX TABS	3	AL(Up to 12 yrs old); MP
NEUPOGEN SOSY	1	SP	<i>folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.2 MG-1 MG</i>	3	AL(Up to 12 yrs old); MP
NIVESTYM SOLN	2	SP	<i>folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.5 MG-1 MG</i>	3	MP; RX/OTC
NIVESTYM SOSY	2	SP	FOLITAB 500	4	MP
NYVEPRIA	1	QL(0.6 ML per 14 day(s) retail); SP	FOLTABS 800 TABS	3	MP
PROCRIT	2	SP	HEMATRON-AF	4	MP
PROCRIT	2	SP	HEMATRON-AF (WITH DOCUSATE) (<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin</i>)	NF	MP; RX/OTC
RELEUKO SOLN	2	SP	HEMAX EZY-DOSE	4	MP
RELEUKO SOSY	2	SP	ICAR-C (<i>iron-vitamin c</i>)	NF	MP
RETACRIT	1	SP; PA	ICAR-C PLUS TABS (<i>iron-vitamin c-vitamin b12-folic acid</i>)	3	AL(Up to 12 yrs old); MP; RX/OTC
STIMUFEND	2	QL(0.6 ML per 14 day(s) retail); SP	<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	4	MP; RX/OTC
UDENYCA ONBODY SOSY	2	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP	<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin</i>	4	MP; RX/OTC
UDENYCA SOAJ	2	QL(0.6 ML per 14 day(s) retail); SP			

Drug Name	Drug Tier	Requirements/ Limits
<i>iron-vitamin c</i>	4	MP
<i>iron-vitamin c-vitamin b12-folic acid TABS</i>	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTIGEN	4	MP
NEPHRON FA	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Iron		
FEOSOL TABS (<i>ferrous sulfate dried</i>)	3	MP
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	3	AL(Up to 12 yrs old); MP
<i>ferrous gluconate TABS</i>	3	MP
FERROUS GLUCONATE TABS 324 MG	3	MP
<i>ferrous sulfate dried TABS</i>	3	MP
<i>ferrous sulfate dried TBCR 45 MG</i>	3	MP
<i>ferrous sulfate SOLN</i>	3	AL(Up to 12 yrs old); MP
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	3	MP
<i>ferrous sulfate TBEC</i>	3	MP
FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	3	MP
Stem Cell Mobilizers		
XOLREMDI	CO	SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
SEZABY SOLR	CO	
Non-Barbiturate Hypnotics		
IGALMI FILM	CO	SP
<i>midazolam hcl SOLN IJ 25 MG/5ML, 50 MG/10ML</i>	3	QL(5 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>midazolam hcl SOLN IJ 5 MG/ML, 10 MG/2ML</i>	3	QL(4 ML per 30 day(s) retail)
ZOLPIDEM TARTRATE CAPS	CO	
Orexin Receptor Antagonists		
QUVIVIQ	CO	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
HYDROCIL POWD (<i>psyllium</i>)	3	
METAMUCIL 4 IN 1 FIBER POWD (<i>psyllium</i>)	3	
METAMUCIL FREE & NATURAL POWD (<i>psyllium</i>)	3	
METAMUCIL POWD (<i>psyllium</i>)	2	
<i>psyllium POWD 48.57 %</i>	2	
<i>psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %</i>	3	
Laxative Combinations		
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	3	
<i>sennosides-docusate sodium TABS</i>	3	
SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	3	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	1 package(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	2	1 package(s) per 30 day(s) retail	DULCOLAX SUPP (<i>bisacodyl</i>)	3	
Laxatives - Miscellaneous			DULCOLAX TBEC (<i>bisacodyl</i>)	3	
<i>lactulose SOLN</i>	3		<i>sennosides CAPS</i>	3	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	3		<i>sennosides LIQD</i>	3	
<i>polyethylene glycol 3350 POWD</i>	3		<i>sennosides SYRP 8.8 MG/5ML</i>	3	
Lubricant Laxatives			<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	3	
FLEET OIL ENEM (<i>mineral oil</i>)	3		SENOKOT TABS (<i>sennosides</i>)	3	
<i>mineral oil ENEM</i>	3		Surfactant Laxatives		
Saline Laxatives			<i>benzocaine-docusate sodium ENEM</i>	3	
FLEET ENEMA ENEM (<i>sodium phosphates</i>)	3		COLACE CLEAR CAPS (<i>docusate sodium</i>)	3	
FLEET PEDIATRIC ENEM (<i>sodium phosphates</i>)	3		COLACE CAPS 100 MG (<i>docusate sodium</i>)	3	
FLEET SALINE ENEMA ENEM (<i>sodium phosphates</i>)	3		<i>docusate calcium</i>	3	
<i>magnesium citrate 1.745 GM/30ML</i>	3		<i>docusate sodium CAPS</i>	3	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	3		<i>docusate sodium ENEM 283 MG/5ML</i>	3	
<i>magnesium oxide (laxative)</i>	3	MP	<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	3	
PHILLIPS (<i>magnesium oxide (laxative)</i>)	3	MP	<i>docusate sodium TABS</i>	3	
<i>sodium phosphates ENEM</i>	3		MACROLIDES - Drugs to Treat Bacterial Infections		
Stimulant Laxatives			Azithromycin		
<i>bisacodyl SUPP</i>	3		<i>azithromycin PACK</i>	1	QL(2 EA per fill retail)
<i>bisacodyl TBEC</i>	3		<i>azithromycin SUSR</i>	1	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	3		<i>azithromycin TABS 500 MG</i>	1	QL(3 EA per fill retail)
			<i>azithromycin TABS 600 MG</i>	1	QL(12 EA per fill retail)
			<i>azithromycin TABS 250 MG</i>	1	
			ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	2	QL(3 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	2	
ZITHROMAX PACK	2	QL(2 EA per fill retail)
ZITHROMAX SUSR (<i>azithromycin</i>)	2	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	2	QL(3 EA per fill retail)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	2	
Clarithromycin		
<i>clarithromycin</i> SUSR	1	
<i>clarithromycin</i> TABS	1	QL(28 EA per fill retail)
<i>clarithromycin</i> TB24	2	
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	2	MP
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	2	MP
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	2	MP
<i>erythromycin</i> base CPEP	2	
<i>erythromycin</i> base TABS	2	
<i>erythromycin</i> base TBEC	2	
<i>erythromycin ethylsuccinate</i> SUSR 200 MG/5ML	1	MP
<i>erythromycin ethylsuccinate</i> SUSR 400 MG/5ML	2	MP
<i>erythromycin ethylsuccinate</i> TABS	1	MP
<i>erythromycin ethylsuccinate</i> TABS	2	MP
<i>erythromycin stearate</i> TABS 250 MG	1	
Fidaxomicin		

Drug Name	Drug Tier	Requirements/ Limits
DIFICID SUSR	1	AL(Up to 17 yrs old)
DIFICID TABS	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
CAYA DPRH	3	
CONDOMS	3	QL(36 EA per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN DEVI	3	QL(36 EA per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN MISC	3	QL(36 EA per 30 day(s) retail)
DUREX REALFEEL	3	QL(36 EA per 30 day(s) retail)
DUREX TROPICAL MISC	3	QL(36 EA per 30 day(s) retail)
FANTASY LUBRICATED/SPERMICI DE MISC	3	QL(36 EA per 30 day(s) retail)
FANTASY LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
FC2 FEMALE CONDOM	3	QL(36 EA per 30 day(s) retail)
FEMCAP DEVI	3	
KAMELEON LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO COLORS DEVI	3	QL(36 EA per 30 day(s) retail)
KIMONO MAXX-LARGE FLARE MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MICRO THIN PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MICRO THIN MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PS PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SENSATION PLUS MISC	3	QL(36 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO SENSATION MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUB/SPERMICIDE XL MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SPECIAL DEVI	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUBRICATED EX LARGE MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUBRICATED EXTRA ST MISC	3	QL(36 EA per 30 day(s) retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUBRICATED/SPERMICI DE MISC	3	QL(36 EA per 30 day(s) retail)
K-Y ME & YOU INTENSE DEVI	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
MAXX PLUS MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX NATURAL CONDOMS + LUBE MISC	3	QL(36 EA per 30 day(s) retail)
MAXX MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX NON-LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
REALITY LATEX CONDOMS MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX RIA LUB/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)
REALITY LATEX/ULTRA TEXTURED DEVI	3	QL(36 EA per 30 day(s) retail)	TRUSTEX RIA LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
REALITY LATEX/ULTRA THIN DEVI	3	QL(36 EA per 30 day(s) retail)	TRUSTEX RIA NON-LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN ENZ MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN MAGNUM MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 60	3	
TROJAN ULTRA THIN/SPERMICIDAL MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 65	3	
TROJAN ULTRA THIN MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 70	3	
TROJAN-ENZ LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 75	3	
TROJAN-ENZ/SPERMICIDAL MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 80	3	
TRUE COVER DEVI	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 85	3	
TRUSTEX COLOR CONDOMS + LUBE MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 90	3	
TRUSTEX LUB/RIBBED/STUDED MISC	3	QL(36 EA per 30 day(s) retail)	WIDE-SEAL DIAPHRAGM 95	3	
TRUSTEX LUB/SPERMICIDE EX ST MISC	3	QL(36 EA per 30 day(s) retail)	Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNILET COMFORTOUCH	4	RX/OTC	ADVOCATE LANCING DEVICE MISC	4	
ACCU-CHEK AVIVA SOLN	3		ADVOCATE RAPID-SAFE LANCING MISC	4	
ACCU-CHEK FASTCLIX LANCET KIT	4		ADVOCATE REDI-CODE+ CONTROL SOLN	4	QL(1 EA per 30 day(s) retail)
ACCU-CHEK FASTCLIX LANCETS	4	RX/OTC	ADVOCATE REDI-CODE+ CONTROL SOLN	3	
ACCU-CHEK GUIDE CONTROL LIQD	3		ADVOCATE SAFETY LANCETS	4	RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	4	RX/OTC	ADVOCATE SAFETY LANCETS 26G	4	RX/OTC
ACCU-CHEK SMARTVIEW CONTROL LIQD	3		AGAMATRIX CONTROL LEVEL 2 SOLN	3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	4		AGAMATRIX CONTROL LEVEL 4 SOLN	3	
ACCU-CHEK SOFTCLIX LANCETS	4	RX/OTC	AGAMATRIX CONTROL SOLN	3	
ACCUTREND GLUCOSE CONTROL SOLN	3		AGAMATRIX ULTRA-THIN LANCETS	4	RX/OTC
ACTI-LANCE 28G	4	RX/OTC	AIMSCO TWIST LANCETS 32G	4	RX/OTC
ACTI-LANCE LITE LANCETS 28G	4	RX/OTC	AIMSCO TWIST LANCETS 33G	4	RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	4	RX/OTC	AMBI-TRAY MISC	4	RX/OTC
ACTI-LANCE UNIVERSAL 23G	4	RX/OTC	AQUALANCE LANCETS 30G	4	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	4		ASSURE 3 CONTROL LIQD	3	
ADVANCE MICRO-DRAW CONTROL LIQD	3		ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	3	
ADVANCE MICRO-DRAW NORMAL LIQD	3		ASSURE COMFORT LANCETS 28G	4	RX/OTC
ADVANCED MOBILE LANCET	4	RX/OTC	ASSURE DOSE NORM/HIGH CONTROL SOLN	3	
ADVOCATE CONTROL SOLUTION LIQD	3		ASSURE HAEMOLANCE PLUS HIGH	4	RX/OTC
ADVOCATE LANCETS	4	RX/OTC	ASSURE HAEMOLANCE PLUS LOW	4	RX/OTC
ADVOCATE LANCETS 30G	4	RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS NORMAL	4	RX/OTC	AUTOLET PLATFORMS MISC	4	
ASSURE HAEMOLANCE PLUS PED	4	RX/OTC	AUTOLET PLUS MISC	4	
ASSURE II CONTROL LEVEL 1 & 2 LIQD	3		BD LANCET ULTRAFINE 30G	4	RX/OTC
ASSURE II CONTROL LIQD	3		BD LANCET ULTRAFINE 33G	4	RX/OTC
ASSURE LANCE LANCETS	4	RX/OTC	BD MICROTAINER LANCETS	4	RX/OTC
ASSURE LANCE LANCETS 21G	4	RX/OTC	BIGFOOT UNITY PEN CAP/ADMELOG MISC	4	RX/OTC
ASSURE LANCE PLUS SAFETY 25G	4	RX/OTC	BIGFOOT UNITY PEN CAP/APIDRA MISC	4	RX/OTC
ASSURE LANCE PLUS SAFETY 30G	4	RX/OTC	BIGFOOT UNITY PEN CAP/ASPART MISC	4	RX/OTC
ASSURE LANCE SAFETY LANCET 28G	4	RX/OTC	BIGFOOT UNITY PEN CAP/BASAGLAR MISC	4	RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	3		BIGFOOT UNITY PEN CAP/FIASP MISC	4	RX/OTC
ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	3		BIGFOOT UNITY PEN CAP/HUMALOG MISC	4	RX/OTC
AURORA LANCET SUPER THIN 30G	4	RX/OTC	BIGFOOT UNITY PEN CAP/LANTUS MISC	4	RX/OTC
AURORA LANCET THIN 23G	4	RX/OTC	BIGFOOT UNITY PEN CAP/LISPRO MISC	4	RX/OTC
AUTO-LANCET MINI MISC	4		BIGFOOT UNITY PEN CAP/LYUMJEV MISC	4	RX/OTC
AUTO-LANCET MISC	4		BIGFOOT UNITY PEN CAP/NOVOLOG MISC	4	RX/OTC
AUTOLET II CLINISAFE KIT	4		BIGFOOT UNITY PEN CAP/TOUJEO M MISC	4	RX/OTC
AUTOLET LANCING DEVICE MISC	4		BIGFOOT UNITY PEN CAP/TOUJEO MISC	4	RX/OTC
AUTOLET LITE CLINISAFE KIT	4		BIGFOOT UNITY PEN CAP/TRESIBA MISC	4	RX/OTC
AUTOLET LITE LANCING DEVICE MISC	4		BLULINK CONTROL HIGH & LOW LIQD	3	
AUTOLET LITE STARTER PACK KIT	4		CARDIOCOM LANCING DEVICE MISC	4	
AUTOLET MINI MISC	4		CAREONE ADVANCED LANCING DEV MISC	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET SUPER THIN 30G	4	RX/OTC	CLEVER CHOICE LANCETS 21G	4	RX/OTC
CAREONE LANCET THIN 23G	4	RX/OTC	CLEVER CHOICE LANCETS 23G	4	RX/OTC
CARESENS CONTROL A SOLN	3		CLEVER CHOICE LANCETS 28G	4	RX/OTC
CARESENS CONTROL SOLUTION A/B SOLN	3		COAGUCHEK LANCETS	4	RX/OTC
CARESENS LANCETS	4	RX/OTC	COMFORT ASSURED LANCETS 28G	4	RX/OTC
CARESENS LANCETS 30G	4	RX/OTC	COMFORT ASSURED LANCETS 33G	4	RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	3		COMFORT LANCETS	4	RX/OTC
CARETOUCH LANCING/EJECTOR MISC	4		COMFORT TOUCH LANCETS 31G	4	RX/OTC
CARETOUCH SAFETY LANCETS	4	RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	4	RX/OTC
CARETOUCH SAFETY LANCETS 26G	4	RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	4	RX/OTC
CARETOUCH TWIST LANCETS 28G	4	RX/OTC	COMFORT TOUCH TWIST LANCET 30G	4	RX/OTC
CARETOUCH TWIST LANCETS 30G	4	RX/OTC	CONTOUR CONTROL LIQD	3	
CARETOUCH TWIST LANCETS 33G	4	RX/OTC	COOL CONTROL A SOLN	3	
CARETOUCH TWIST MC LANCETS 30G	4	RX/OTC	COOL CONTROL B SOLN	3	
CHOSEN LANCETS 30G	4	RX/OTC	CVS LANCETS 21G	4	RX/OTC
CHOSEN LANCING DEVICE MISC	4		CVS LANCETS MICRO THIN 33G	4	RX/OTC
CHOSEN SAFETY LANCETS 28G	4	RX/OTC	CVS LANCETS ORIGINAL	4	RX/OTC
CLEANLET LANCETS 28G	4	RX/OTC	CVS LANCETS THIN 26G	4	RX/OTC
CLEVER CHEK LANCETS	4	RX/OTC	CVS LANCETS ULTRA THIN 30G	4	RX/OTC
CLEVER CHOICE COMFORT EZ	4	RX/OTC	CVS LANCETS ULTRA-THIN 30G	4	RX/OTC
CLEVER CHOICE GLUCOSE CONTROL LIQD	3		CVS LANCING DEVICE MISC	4	
			CVS ULTRA THIN LANCETS	4	RX/OTC
			DEXCOM G6 RECEIVER	4	PA
			DEXCOM G6 SENSOR	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 TRANSMITTER	4	PA	EASY MINI EJECT LANCING DEVICE MISC	4	
DEXCOM G7 RECEIVER	4	PA	EASY MINI LANCING DEVICE MISC	4	
DEXCOM G7 SENSOR	4	PA	EASY PLUS II CONTROL SOLN	3	
DIATHRIVE GLUCOSE CONTROL SOLN LIQD	3		EASY STEP CONTROL SOLN	3	
DIATHRIVE LANCET ULTRA THIN 30	4	RX/OTC	EASY TALK CONTROL SOLN	3	
DIATHRIVE LANCETS	4	RX/OTC	EASY TALK PLUS II CONTROL SOLN	3	
DIATHRIVE LANCING DEVICE MISC	4		EASY TOUCH CONTROL HIGH & LOW SOLN	3	
DIATRUE CONTROL LEVEL 3 SOLN	3		EASY TOUCH HEALTHPRO HIGH/LOW LIQD	3	
DROPLET GENTEEL LANCING DEVICE MISC	4		EASY TOUCH LANCETS 21G	4	RX/OTC
DROPLET LANCETS ULTRA THIN 30G	4	RX/OTC	EASY TOUCH LANCETS 23G	4	RX/OTC
DROPLET LANCING DEVICE MISC	4		EASY TOUCH LANCETS 26G	4	RX/OTC
DROPLET PERSONAL LANCETS 30G	4	RX/OTC	EASY TOUCH LANCETS 28G	4	RX/OTC
DROPSAFE ACTI-LANCE 23G	4	RX/OTC	EASY TOUCH LANCETS 28G/TWIST	4	RX/OTC
DRUG MART LANCETS THIN 26G	4	RX/OTC	EASY TOUCH LANCETS 30G	4	RX/OTC
DRUG MART LANCING DEVICE MISC	4		EASY TOUCH LANCETS 30G/TWIST	4	RX/OTC
DRUG MART ON-THE-GO LANCET 30G	4	RX/OTC	EASY TOUCH LANCETS 32G	4	RX/OTC
DRUG MART UNILET LANCETS 28G	4	RX/OTC	EASY TOUCH LANCETS 32G/TWIST	4	RX/OTC
DRUG MART UNILET LANCETS 30G	4	RX/OTC	EASY TOUCH LANCETS 33G/TWIST	4	RX/OTC
DRUG MART UNILET LANCETS 33G	4	RX/OTC	EASY TOUCH LANCING DEVICE MISC	4	
DUO-CARE CONTROL SOLUTION LIQD	3		EASY TOUCH SAFETY LANCETS 21G	4	RX/OTC
EASY COMFORT LANCETS	4	RX/OTC	EASY TOUCH SAFETY LANCETS 23G	4	RX/OTC
EASY COMFORT LANCETS TWIST TOP	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS 26G	4	RX/OTC	EVERSENSE 365 SENSOR/HOLDER	4	PA
EASY TOUCH SAFETY LANCETS 28G	4	RX/OTC	EVERSENSE 365 SMART TRANSMIT	4	PA
EASY TRAK CONTROL SOLN	3		EVERSENSE E3 SENSOR/HOLDER	4	PA
EASYMAX 15 LEVEL 2 CONTROL SOLN	3		EVERSENSE E3 SMART TRANSMITTER	4	PA
EASYMAX 15 LEVEL 2-3 CONTROL LIQD	3		EVERSENSE SENSOR/HOLDER	4	PA
EASYMAX CONTROL NORMAL/HIGH LIQD	3		EVERSENSE SMART TRANSMITTER	4	PA
ELEMENT COMPACT CONTROL 2 SOLN	3		E-Z JECT LANCET MICRO-THIN 33G	4	RX/OTC
ELEMENT COMPACT CONTROL 3 SOLN	3		E-Z JECT LANCET SUPER THIN 30G	4	RX/OTC
ELEMENT CONTROL LIQD	3		E-Z JECT LANCETS	4	RX/OTC
EMBRACE GLUCOSE CONTROL LIQD	3		E-Z JECT LANCETS 21G	4	RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	4	RX/OTC	E-Z JECT LANCETS THIN 26G	4	RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	4		EZ-LETS LANCETS 21G	4	RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	4	RX/OTC	EZ-LETS LANCETS 26G	4	RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	4	RX/OTC	EZ-LETS LANCETS 28G	4	RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	3		EZ-LETS LANCETS 30G	4	RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLN	3		FIFTY50 SAFETY SEAL LANCETS	4	RX/OTC
ENLITE GLUCOSE SENSOR	4	PA	FIFTY50 UNILET LANCETS 33G	4	RX/OTC
EQL COLOR LANCETS 21G	4	RX/OTC	FINE 30	4	RX/OTC
EQL COLOR LANCETS MICRO 33G	4	RX/OTC	FINGERSTIX LANCETS	4	RX/OTC
EQL SUPER THIN LANCETS 30G	4	RX/OTC	FORA CONTROL SOLN	3	
EQL THIN LANCETS 26G	4	RX/OTC	FORA LANCETS	4	RX/OTC
			FORA LANCING DEVICE MISC	4	
			FORACARE GDH CONTROL SOLN	3	
			FORTISCARE CONTROL SOLN	3	
			FREDS PHARMACY AUTOLET LANCING MISC	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNILET LANC 28G	4	RX/OTC	GENTEEL CONTACT TIPS (YELLOW) MISC	4	
FREDS PHARMACY UNILET LANC 30G	4	RX/OTC	GENTEEL LANCING KIT (BLUE) KIT	4	
FREESTYLE CONTROL SOLUTION LIQD	3		GENTEEL NOZZLES MISC	4	
FREESTYLE LANCETS	4	RX/OTC	GENTEEL PLUS LANCING (BLACK) MISC	4	
FREESTYLE LIBRE 14 DAY READER	4	PA	GENTEEL PLUS LANCING (PURPLE) MISC	4	
FREESTYLE LIBRE 14 DAY SENSOR	4	PA	GENTEEL PLUS LANCING (WHITE) MISC	4	
FREESTYLE LIBRE 2 PLUS SENSOR	4	PA	GENTEEL PLUS LANCING DEV(BLUE) MISC	4	
FREESTYLE LIBRE 2 READER	4	PA	GENTEEL PLUS LANCING DEV(PINK) MISC	4	
FREESTYLE LIBRE 2 SENSOR	4	PA	GENTLE-LET GP LANCETS	4	RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA	GENTLE-LET LANCETS	4	RX/OTC
FREESTYLE LIBRE 3 READER	4	PA	GENTLE-LET PLATFORMS MISC	4	
FREESTYLE LIBRE 3 SENSOR	4	PA	GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC
FREESTYLE LIBRE READER	4	PA	GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC
FREESTYLE UNISTICK II LANCETS	4	RX/OTC	GLOBAL LANCING DEVICE MISC	4	
GENTEEL BUTTERFLY TOUCH LANCET	4	RX/OTC	GLUCOCARD 01 CONTROL LIQD	3	
GENTEEL CONTACT TIPS (BLUE) MISC	4		GLUCOCARD EXPRESSION CONTROL SOLN	3	
GENTEEL CONTACT TIPS (CLEAR) MISC	4		GLUCOCARD SHINE CONTROL SOLN	3	
GENTEEL CONTACT TIPS (GREEN) MISC	4		GLUCOCOM CONTROL LIQD	3	
GENTEEL CONTACT TIPS (ORANGE) MISC	4		GLUCOCOM LANCETS 28G	4	RX/OTC
GENTEEL CONTACT TIPS (RAINBOW) MISC	4		GLUCOCOM LANCETS 30G	4	RX/OTC
GENTEEL CONTACT TIPS (VIOLET) MISC	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 33G	4	RX/OTC	GUARDIAN CONNECT TRANSMITTER	4	PA
GLUCOSE CONTROL SOLN	3		GUARDIAN LINK 3 TRANSMITTER	4	PA
GNP EASY TOUCH CONT HIGH/LOW LIQD	3		GUARDIAN REAL-TIME CHARGER MISC	4	PA; RX/OTC
GNP EASY TOUCH CONT HIGH/LOW SOLN	3		GUARDIAN REAL-TIME REPLACE PED	4	PA
GNP LANCETS 21G	4	RX/OTC	GUARDIAN REAL-TIME TEST PLUG MISC	4	PA; RX/OTC
GNP LANCETS THIN 26G	4	RX/OTC	GUARDIAN SENSOR (3)	4	PA
GNP LANCING SYSTEM DEVICE MISC	4		GUARDIAN SENSOR 3	4	PA
GNP STERILE LANCETS 28G	4	RX/OTC	HAEMOLANCE	4	RX/OTC
GNP STERILE LANCETS 30G	4	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	4	RX/OTC
GNP STERILE LANCETS 33G	4	RX/OTC	HAEMOLANCE PLUS	4	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	4		HAEMOLANCE PLUS HIGH FLOW	4	RX/OTC
GOJJI STERILE LANCETS	4	RX/OTC	HAEMOLANCE PLUS LOW FLOW	4	RX/OTC
GOODSENSE COLOR LANCETS 33G	4	RX/OTC	HAEMOLANCE PLUS MAX FLOW	4	RX/OTC
GOODSENSE LANCETS 26G UNIV	4	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	4	RX/OTC
GOODSENSE LANCETS 30G	4	RX/OTC	HEALTH CARE LANCING DEVICE MISC	4	
GOODSENSE LANCETS 30G UNIV	4	RX/OTC	HEALTHY ACCENTS LANCING DEVICE MISC	4	
GOODSENSE LANCETS 33G	4	RX/OTC	HEALTHY ACCENTS UNILET LANCETS	4	RX/OTC
GOODSENSE LANCETS 33G UNIV	4	RX/OTC	H-E-B INCONTROL ADV LANCING MISC	4	
GOODSENSE LANCING DEVICE MISC	4		H-E-B INCONTROL LANCETS 28G	4	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	4	PA	H-E-B INCONTROL LANCETS 30G	4	RX/OTC
GUARDIAN 4 TRANSMITTER	4	PA	H-E-B INCONTROL LANCETS 33G	4	RX/OTC
			HYPOLANCE AST LANCING KIT	4	
			HY-VEE LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HY-VEE THIN LANCETS	4	RX/OTC	LANCETS	4	RX/OTC
IHEALTH CONTROL SOLUTION LIQD	3		LANCETS 28G THIN	4	RX/OTC
IHEALTH LANCING DEVICE MISC	4		LANCETS 30G	4	RX/OTC
IN TOUCH GLUCOSE CONTROL SOLN	3		LANCETS 33G	4	RX/OTC
IN TOUCH LANCING DEVICE MISC	4		LANCETS MICRO THIN 33G	4	RX/OTC
IN TOUCH STERILE LANCETS 30G	4	RX/OTC	LANCETS SUPER THIN	4	RX/OTC
INFINITY CONTROL SOLN	3		LANCETS SUPER THIN 28G	4	RX/OTC
INSUL-CAP MISC	4	RX/OTC	LANCETS THIN	4	RX/OTC
INSUL-EZE MISC	4	RX/OTC	LANCETS ULTRA THIN	4	RX/OTC
KINNEY LANCETS	4	RX/OTC	LANCETS ULTRA THIN 30G	4	RX/OTC
KINNEY THIN LANCETS	4	RX/OTC	LANCING DEVICE MISC	4	
KROGER AUTOLET LANCING DEVICE MISC	4		LANZO MISC	4	
KROGER HEALTHPRO CONTROL HI/LO LIQD	3		LEADER ADVANCED LANCING DEVICE MISC	4	
KROGER HEALTHPRO LANCET 26G	4	RX/OTC	LIBERTY GLUCOSE CONTROL MID SOLN	3	
KROGER LANCETS	4	RX/OTC	LIBERTY MEDICAL LANCETS	4	RX/OTC
KROGER LANCETS 21G	4	RX/OTC	LIBERTY MINI LANCING DEVICE MISC	4	
KROGER LANCETS MICRO THIN 33G	4	RX/OTC	LIFESCAN UNISTIK 2	4	RX/OTC
KROGER LANCETS SUPER THIN	4	RX/OTC	LIFESCAN UNISTIK II LANCETS	4	RX/OTC
KROGER LANCETS THIN	4	RX/OTC	LITE TOUCH LANCETS	4	RX/OTC
KROGER LANCETS THIN 26G	4	RX/OTC	LITE TOUCH LANCING PEN MISC	4	
KROGER LANCETS ULTRATHIN 30G	4	RX/OTC	LITETOUCH LANCETS	4	RX/OTC
KROGER LANCING DEVICE MISC	4		LIVE BETTER ADV LANCING DEVICE MISC	4	
LANCET DEVICE WITH EJECTOR MISC	4		LIVE BETTER LANCET SUPER THIN	4	RX/OTC
LANCET DEVICE MISC	4		LIVE BETTER LANCET ULTRA THIN	4	RX/OTC
LANCET TRANSPORTER CASE MISC	4		LONGS LANCETS STANDARD	4	RX/OTC
			LONGS LANCETS THIN	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LONGS LANCETS ULTRA THIN	4	RX/OTC	MICROLET NEXT LANCING DEVICE MISC	4	
MEDICHOICE SAFETY LANCET	4	RX/OTC	MINI LANCING DEVICE MISC	4	
MEDICHOICE SAFETY LANCET EXTRA	4	RX/OTC	MINILINK REAL-TIME TRANSMITTER	4	PA
MEDICHOICE SAFETY LANCET NORM	4	RX/OTC	MINIMED 630G GUARDIAN PRESS	4	PA
MEDISENSE GLUCOSE KETONE CONTR LIQD	3		MM LANCING DEVICE MISC	4	
MEDISENSE HI/MID/LOW CONTROL LIQD	3		MM TWIST LANCETS	4	RX/OTC
MEDLANCE EXTRA 21G	4	RX/OTC	MONOLET LANCETS	4	RX/OTC
MEDLANCE LITE 25G	4	RX/OTC	MONOLET OPD LANCETS	4	RX/OTC
MEDLANCE PLUS EXTRA 21G	4	RX/OTC	MONOLETTOR SAFETY LANCETS	4	RX/OTC
MEDLANCE PLUS LANCETS	4	RX/OTC	MPD SAFETY LANCET 21G	4	RX/OTC
MEDLANCE PLUS LITE 25G	4	RX/OTC	MPD SAFETY LANCET 23G	4	RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	4	RX/OTC	MPD SAFETY LANCET 28G	4	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	4	RX/OTC	MPD SAFETY LANCET 30G	4	RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	4	RX/OTC	MULTI-LANCET DEVICE 2 KIT	4	
MEDLANCE UNIVERSAL 21G	4	RX/OTC	MULTI-LANCET DEVICE MISC	4	
MEIJER LANCETS	4	RX/OTC	MYGLUCOHEALTH CONTROL SOLN	3	
MEIJER LANCETS THIN	4	RX/OTC	MYGLUCOHEALTH LANCETS 30G	4	RX/OTC
MEIJER LANCETS UNIVERSAL 21G	4	RX/OTC	NEUTEK 2TEK CONTROL SOLN	3	
MEIJER LANCETS UNIVERSAL 30G	4	RX/OTC	NOVA MAX PLUS GLU/KET CONTROL LIQD	3	
MEIJER LANCETS UNIVERSAL 33G	4	RX/OTC	NOVA SAFETY LANCETS 23G	4	RX/OTC
MEIJER SUPER THIN LANCETS	4	RX/OTC	NOVA SAFETY LANCETS 28G	4	RX/OTC
MICRODOT CONTROL HIGH/LOW SOLN	3				
MICROLET LANCETS	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS	4	RX/OTC	PARADIGM REAL-TIME TRANSMITTER	4	PA
NOVA SUREFLEX LANCING DEVICE MISC	4		PC LANCETS SUPER THIN 30G	4	RX/OTC
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	PA	PENLET II BLOOD SAMPLER KIT	4	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	4	PA	PENLET II REPLACEMENT CAP MISC	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	4	PA	PERFECT LANCETS 28G	4	RX/OTC
OMNIPOD 5 LIBRE2 PLUS G6 KIT	4	PA	PERFECT LANCETS 30G	4	RX/OTC
OMNIPOD CLASSIC PODS (GEN 3) MISC	4	PA	PERFECT POINT SAFETY LANCETS	4	RX/OTC
OMNIPOD DASH INTRO (GEN 4) KIT	4	PA	PHARMACIST CHOICE LANCETS	4	RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	4	PA	PHARMACY COUNTER LANCETS	4	RX/OTC
ONETOUCH CLUB LANCETS FINE PT	4	RX/OTC	PIP GLUCOSE CONTROL SOLUTION LIQD	3	
ONETOUCH DELICA LANCETS 33G	4	RX/OTC	PIP LANCETS 28G	4	RX/OTC
ONETOUCH DELICA PLUS LANCET30G	4	RX/OTC	PIP LANCETS 30G	4	RX/OTC
ONETOUCH DELICA PLUS LANCET33G	4	RX/OTC	POCKETCHEM EZ CONTROL SOLN	3	
ONETOUCH DELICA PLUS LANCING MISC	4		PRECISION GLUCOSE KETONE CONTR LIQD	3	
ONETOUCH DELICA SAFETY LANCING	4	RX/OTC	PRECISION THINS GP LANCETS	4	RX/OTC
ONETOUCH FINEPOINT LANCETS	4	RX/OTC	PREFERRED PLUS LANCETS COLORED	4	RX/OTC
ONETOUCH SURESOFT LANCING DEV MISC	4		PREFERRED PLUS LANCETS THIN	4	RX/OTC
ONETOUCH ULTRA CONTROL LIQD	3		PRO COMFORT LANCETS 30G	4	RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	4	RX/OTC	PRO COMFORT LANCETS 31G	4	RX/OTC
ONETOUCH ULTRASOFT LANCETS	4	RX/OTC	PRO COMFORT SAFETY LANCETS 30G	4	RX/OTC
ONETOUCH VERIO LIQD	3		PRODIGY CONTROL SOLUTION SOLN	4	QL(1 EA per 30 day(s) retail)
OVAL TAPE MISC	4	PA; RX/OTC	PRODIGY CONTROL SOLUTION SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRODIGY COUNT-A-DOSE MISC	4	RX/OTC	RA E-ZJECT LANCETS 28G	4	RX/OTC
PRODIGY LANCETS 28G	4	RX/OTC	RA E-ZJECT LANCETS THIN 26G	4	RX/OTC
PRODIGY LANCING DEVICE MISC	4		RA E-ZJECT LANCETS THIN 28G	4	RX/OTC
PRODIGY SAFETY LANCETS 26G	4	RX/OTC	RA E-ZJECT LANCETS ULTRA THIN	4	RX/OTC
PRODIGY TWIST TOP LANCETS 28G	4	RX/OTC	READYLANCER SAFETY LANCETS	4	RX/OTC
PSS SELECT GP LANCETS	4	RX/OTC	REALITY LANCETS	4	RX/OTC
PSS SELECT PLATFORMS MISC	4		REALITY TRIGGER LANCETS	4	RX/OTC
PSS SELECT SAFETY LANCETS	4	RX/OTC	REFUAH PLUS GLUCOSE CONTROL SOLN	3	
PURE COMFORT LANCETS 30G	4	RX/OTC	RELION LANCET DEVICES 30G	4	RX/OTC
PX ADVANCED LANCING DEVICE MISC	4		RELION LANCETS	4	RX/OTC
PX LANCET AUTO INJECTOR MISC	4		RELION LANCETS MICRO-THIN 33G	4	RX/OTC
PX LANCETS MICROTHIN 33G	4	RX/OTC	RELION LANCETS THIN 26G	4	RX/OTC
PX LANCETS ULTRA THIN	4	RX/OTC	RELION LANCETS ULTRA-THIN 30G	4	RX/OTC
PX LANCETS ULTRA THIN 28G	4	RX/OTC	RELION LANCING DEVICE KIT	4	
QC ADVANCED LANCING DEVICE MISC	4		RELION LANCING DEVICE MISC	4	
QC LANCETS SUPER THIN 30G	4	RX/OTC	RELION ULTRA THIN LANCETS 30G	4	RX/OTC
QC LANCETS ULTRA THIN	4	RX/OTC	RELION ULTRA THIN PLUS LANCETS	4	RX/OTC
QC UNILET LANCETS 28G	4	RX/OTC	REXALL LANCETS ULTRA THIN 30G	4	RX/OTC
QC UNILET LANCETS MICRO THIN	4	RX/OTC	RIGHTEST ALTERNATE SITE ADAPT MISC	4	
QUICKTEK CONTROL SOLUTION LIQD	3		RIGHTEST GC300 CONTROL LIQD	3	
QUINTET CONTROL HIGH/NORMAL SOLN	3		RIGHTEST GD500 LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GL300 LANCETS	4	RX/OTC	SMART DIABETES VANTAGE LANCING MISC	4	
SAFE-T-LANCE	4	RX/OTC	SMART SENSE COLOR LANCETS 33G	4	RX/OTC
SAFE-T-LANCE PLUS	4	RX/OTC	SMART SENSE STANDARD LANCETS	4	RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	4	RX/OTC	SMART SENSE SUPER THIN LANCETS	4	RX/OTC
SAFETY LANCETS	4	RX/OTC	SMART SENSE THIN LANCETS 26G	4	RX/OTC
SAFETY LANCETS 21G	4	RX/OTC	SMARTEST CONTROL MEDIUM SOLN	3	
SAFETY LANCETS 23G	4	RX/OTC	SMARTEST LANCETS 28G	4	RX/OTC
SAFETY LANCETS 28G	4	RX/OTC	SOLUS V2 CONTROL SOLN	3	
SAPS HEALTH PLUS LANCETS	4	RX/OTC	SOLUS V2 LANCETS 28G	4	RX/OTC
SAPS HEALTH TWIST TOP LANCETS	4	RX/OTC	SOLUS V2 LANCING DEVICE MISC	4	
SAPS TWIST TOP LANCETS	4	RX/OTC	SOLUS V2 TWIST LANCETS 30G	4	RX/OTC
SAPSCARE TWIST TOP LANCETS	4	RX/OTC	STERILANCE PA MISC	4	
SB LANCETS THIN	4	RX/OTC	STERILANCE TL	4	RX/OTC
SB LANCETS ULTRA THIN	4	RX/OTC	SUPER THIN LANCETS	4	RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	4		SUPREME II HIGH/LOW CONTROL LIQD	3	
SELECT-LITE LANCING DEVICE MISC	4		SURE COMFORT LANCETS 18G	4	RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	4		SURE COMFORT LANCETS 21G	4	RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	4	RX/OTC	SURE COMFORT LANCETS 23G	4	RX/OTC
SHOPKO UNILET LANCETS 28G	4	RX/OTC	SURE COMFORT LANCETS 28G	4	RX/OTC
SHOPKO UNILET LANCETS 30G	4	RX/OTC	SURE COMFORT LANCETS 30G	4	RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	4		SURE COMFORT LANCING PEN MISC	4	
SINGLE-LET	4	RX/OTC	SURELITE LANCETS	4	RX/OTC
SM LANCETS 33G	4	RX/OTC	SURESTEP GLUCOSE CONTROL SOLN	3	
SM TRUEDRAW LANCING DEVICE MISC	4				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURESTEP PRO HIGH GLUCOSE LIQD	3		TRUEPLUS LANCETS 28G	4	RX/OTC
TECHLITE AST LANCETS	4	RX/OTC	TRUEPLUS LANCETS 30G	4	RX/OTC
TECHLITE LANCETS	4	RX/OTC	TRUEPLUS LANCETS 33G	4	RX/OTC
TECHLITE LANCETS 26G	4	RX/OTC	TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC
TECHLITE LANCETS 30G	4	RX/OTC	TWIST TOP LANCETS 30G	4	RX/OTC
TGT LANCET MICRO THIN 33G	4	RX/OTC	ULTI-LANCE AUTOMATIC MISC	4	
TGT LANCET THIN 26G	4	RX/OTC	ULTILET CLASSIC LANCETS	4	RX/OTC
TGT LANCET ULTRA THIN 30G	4	RX/OTC	ULTILET LANCETS	4	RX/OTC
TGT LANCING DEVICE MISC	4		ULTILET SAFETY LANCETS	4	RX/OTC
THINLETS GP LANCETS	4	RX/OTC	ULTILET SAFETY LANCETS 23G	4	RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	4		ULTRA THIN LANCETS 31G	4	RX/OTC
TODAYS HEALTH THIN LANCETS 28G	4	RX/OTC	ULTRA-CARE LANCETS 30G	4	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	4	RX/OTC	ULTRA-THIN II AUTO LANCET	4	RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	4	RX/OTC	ULTRA-THIN II LANCETS	4	RX/OTC
TRAVEL LANCETS	4	RX/OTC	UNILET COMFORTOUCH LANCET	4	RX/OTC
TRAVEL LANCETS ADVANCED 28G	4	RX/OTC	UNILET EXCELITE	4	RX/OTC
TRUE COMFORT SAFETY LANCETS	4	RX/OTC	UNILET EXCELITE II	4	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	4	RX/OTC	UNILET G.P. LANCET	4	RX/OTC
TRUE METRIX LEVEL 3 SOLN	3		UNILET G.P. SUPERLITE LANCET	4	RX/OTC
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	3		UNILET GP 28 ULTRA THIN	4	RX/OTC
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	3		UNILET LANCET	4	RX/OTC
TRUEDRAW LANCING DEVICE MISC	4		UNILET MICRO-THIN 33G	4	RX/OTC
TRUEPLUS LANCETS 26G	4	RX/OTC	UNILET SUPERLITE LANCET	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET SUPER-THIN 30G	4	RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	4	RX/OTC
UNILET ULTRA-THIN 28G	4	RX/OTC	VALUE PLUS LANCET STANDARD 21G	4	RX/OTC
UNISTIK 1	4	RX/OTC	VALUE PLUS LANCETS SUPER THIN	4	RX/OTC
UNISTIK 2	4	RX/OTC	VALUE PLUS LANCETS THIN 26G	4	RX/OTC
UNISTIK 2 COMFORT	4	RX/OTC	VALUE PLUS LANCING DEVICE MISC	4	
UNISTIK 2 EXTRA	4	RX/OTC	VALUMARK LANCET SUPER THIN 30G	4	RX/OTC
UNISTIK 2 NEONATAL	4	RX/OTC	VALUMARK LANCET ULTRA THIN 28G	4	RX/OTC
UNISTIK 2 NORMAL	4	RX/OTC	VERASENS GLUCOSE CONTROL LIQD	3	
UNISTIK 2 SUPER	4	RX/OTC	VERIFINE SAFE LANCET MINI 21G	4	RX/OTC
UNISTIK 3	4	RX/OTC	VERIFINE SAFE LANCET MINI 23G	4	RX/OTC
UNISTIK 3 COMFORT	4	RX/OTC	VERIFINE SAFE LANCET MINI 28G	4	RX/OTC
UNISTIK 3 EXTRA	4	RX/OTC	VERIFINE SAFE LANCET MINI 30G	4	RX/OTC
UNISTIK 3 GENTLE	4	RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC
UNISTIK 3 NEONATAL	4	RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC
UNISTIK 3 NORMAL	4	RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC
UNISTIK CZT COMFORT	4	RX/OTC	VIDA MIA AUTOLET LANCING DEV MISC	4	
UNISTIK CZT NORMAL	4	RX/OTC	VIDA MIA UNILET LANCETS 28G	4	RX/OTC
UNISTIK NORMAL	4	RX/OTC	VIDA MIA UNILET LANCETS 30G	4	RX/OTC
UNISTIK PRO SAFETY LANCET	4	RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	3	
UNISTIK SAFETY LANCETS 28G	4	RX/OTC	VIVAGUARD LANCETS	4	RX/OTC
UNISTIK SAFETY LANCETS 30G	4	RX/OTC	VIVAGUARD LANCETS 30G	4	RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	4	RX/OTC			
UNISTIK TOUCH SAFETY LANC 23G	4	RX/OTC			
UNISTIK TOUCH SAFETY LANC 28G	4	RX/OTC			
UNISTIK TOUCH SAFETY LANC 30G	4	RX/OTC			
UNISTRIP CONTROL SOLN	3				
UNIVERSAL 1 LANCETS THIN 26G	4	RX/OTC			
UNIVERSAL 1 LANCETS THIN 33G	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD LANCING DEVICE MISC	4		CVS PREP	4	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	4	RX/OTC	DROPSAFE ALCOHOL PREP	4	RX/OTC
VIVI CAP1 MISC	4	RX/OTC	EASY COMFORT ALCOHOL PADS	4	RX/OTC
VIVI CAP MISC	4	RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	4	RX/OTC
WALGREENS ADV TRAVEL LANCETS	4	RX/OTC	EQL ALCOHOL SWABS	4	RX/OTC
WALGREENS LANCETS	4	RX/OTC	FIFTY50 ALCOHOL PREP	4	RX/OTC
WALGREENS LANCETS MICRO THIN	4	RX/OTC	GLOBAL ALCOHOL PREP EASE	4	RX/OTC
WALGREENS LANCETS SUPER THIN	4	RX/OTC	GNP ALCOHOL SWABS	4	RX/OTC
WALGREENS THIN LANCETS	4	RX/OTC	GOODSENSE ALCOHOL SWABS	4	RX/OTC
WALGREENS ULTRA THIN LANCETS	4	RX/OTC	H-E-B INCONTROL ALCOHOL	4	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	4	RX/OTC	HM STERILE ALCOHOL PREP	4	RX/OTC
Misc. Devices			MEIJER ALCOHOL SWABS	4	RX/OTC
ADVOCATE ALCOHOL PREP PADS	4	RX/OTC	PHARMACIST CHOICE ALCOHOL	4	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC	PRO COMFORT ALCOHOL	4	RX/OTC
ALCOHOL PADS	4	RX/OTC	PURE COMFORT ALCOHOL PREP	4	RX/OTC
ALCOHOL PREP	4	RX/OTC	QC ALCOHOL SWABS	4	RX/OTC
ALCOHOL PREP PADS	4	RX/OTC	RA ALCOHOL SWABS	4	RX/OTC
ALCOHOL SWABS	4	RX/OTC	REALITY SWABS	4	RX/OTC
ALCOHOL SWABSTICK	4	RX/OTC	RELION ALCOHOL SWABS	4	RX/OTC
AUM ALCOHOL PREP PADS	4	RX/OTC	SAPS CARE ALCOHOL PREP	4	RX/OTC
BD SWAB SINGLE USE REGULAR	4	RX/OTC	SAPS HEALTH ALCOHOL PREP	4	RX/OTC
CARETOUCH ALCOHOL PREP	4	RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	4	RX/OTC
COMFORT TOUCH ALCOHOL PREP	4	RX/OTC	SB ALCOHOL PREP	4	RX/OTC
CURITY ALCOHOL PREPS	4	RX/OTC	SM ALCOHOL PREP	4	RX/OTC
CVS ALCOHOL PREP PADS	4	RX/OTC	SURE COMFORT ALCOHOL PREP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT ALCOHOL PREP PADS	4	RX/OTC	AUM PEN NEEDLE	4	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	4	RX/OTC	AUM READYGARD DUO PEN NEEDLE	4	RX/OTC
ULTICARE ALCOHOL SWABS	4	RX/OTC	AUM SAFETY PEN NEEDLE	4	
ULTILET ALCOHOL SWABS	4	RX/OTC	AURORA PEN NEEDLES	4	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	4	RX/OTC	AURORA UNIFINE PENTIPS	4	RX/OTC
WEBCOL ALCOHOL PREP LARGE	4	RX/OTC	BD INSULIN SYR ULTRAFINE II	4	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	4	RX/OTC	BD INSULIN SYRINGE	4	RX/OTC
ZEV RX STERILE ALCOHOL PREP PAD	4	RX/OTC	BD INSULIN SYRINGE HALF-UNIT	4	RX/OTC
Parenteral Therapy Supplies			BD INSULIN SYRINGE MICROFINE	4	RX/OTC
1ST TIER UNIFINE PENTIPS	4		BD INSULIN SYRINGE U/F	4	RX/OTC
1ST TIER UNIFINE PENTIPS PLUS	4		BD INSULIN SYRINGE U/F 1/2UNIT	4	RX/OTC
ABOUTTIME PEN NEEDLE	4		BD INSULIN SYRINGE ULTRAFINE	4	
ADVOCATE INSULIN PEN NEEDLE	4	RX/OTC	BD PEN NEEDLE MICRO U/F	4	
ADVOCATE INSULIN PEN NEEDLES	4		BD PEN NEEDLE MINI U/F	4	RX/OTC
ADVOCATE INSULIN SYRINGE	4	RX/OTC	BD PEN NEEDLE NANO 2ND GEN	4	RX/OTC
AQ INSULIN SYRINGE	4	RX/OTC	BD PEN NEEDLE NANO U/F	4	RX/OTC
AQINJECT PEN NEEDLE	4	RX/OTC	BD PEN NEEDLE ORIGINAL U/F	4	
ASSURE ID DUO PRO PEN NEEDLES	4	RX/OTC	BD PEN NEEDLE SHORT U/F	4	RX/OTC
ASSURE ID INSULIN SAFETY SYR	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	4	RX/OTC
ASSURE ID SAFETY PEN NEEDLES	4		BD SAFETYGLIDE SYRINGE/NEEDLE	4	
AUM INSULIN SAFETY PEN NEEDLE	4		BD SAFETY-LOK INSULIN SYRINGE	4	RX/OTC
AUM MINI INSULIN PEN NEEDLE	4	RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE U/F	4	RX/OTC	DRUG MART UNIFINE PENTIPS PLUS	4	RX/OTC
CAREFINE PEN NEEDLES	4	RX/OTC	EASY COMFORT INSULIN SYRINGE	4	RX/OTC
CAREONE INSULIN SYRINGE	4		EASY COMFORT PEN NEEDLES	4	RX/OTC
CAREONE UNIFINE PENTIPS	4	RX/OTC	EASY GLIDE PEN NEEDLES	4	
CAREONE UNIFINE PENTIPS PLUS	4		EASY TOUCH FLIPLOCK INSULIN SY	4	RX/OTC
CARETOUCH INSULIN SYRINGE	4	RX/OTC	EASY TOUCH INSULIN BARRELS	4	RX/OTC
CARETOUCH PEN NEEDLES	4		EASY TOUCH INSULIN SAFETY SYR	4	RX/OTC
CLICKFINE PEN NEEDLES	4	RX/OTC	EASY TOUCH INSULIN SYRINGE	4	
COMFORT ASSIST INSULIN SYRINGE	4	RX/OTC	EASY TOUCH PEN NEEDLES	4	
COMFORT EZ INSULIN SYRINGE	4	RX/OTC	EASY TOUCH SAFETY PEN NEEDLES	4	
COMFORT EZ MICRO PEN NEEDLES	4	RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	4	RX/OTC
COMFORT EZ PEN NEEDLES	4	RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	4	RX/OTC
COMFORT EZ PRO PEN NEEDLES	4		EMBECTA INSULIN SYRINGE	4	RX/OTC
COMFORT EZ SHORT PEN NEEDLES	4	RX/OTC	EMBECTA INSULIN SYRINGE U/F	4	
COMFORT TOUCH INSULIN PEN NEED	4		EMBECTA INSULIN SYRINGE U-100	4	
DIATHRIVE PEN NEEDLE	4	RX/OTC	EMBECTA PEN NEEDLE NANO	4	RX/OTC
DROPLET INSULIN SYRINGE	4	RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	4	RX/OTC
DROPLET PEN NEEDLES	4		EMBECTA PEN NEEDLE U/F	4	
DROPSAFE SAFETY PEN NEEDLES	4	RX/OTC	EMBRACE PEN NEEDLES	4	
DROPSAFE SAFETY SYRINGE/NEEDLE	4	RX/OTC	EQL INSULIN SYRINGE	4	RX/OTC
DRUG MART UNIFINE PENTIPS	4	RX/OTC	FIFTY50 PEN NEEDLES	4	RX/OTC
			FIFTY50 SUPERIOR COMFORT SYR	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNIFINE PENTIP+	4	RX/OTC	HEALTHWISE MICRON PEN NEEDLES	4	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS	4	RX/OTC	HEALTHWISE MINI PEN NEEDLES	4	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	4	RX/OTC	HEALTHWISE PEN NEEDLES	4	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	4	RX/OTC	HEALTHWISE SHORT PEN NEEDLES	4	RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	4	RX/OTC	HEALTHWISE UNIFINE PENTIPS	4	RX/OTC
GLOBAL INJECT EASE INSULIN SYR	4	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIP	4	RX/OTC
GLOBAL INSULIN SYRINGES	4	RX/OTC	H-E-B INCONTROL PEN NEEDLES	4	RX/OTC
GLUCOPRO INSULIN SYRINGE	4	RX/OTC	H-E-B INCONTROL UNIFINE PENTIP	4	RX/OTC
GNP CLICKFINE PEN NEEDLES	4	RX/OTC	HM ULTICARE INSULIN SYRINGE	4	RX/OTC
GNP INSULIN SYRINGE	4	RX/OTC	HM ULTICARE MINI PEN NEEDLES	4	RX/OTC
GNP INSULIN SYRINGES	4	RX/OTC	HM ULTICARE SHORT PEN NEEDLES	4	RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	4	RX/OTC	INCONTROL ULTICARE PEN NEEDLES	4	RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	4	RX/OTC	INSULIN SYRINGE	4	RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	4	RX/OTC	INSULIN SYRINGE- NEEDLE U-100	4	RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	4	RX/OTC	INSUPEN PEN NEEDLES	4	RX/OTC
GNP PEN NEEDLES	4	RX/OTC	INSUPEN SENSITIVE	4	
GNP ULTICARE PEN NEEDLES	4	RX/OTC	INSUPEN ULTRAFIN	4	
GNP ULTIGUARD SAFEPACK NEEDLE	4	RX/OTC	KINRAY INSULIN SYRINGE	4	RX/OTC
GNP ULTRA COM INSULIN SYRINGE	4	RX/OTC	KMART VALU INSULIN SYRINGE 29G	4	
GOODSENSE CLICKFINE PEN NEEDLE	4	RX/OTC	KMART VALU INSULIN SYRINGE 30G	4	
GOODSENSE PEN NEEDLE PENFINE	4	RX/OTC	KROGER INSULIN SYRINGE	4	RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	4	RX/OTC	KROGER PEN NEEDLES	4	RX/OTC
			LEADER INSULIN SYRINGE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS	4	RX/OTC	PEN NEEDLE/5-BEVEL TIP	4	RX/OTC
LEADER UNIFINE PENTIPS PLUS	4	RX/OTC	PEN NEEDLES	4	RX/OTC
LITETOUCH INSULIN SYRINGE	4	RX/OTC	PEN NEEDLES 5/16"	4	RX/OTC
LITETOUCH PEN NEEDLES	4	RX/OTC	PENTIPS	4	RX/OTC
LONGS INSULIN SYRINGE	4	RX/OTC	PENTIPS GENERIC PEN NEEDLES	4	
MAGELLAN INSULIN SAFETY SYR	4	RX/OTC	PIP PEN NEEDLES 31G X 5MM	4	RX/OTC
MARATHON MEDICAL PENTIPS	4	RX/OTC	PIP PEN NEEDLES 32G X 4MM	4	RX/OTC
MAXICOMFORT II PEN NEEDLE	4	RX/OTC	PRECISION SURE-DOSE SYRINGE	4	RX/OTC
MAXI-COMFORT INSULIN SYRINGE	4	RX/OTC	PREFERRED PLUS INSULIN SYRINGE	4	RX/OTC
MAXICOMFORT SYR 27G X 1/2"	4	RX/OTC	PREFERRED PLUS UNIFINE PENTIPS	4	RX/OTC
MEDIC INSULIN SYRINGE	4	RX/OTC	PREVENT DROPSAFE PEN NEEDLES	4	RX/OTC
MEDICINE SHOPPE PEN NEEDLES	4	RX/OTC	PREVENT SAFETY PEN NEEDLES	4	RX/OTC
MEIJER PEN NEEDLES	4	RX/OTC	PRO COMFORT INSULIN SYRINGE	4	RX/OTC
MICRODOT PEN NEEDLE	4	RX/OTC	PRO COMFORT PEN NEEDLES	4	RX/OTC
MM INSULIN SYRINGE/NEEDLE	4	RX/OTC	PRODIGY INSULIN SYRINGE	4	RX/OTC
MM PEN NEEDLES	4	RX/OTC	PURE COMFORT PEN NEEDLE	4	RX/OTC
MONOJECT INSULIN SYRINGE	4	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	4	RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	4	RX/OTC	PX EXTRA SHORT PEN NEEDLES	4	RX/OTC
MS INSULIN SYRINGE	4	RX/OTC	PX INSULIN SYRINGE	4	
NOVOFINE AUTOCOVER PEN NEEDLE	4		PX MINI PEN NEEDLES	4	RX/OTC
NOVOFINE PEN NEEDLE	4		PX PEN NEEDLE	4	RX/OTC
NOVOFINE PLUS PEN NEEDLE	4	RX/OTC	PX SHORTLENGTH PEN NEEDLES	4	RX/OTC
PC UNIFINE PENTIPS	4	RX/OTC	QC PEN NEEDLES	4	RX/OTC
			QC UNIFINE PENTIPS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUICK TOUCH INSULIN PEN NEEDLE	4	RX/OTC	TOPCARE CLICKFINE PEN NEEDLES	4	RX/OTC
RA INSULIN SYRINGE	4	RX/OTC	TOPCARE ULTRA COMFORT INS SYR	4	RX/OTC
RA PEN NEEDLES	4	RX/OTC	TRUE COMFORT INSULIN SYRINGE	4	RX/OTC
RAYA SURE PEN NEEDLE	4	RX/OTC	TRUE COMFORT PEN NEEDLES	4	RX/OTC
REALITY INSULIN SYRINGE	4	RX/OTC	TRUE COMFORT PRO INSULIN SYR	4	RX/OTC
RELION INSULIN SYRINGE	4	RX/OTC	TRUE COMFORT PRO PEN NEEDLES	4	RX/OTC
RELION MINI PEN NEEDLES	4	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLE	4	RX/OTC
RELION PEN NEEDLES	4	RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES	4	
RELION SHORT PEN NEEDLES	4	RX/OTC	TRUEPLUS INSULIN SYRINGE	4	RX/OTC
SAFETY PEN NEEDLES	4		TRUEPLUS PEN NEEDLES	4	RX/OTC
SB INSULIN SYRINGE	4	RX/OTC	ULTICARE INSULIN SAFETY SYR	4	RX/OTC
SECURESAFE INSULIN SYRINGE	4	RX/OTC	ULTICARE INSULIN SYR 1/2 UNIT	4	
SECURESAFE SAFETY PEN NEEDLES	4		ULTICARE INSULIN SYRINGE	4	
SHOPKO UNIFINE PENTIPS	4	RX/OTC	ULTICARE MICRO PEN NEEDLES	4	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS	4	RX/OTC	ULTICARE MINI PEN NEEDLES	4	
SURE COMFORT INSULIN SYRINGE	4		ULTICARE PEN NEEDLES	4	RX/OTC
SURE COMFORT PEN NEEDLES	4	RX/OTC	ULTICARE SHORT PEN NEEDLES	4	
TECHLITE INSULIN SYRINGE	4	RX/OTC	ULTICARE TUBERCULIN SAFETY SYR	4	
TECHLITE PEN NEEDLES	4		ULTIGUARD SAFEPACK PEN NEEDLE	4	RX/OTC
TECHLITE PLUS PEN NEEDLES	4	RX/OTC	ULTIGUARD SAFEPACK SYR/NEEDLE	4	
TODAYS HEALTH MINI PEN NEEDLES	4	RX/OTC	ULTILET PEN NEEDLE	4	
TODAYS HEALTH PEN NEEDLES	4	RX/OTC			
TODAYS HEALTH SHORT PEN NEEDLE	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA COMFORT INSULIN SYRINGE	4	RX/OTC	VERIFINE INSULIN PEN NEEDLE	4	RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	4	RX/OTC	VERIFINE INSULIN SYRINGE	4	RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	4	RX/OTC	VERIFINE PLUS PEN NEEDLE	4	RX/OTC
ULTRA FLO INSULIN SYRINGE	4	RX/OTC	VIDA MIA UNIFINE PENTIPS	4	RX/OTC
ULTRA THIN PEN NEEDLES	4	RX/OTC	VP INSULIN SYRINGE	4	RX/OTC
ULTRACARE INSULIN SYRINGE	4	RX/OTC	WEGMANS UNIFINE PENTIPS PLUS	4	RX/OTC
ULTRACARE PEN NEEDLES	4	RX/OTC	ZEVRX INSULIN SYRINGE	4	RX/OTC
ULTRA-THIN II INS SYR SHORT	4	RX/OTC	ZEVRX PEN NEEDLES	4	RX/OTC
ULTRA-THIN II INSULIN SYRINGE	4	RX/OTC	Respiratory Aids		
ULTRA-THIN II MINI PEN NEEDLE	4	RX/OTC	ACTEEV PROTECT FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	4	RX/OTC	BREATHE COMFORT PROTECT SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ULTRA-THIN II PEN NEEDLES	4		CLEVER CHOICE DISPOSABLE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE OTC PEN NEEDLES	4	RX/OTC	CLEVER CHOICE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE PEN NEEDLES	4	RX/OTC	CVS MEDICAL FACE MASKS EARLOOP	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE PENTIPS	4	RX/OTC	CVS PROCEDURAL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE PENTIPS PLUS	4		DISPOSABLE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE PROTECT PEN NEEDLE	4		DISPOSABLE FACE MASK 3-PLY	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	4	RX/OTC	EAR-LOOP MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
UNIFINE ULTRA PEN NEEDLE	4	RX/OTC	EASY FLOW KN 95	3	4 max fill(s) per 365 day(s) retail; RX/OTC
VALUE HEALTH INSULIN SYRINGE	4	RX/OTC			
VALUMARK PEN NEEDLES	4	RX/OTC			
VANISHPOINT INSULIN SYRINGE	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK EARLOOP-STYLE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK RESP N-100 PART	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK RESPIRATOR R-95 PART	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASKS 3 LAYER NON-MEDICAL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
J & J GERM FILTER MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
KN95 DISPOSABLE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
KN95 MEDICAL PROTECTIVE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
MASK PEDIATRIC SIZE 1"	3	4 max fill(s) per 365 day(s) retail; RX/OTC
N95 PARTI RESPIRATOR FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEXCARE ALL PURPOSE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEXCARE EARLOOP MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MEDIUM MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC SMALL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SAFE-SENSE EARLOOP FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SHIELD-SECURE FULL FACE SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURGICAL FACE MASK/NIOSH N95	3	4 max fill(s) per 365 day(s) retail; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ACTIVITY POUCH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADAPTER PED DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROBIKA DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MV MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROTRACH PLUS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ASSESS PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
AIRZONE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC			
ALL FLOW 1000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			
ALL FLOW 1000 PFT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT CHAMBER/CHILD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CARETOUCH CPAP MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CARETOUCH CPAP PRE-WASH SOLN MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CARETOUCH CPAP TUBE BRUSH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	CARETOUCH UNIVERSL CPAP FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	CLEVER CHOICE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CO MONITOR REPLACEMENT PIECES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHRITE VALVED MDI CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	CO MONITOR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW 400 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE FULL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW AIR NOZZLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE LOW RANGE/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/BLUE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE LOW RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/ORANGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE PAPER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/RED DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE UNIVERSAL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/WHITE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW BLACK/YELLOW DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW HEPA FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW WHITE/BLUE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			
EASY FLOW 300 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW WHITE/GREEN DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/PINK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EXPIRATORY MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/WHITE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FILTER AIR PP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/YELLOW DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASE CONTROLLER KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLEXICHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			FULL KIT NEBULIZER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			HUDSON RCI AEROSOL MASK ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			IN-CHECK DIAL FLOW TRAINER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
			IN-CHECK INSPIRATORY FLOW MTR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INNOSPIRE REPLACEMENT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MASK VORTEX/CHILD/FROG	3	4 max fill(s) per 365 day(s) retail; RX/OTC
INSPIRACHAMBER/LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	3	4 max fill(s) per 365 day(s) retail; RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROCHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROCHAMBER MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
INSPIRACHAMBER/SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROLIFE DIGITAL PEAK FLOW	3	QL(4 EA per 365 day(s) retail); RX/OTC
INSPIREASE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROSPACER MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
KOKO PEAK PRO MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MINI WRIGHT PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEBULIZER CUP/TUBING DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
LUNG PERFORM PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	NEBULIZER MASK ADULT/TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			NEBULIZER MASK ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER MASK CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK PED/TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NOSE CLIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK MEDIUM	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW SPIROMETER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW TESTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PARI BABY CONVERSION KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PARI BUBBLES PEDIATRIC MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PARI EXPIRATORY FILTER SET DEVI	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			PARI MANUAL INTERRUPTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI MASK SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PIKO 1	3	QL(4 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC PED MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI TREK S COMBO PACK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX ADULT MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	POCKET CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX PEDIATRIC MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	POCKET PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PEAK A-I-R FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	POCKET SPACER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEAK AIR PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	POCKETPEAK PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PEAK FLOW METER UNIVERSAL RANG	3	QL(4 EA per 365 day(s) retail); RX/OTC	PRO COMFORT SPACER ADULT MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PED DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PRO COMFORT SPACER CHILD MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
PEDIATRIC PANDA MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
PERSONAL BEST FULL RANGE	3	QL(4 EA per 365 day(s) retail); RX/OTC			
PFLEX MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT SPACER INFANT DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	QUAKE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/ADULT MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REPLACEMENT AIR FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/CHILD MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REPLACEMENT FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PROCHAMBER VHC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REUSABLE COMFORTSEAL MASK-LRG MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PRONEB ULTRA FILTER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	REUSABLE COMFORTSEAL MASK-MED MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REUSABLE COMFORTSEAL MASK-SML MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT FLOW METER ADULT	3	QL(4 EA per 365 day(s) retail); RX/OTC	RITFLO DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT FLOW METER CHILD	3	QL(4 EA per 365 day(s) retail); RX/OTC	SAMI THE SEAL FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT PEAK FLOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	SIDESTREAM ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	SIDESTREAM PEDIATRIC FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SIDESTREAM PLS ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SILICONE MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SILICONE MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			SILICONE MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOOTHENEB NBL 100 ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VERSAPAP DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SPIRO PD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	3	QL(4 EA per 365 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
THRESHOLD IMT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
THRESHOLD PEP DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
TRUZONE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	AIMOVIG 140 MG/ML	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
TUBING/WING TIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AIMOVIG 70 MG/ML	1	QL(0.067 ML daily); AL(At least 18 yrs old); MP; PA
ULTRA NEB ACCESSORIES KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
VERSAPAP W/UNIVERSAL TUBING DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AJOVY SOAJ	1	QL(0.05 ML daily); AL(At least 18 yrs old); MP; PA	<i>almotriptan malate</i>	2	QL(9 EA per fill retail)
AJOVY SOSY	1	QL(0.05 ML daily); AL(At least 18 yrs old); MP; PA	<i>eletriptan hydrobromide</i>	2	QL(12 EA per fill retail)
EMGALITY (300 MG DOSE) SOSY	1	QL(0.1 ML daily); AL(At least 18 yrs old); MP; PA	FROVA (<i>frovatriptan succinate</i>)	2	QL(18 EA per fill retail)
EMGALITY SOAJ	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA	<i>frovatriptan succinate</i>	2	QL(18 EA per fill retail)
EMGALITY SOSY	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA	IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	1	QL(6 EA per fill retail)
NURTEC	1	QL(0.6 EA daily); AL(At least 18 yrs old); MP; PA	IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	2	QL(4 ML per fill retail)
QULIPTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP	IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	2	QL(4 ML per fill retail)
UBRELVY	2	QL(16 EA per 30 day(s) retail); AL(At least 18 yrs old)	IMITREX TABS (<i>sumatriptan succinate</i>)	2	QL(18 EA per fill retail)
ZAVZPRET	2	QL(0.27 EA daily); AL(At least 18 yrs old)	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	2	QL(18 EA per fill retail)
Migraine Combinations			MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	2	QL(18 EA per fill retail)
<i>sumatriptan-naproxen sodium</i>	2		<i>naratriptan hcl</i>	2	QL(9 EA per fill retail)
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	2		RELPAX (<i>eletriptan hydrobromide</i>)	2	QL(12 EA per fill retail)
Migraine Products - NSAIDs			REYVOW	2	QL(8 EA per 30 day(s) retail); AL(At least 18 yrs old)
ELYXYB	2	QL(0.47 ML daily); AL(At least 18 yrs old)	<i>rizatriptan benzoate TABS</i>	1	QL(18 EA per fill retail)
Serotonin Agonists			<i>rizatriptan benzoate TBDP</i>	1	QL(18 EA per fill retail)
			<i>sumatriptan</i>	1	QL(6 EA per fill retail)
			<i>sumatriptan succinate SOAJ</i>	1	QL(4 ML per fill retail)
			<i>sumatriptan succinate SOCT</i>	1	QL(4 ML per fill retail)
			<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2 ML per fill retail)
			<i>sumatriptan succinate TABS</i>	1	QL(18 EA per fill retail)
			TOSYMRA	2	QL(6 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEMBRACE SYMTOUCH SOAJ	2		<i>calcium gluconate SOLN</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>zolmitriptan SOLN</i>	2				
<i>zolmitriptan TABS</i>	2	QL(12 EA per fill retail)			
<i>zolmitriptan TBDP 2.5 MG</i>	2	QL(12 EA per fill retail)	CALCIUM GLUCONATE SOLN (<i>calcium gluconate</i>)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ZOMIG SOLN (<i>zolmitriptan</i>)	2				
MINERALS & ELECTROLYTES					
Calcium					
CA PHOSPHATE DIBASIC DIHYD	4		CALCIUM PHOSPHATE DIBASIC	4	
CALCIUM 600 +D HIGH POTENCY TABS	3	MP	<i>calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG</i>	4	MP
CALCIUM CARBONATE EXTRA LIGHT POWD XX	4	RX/OTC	CALCIUM-MAGNESIUM-ZINC-D3 TABS	4	MP
CALCIUM CARBONATE LIGHT POWD XX	4	RX/OTC	CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	4	MP
<i>calcium carbonate-cholecalciferol TABS</i>	3		<i>calcium TABS 600 MG</i>	3	
CALCIUM CARBONATE POWD XX	4	RX/OTC	CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP
<i>calcium carbonate TABS</i>	3		CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP
<i>calcium carbonate-vitamin d w/ minerals TABS</i>	4	MP	CITRACAL MAXIMUM TABS (<i>calcium citrate-vitamin d</i>)	3	MP
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT</i>	3	MP	<i>oyster shell</i>	3	MP
<i>calcium citrate TABS</i>	3	MP	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	3	MP
CALCIUM CITRATE TABS 250 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	Electrolyte Mixtures		
<i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG</i>	3	MP	BIOLYTE SOLN	3	MP
			CERASPORT EX1 SOLN	3	MP
			CERASPORT SOLN	3	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENFAMIL ENFALYTE SOLN	3	MP	MAGNESIUM CITRATE TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQUALYTE SOLN (<i>oral electrolytes</i>)	3	MP			
FT ELECTROLYTE SOLN	3	MP	<i>magnesium gluconate</i> TABS 27.5 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GOODSENSE ELECTROLYTE ADV CARE SOLN	3	MP			
HYDRALYTE FREEZER POPS SOLN	3	MP	<i>magnesium oxide (mg supplement)</i> TABS 241.5 MG, 400 MG, 400 MG, 500 MG	3	MP
HYDRALYTE SOLN	3	MP	MAGNESIUM OXIDE -MG SUPPLEMENT TABS	3	
KINDERLYTE PREMAX SOLN	3	MP	<i>magnesium sulfate IV</i>	3	MP
KINDERLYTE SOLN	3	MP	MAGNESIUM SULFATE IV (<i>magnesium sulfate</i>)	3	MP
<i>oral electrolytes SOLN</i>	3	MP	MAGNESIUM SULFATE IJ 50 %	3	MP
PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	3	MP	MAGNESIUM SULFATE IN D5W (<i>magnesium sulfate in dextrose</i>)	3	MP
PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	3	MP	<i>magnesium sulfate in dextrose</i>	3	MP
PEDIALYTE IMMUNE SUPPORT SOLN	3	MP	<i>magnesium</i> TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	3	MP			
PEDIALYTE SOLN (<i>oral electrolytes</i>)	3	MP	MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NF	
TRUELYTE SOLN	3	MP	NU-MAG	3	MP
Fluoride			SLOW-MAG	3	MP
<i>sodium fluoride CHEW</i>	3	AL(Up to 16 yrs old)			
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	3	AL(Up to 16 yrs old); RX/OTC			
SOLUVITA SOLN	3	AL(Up to 16 yrs old); RX/OTC			
Magnesium					
BEELITH	3	MP			
<i>magnesium chloride SOLN</i>	3	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SLOWMAG MG MUSCLE HLTH/RECOVER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	PHOS-NAK PACK (<i>potassium & sodium phosphates</i>)	1	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
SLOWMAG MG MUSCLE/HEART	3	MP	PHOS-NAK PACK (<i>potassium & sodium phosphates</i>)	NF	
Mineral Combinations			<i>potassium & sodium phosphates PACK</i>	1	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ADVANCED CALCIUM/D/MAGNESIUM TABS	4	MP			
BONE DENSITY BUILDER TABS	4	MP	<i>potassium phosphate monobasic TABS</i>	3	
CALCIUM 600+D3 PLUS MINERALS TABS	4	MP	<i>potassium phosphates</i>	3	MP
CITRACAL MAXIMUM PLUS TABS	4	MP	POTASSIUM PHOSPHATES (<i>potassium phosphates</i>)	3	MP
CITRACAL PLUS TABS	4	MP	POTASSIUM PHOSPHATES(66 MEQ K) (<i>potassium phosphates</i>)	3	MP
CVS CALCIUM CITRATE+D3 W/MAGNE TABS	4	MP			
CVS CALCIUM CITRATE+D3 TABS	4	MP	<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
FEM-CAL CITRATE TABS	4	MP	Potassium		
MULTI MEGA MINERALS TABS	4	MP	K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	3	
<i>multiple minerals w/ vitamins TABS</i>	4	MP	<i>potassium bicarbonate TBEF</i>	3	MP
MULTISOURCE CALCIUM MAG/D TABS	4	MP	<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	3	MP
PROSTEON TABS	4	MP	<i>potassium chloride CPCR</i>	3	MP
THERACAL D2000 TABS	4	MP	<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	3	
THERACAL D4000 TABS	4	MP			
THERACAL RAPID REPLETION TABS	4	MP			
Phosphate					
GLYCOPHOS	3	MP			
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	3				

Drug Name	Drug Tier	Requirements/ Limits
Sodium		
<i>sodium chloride SOLN IV 0.9 %</i>	4	MP
SODIUM CHLORIDE SOLN IV 0.9 %	4	MP
<i>sodium chloride TABS</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Zinc		
ORAZINC TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>zinc gluconate TABS 100 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>zinc sulfate CAPS</i>	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>zinc sulfate TABS</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MISCELLANEOUS THERAPEUTIC CLASSES		
Immunomodulators		
<i>lenalidomide</i>	3	SP
REVLIMID	3	SP

Drug Name	Drug Tier	Requirements/ Limits
REZUROCK	3	SP
THALOMID	3	
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	SP
<i>azathioprine TABS</i>	3	SP
CELLCEPT INTRAVENOUS (<i>mycophenolate mofetil hcl</i>)	3	SP
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	3	SP
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	3	SP
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	3	SP
<i>cyclosporine modified (for microemulsion) CAPS</i>	3	SP
<i>cyclosporine modified (for microemulsion) SOLN</i>	3	SP
<i>cyclosporine CAPS</i>	3	SP
<i>cyclosporine SOLN IV 50 MG/ML</i>	3	SP
ENSPRYNG	3	AL (At least 18 yrs old); SP; PA
ENVARSUS XR TB24	3	SP
<i>everolimus (immunosuppressant)</i>	3	SP
IMURAN TABS (<i>azathioprine</i>)	3	SP
<i>mycophenolate mofetil hcl</i>	3	SP
<i>mycophenolate mofetil CAPS</i>	3	SP
<i>mycophenolate mofetil SUSR</i>	3	SP
<i>mycophenolate mofetil TABS</i>	3	SP
<i>mycophenolate sodium</i>	3	SP
MYFORTIC (<i>mycophenolate sodium</i>)	3	SP

Drug Name	Drug Tier	Requirements/ Limits
NEORAL CAPS (cyclosporine modified (for microemulsion))	3	SP
NEORAL SOLN (cyclosporine modified (for microemulsion))	3	SP
NULOJIX	3	SP
PROGRAF CAPS (tacrolimus)	3	SP
PROGRAF PACK	3	SP
PROGRAF SOLN	3	SP
RAPAMUNE SOLN (sirolimus)	3	SP
RAPAMUNE TABS (sirolimus)	3	SP
SANDIMMUNE CAPS (cyclosporine)	3	SP
SANDIMMUNE SOLN IV 50 MG/ML	3	SP
sirolimus SOLN	3	SP
sirolimus TABS	3	SP
tacrolimus CAPS	3	SP
ZORTRESS (everolimus (immunosuppressant))	3	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	CO	SP
VIJOICE TBPk	CO	SP
Potassium Removing Agents		
LOKELMA	1	
sodium polystyrene sulfonate POWD	3	MP
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	
VELTASSA 8.4 GM, 16.8 GM, 25.2 GM	2	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl (mouth- throat) 2 %	3	
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN (nystatin (mouth-throat))	1	
nystatin (mouth-throat)	1	
ORAVIG	2	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	3	
PERIDEX (chlorhexidine gluconate (mouth-throat))	3	
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	3	
FLUORIDEX SENSITIVITY RELIEF GEL	3	
FLUORIMAX 5000 SENSITIVE GEL	3	
PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental))	3	
PREVIDENT 5000 ENAMEL PROTECT GEL	3	
PREVIDENT 5000 PLUS CREA (sodium fluoride (dental))	3	
PREVIDENT 5000 SENSITIVE GEL	3	
PREVIDENT GEL (sodium fluoride (dental))	3	
SOD FLUORIDE- POTASSIUM NITRATE GEL	3	
sodium fluoride (dental) CREA	3	
sodium fluoride (dental) GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM FLUORIDE 5000 ENAMEL GEL	3	
SODIUM FLUORIDE 5000 SENSITIVE GEL	3	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	3	QL(5 GM per 30 day(s) retail)
Throat Products - Misc.		
<i>pilocarpine hcl (oral)</i>	3	
SALAGEN (<i>pilocarpine hcl (oral)</i>)	3	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML</i>	3	MP
<i>b-complex vitamins TABS</i>	3	MP
B-COMPLEX SOLN IJ	3	MP
VITAMIN B COMPLEX-HYDROXOCOBAL SOLN IJ	3	MP
VITAMIN B-COMPLEX 100 SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	3	MP
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	3	MP; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	3	MP; RX/OTC
<i>b-complex w/ folic acid TABS</i>	3	MP
<i>b-complex w/biotin & folic acid TABS</i>	3	MP
DIALYVITE 3000	3	MP
DIALYVITE 5000	3	MP
DIALYVITE 800 PLUS D WAFR	3	MP
DIALYVITE 800/ZINC	3	MP

Drug Name	Drug Tier	Requirements/ Limits
DIALYVITE 800-ZINC 15	3	MP
DIALYVITE/ZINC	3	MP
NEPHPLEX RX	3	MP
SM B-COMPLEX/VITAMIN C TABS	3	MP; RX/OTC
VITAL-D RX	3	MP
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium TABS</i>	3	
ONE-A-DAY WOMENS FORMULA TABS (<i>multiple vitamins w/ calcium</i>)	3	
SM ONE DAILY ESSENTIAL TABS	3	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	3	MP
TAB-A-VITE/IRON/BETA CAROTENE TABS	3	MP
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	3	MP; RX/OTC
ABC COMPLETE MENS TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
ABC COMPLETE WOMENS TABS	3	MP; RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	3	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	3	RX/OTC
ACTIVNUTRIENTS CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADEK GUMMIES PLUS ZN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	AIRBORNE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ADULT ONE DAILY GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ALGAE BASED CALCIUM TABS	3	MP; RX/OTC
ADVANCED DIABETIC MULTIVITAMIN TABS	3	MP; RX/OTC	ALIVE ADULT PREMIUM CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ALIVE CALCIUM BONE SUPPORT TABS	3	MP; RX/OTC
AIRBORNE KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ALIVE DAILY ENERGY TABS	3	MP; RX/OTC
AIRBORNE+GOOD REST CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ALIVE DIABETIC MULTIVITAMIN TABS	3	MP; RX/OTC
AIRBORNE+PROBIOTIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ALIVE ENERGY 50+ TABS	3	MP; RX/OTC
			ALIVE EVERYDAY IMMUNE HEALTH CAPS	3	RX/OTC
			ALIVE GARDEN GOODNESS TABS	3	MP; RX/OTC
			ALIVE HAIR, SKIN & NAILS CAPS	3	RX/OTC
			ALIVE HAIR, SKIN & NAILS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
			ALIVE MENS 50+ MULTI GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
			ALIVE MENS 50+ ULTRA TABS	3	MP; RX/OTC
			ALIVE MENS 50+ TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE MENS COMPLETE MULTI TABS	3	MP; RX/OTC
ALIVE MENS GUMMY MULTIVITAMINS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ALIVE MENS ULTRA TABS	3	MP; RX/OTC
ALIVE MULTI-VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ALIVE ONCE DAILY WOMENS TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ALIVE WOMENS 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ALIVE WOMENS ENERGY TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE WOMENS GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ALPHA BETIC TABS	3	MP; RX/OTC
ANTIOXIDANT FORMULA TABS	3	MP; RX/OTC
APETIBEX CAPS	3	RX/OTC
APPE-CURB CAPS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	3	MP; RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	3	MP; RX/OTC
BACMIN TABS	3	MP; RX/OTC
BARIATRIC FUSION CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BARIATRIC MULTIVITAMIN/IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BARIATRIC MULTIVITAMINS/IRON CAPS	3	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BARIATRIC MULTIVITAMINS CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC MULTIVITAMINS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CELEBRATE MULTI-COMPLETE 45 CAPS	3	RX/OTC
BARIATRIC MULTIVITAMINS TABS	3	MP; RX/OTC	CELEBRATE MULTI-COMPLETE 45 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BASIC AM TABS	3	MP; RX/OTC	CELEBRATE MULTI-COMPLETE 60 CAPS	3	RX/OTC
BASIC PM TABS	3	MP; RX/OTC	CELEBRATE MULTI-COMPLETE 60 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BIO-35 GLUTEN-FREE CAPS	3	RX/OTC	CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC
BIO-35 IRON FREE CAPS	3	RX/OTC	CENTRAVITES ADULTS TABS	3	MP; RX/OTC
BIOCAL CAPS	3	RX/OTC	CENTRUM ADULT 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BIOTECT PLUS CAPS	3	RX/OTC	CENTRUM ADULTS MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BLOOD SUGAR MANAGER TABS	3	MP; RX/OTC	CENTRUM ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
BONEUP 3 PER DAY CAPS	3	RX/OTC	CENTRUM CARDIO TABS	3	MP; RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC	CENTRUM FLAVOR BURST ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
BONEUP CAPS	3	RX/OTC			
BOOSTNOW IMMUNE SUPPORT CAPS	3	RX/OTC			
CAL-DAY 1000 TABS	3	MP; RX/OTC			
CELEBRATE MULTI-COMPLETE 18 CAPS	3	RX/OTC			
CELEBRATE MULTI-COMPLETE 18 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP			
CELEBRATE MULTI-COMPLETE 36 CAPS	3	RX/OTC			
CELEBRATE MULTI-COMPLETE 36 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM FLAVOR BURST CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
CENTRUM FRESH/FRUITY 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM FRESH/FRUITY ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
CENTRUM MEN TABS	3	MP; RX/OTC	CENTRUM SILVER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
CENTRUM MINIS ADULTS 50+ TABS	3	MP; RX/OTC	CENTRUM SILVER TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
CENTRUM MINIS MEN 50+ TABS	3	MP; RX/OTC	CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC	CENTRUM SPECIALIST IMMUNE TABS	3	MP; RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	3	MP; RX/OTC	CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC
CENTRUM MULTI + OMEGA 3 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	CENTRUM VITAMINTS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	CENTRUM WOMEN TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
			CERTAVITE SENIOR/ANTIOXIDANT TABS	3	MP; RX/OTC
			CERTAVITE SENIOR TABS	3	MP; RX/OTC
			CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOICEFUL MULTIVITAMIN CAPS	3	RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
CHOICEFUL MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC
CITRACAL +D3 TABS	3	MP; RX/OTC	CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	3	RX/OTC	CVS SPECTRAVITE ULTRA MEN 50+ TABS	3	MP; RX/OTC
CULTURELLE PROBIOTICS + MULTIV CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CVS SPECTRAVITE ULTRA MENS TABS	3	MP; RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	3	RX/OTC	CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC
CVS ADULT MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CVS SPECTRAVITE WOMEN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	CVS VISION HEALTH CAPS	3	RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	3	MP; RX/OTC	DAYAVITE TABS	3	MP; RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	3	RX/OTC	DECUBI-VITE CAPS	3	RX/OTC
CVS IMMUNE SUPPORT CAPS	3	RX/OTC	DEKAS BARIATRIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
CVS ONE DAILY MENS 50+ ADV TABS	3	MP; RX/OTC	DEKAS PLUS OCEAN CAPS	3	RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	3	MP; RX/OTC	DEKAS PLUS CAPS	3	RX/OTC
			DEKAS PLUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
			DEPLIN MA CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMACINRX MULTITAM TABS	3	MP; RX/OTC	EMERGEN-C TURMERIC & GINGER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC			
DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC	EMERGEN-C VITAMIN C CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
DERMAVITE TABS	3	MP; RX/OTC			
DEXATRAN CAPS	3	RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	3	MP; RX/OTC
DIALYVITE SUPREME D TABS	3	MP; RX/OTC	EQ MULTIVITAMINS ADULT GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
DIATROL TABS	3	MP; RX/OTC			
EMERGEN-C APPLE CIDER VINEGAR CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
EMERGEN-C ASHWAGANDHA CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC
EMERGEN-C ELDERBERRY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
EMERGEN-C IMMUNE PLUS/VIT D CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC
EMERGEN-C IMMUNE+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	EQL CENTURY MATURE ADULTS 50+ TABS	3	MP; RX/OTC
			EQL CENTURY MENS TABS	3	MP; RX/OTC
			EQL CENTURY WOMENS TABS	3	MP; RX/OTC
			EQL ONE DAILY ADULT GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
			EQL ONE DAILY MENS TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC	FT CENTURY MEN TABS	3	MP; RX/OTC
EYE HEALTH + LUTEIN TABS	3	MP; RX/OTC	FT CENTURY WOMEN 50+ TABS	3	MP; RX/OTC
EYE HEALTH CAPS	3	RX/OTC	FT CENTURY WOMEN TABS	3	MP; RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	3	RX/OTC	FT EYE HEALTH CAPS	3	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC	FT EYE HEALTH TABS	3	MP; RX/OTC
EYE MULTIVITAMIN CAPS	3	RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	3	MP; RX/OTC
FINAZOL TABS	3	MP; RX/OTC	FT IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
FITNESS TABS FOR MEN AM/PM TABS	3	MP; RX/OTC	FT ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	3	MP; RX/OTC	FT ONE DAILY MENS TABS	3	MP; RX/OTC
FLORRAVITE TABS	3	MP; RX/OTC	FT ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
FLORRAXYL TABS	3	MP; RX/OTC	FT ONE DAILY WOMENS TABS	3	MP; RX/OTC
FOLAGENT DHA CAPS	3	RX/OTC	GENADEK STEP 1 CAPS	3	RX/OTC
FOLAMAX TABS	3	MP; RX/OTC	GENADEK STEP 2 CAPS	3	RX/OTC
FOLAMED DHA CAPS	3	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC
FOLAPRIME TABS	3	MP; RX/OTC	GNP CENTURY ADULT TABS	3	MP; RX/OTC
FOLIFLEX TABS	3	MP; RX/OTC	GNP THERAPEUTIC-M TABS	3	MP; RX/OTC
FOLITIN-Z TABS	3	MP; RX/OTC	HAIR SKIN & NAILS ADVANCED TABS	3	MP; RX/OTC
FOSFREE TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	HAIR SKIN & NAILS TABS	3	MP; RX/OTC
FREEDAVITE TABS	3	MP; RX/OTC	HAIR/SKIN/NAILS CAPS	3	RX/OTC
FT ADULT MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC
FT CENTURY 50+ TABS	3	MP; RX/OTC	HEALTHY EYES SUPERVISION 2 CAPS	3	RX/OTC
FT CENTURY ADULTS TABS	3	MP; RX/OTC			
FT CENTURY MEN 50+ TABS	3	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HIGH POT MULTIVITAMIN/BETA-CAR TABS	3	MP; RX/OTC	MENS 50+ MULTI VITAMIN/MIN TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	3	MP; RX/OTC	MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
HM COMPLETE MEN TABS	3	MP; RX/OTC	MENS MULTI HEALTH FORMULA TABS	3	MP; RX/OTC
HM HAIR/SKIN/NAILS TABS	3	MP; RX/OTC	MENS MULTI VITAMIN & MINERAL TABS	3	MP; RX/OTC
HYLAZINC TABS	3	MP; RX/OTC	MENS MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ICAPS AREDS FORMULA TABS	3	MP; RX/OTC	MENS MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
IMMUNE ESSENTIALS DAILY CAPS	3	RX/OTC	MENS MULTIVITAMIN TABS	3	MP; RX/OTC
IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	MOOD FOOD ES CAPS	3	RX/OTC
KEYFOLIC TABS	3	MP; RX/OTC	MOOD FOOD CAPS	3	RX/OTC
KEYLOSA TABS	3	MP; RX/OTC	MULTIA CAPS	3	RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	3	MP; RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	3	RX/OTC
LIVER DETOX TABS	3	MP; RX/OTC	<i>multiple vitamins w/ minerals CHEW</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	3	MP; RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	3	MP; RX/OTC
MEDI TAB TABS	3	MP; RX/OTC	MULTITOL-M TABS	3	MP; RX/OTC
MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC	MULTIVITAMIN ADULT (MINERALS) TABS	3	MP; RX/OTC
MEGA MULTI MEN TABS	3	MP; RX/OTC	MULTIVITAMIN MEN TABS	3	MP; RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC	MULTI-VITAMIN MONOCAPS TABS	3	MP; RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	3	MP; RX/OTC			
MENATROL CAPS	3	RX/OTC			
MENS 50+ ADVANCED CAPS	3	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC	NO IRON MULT VITAMIN-MINERALS TABS	3	MP; RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	3	MP; RX/OTC	NUTRICAP TABS	3	MP; RX/OTC
MULTIVITAMIN-MINERALS TABS	3	MP; RX/OTC	OCULAR VITAMINS TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	3	RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	3	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	3	RX/OTC	OCUVITE ADULT 50+ CAPS	3	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	3	RX/OTC	OCUVITE ADULT FORMULA CAPS	3	RX/OTC
MVW COMPLETE FORMULATION CAPS	3	RX/OTC	OCUVITE-LUTEIN CAPS	3	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ONCOVITE TABS	3	MP; RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	3	RX/OTC	ONE A DAY ENERGY TABS	3	MP; RX/OTC
MVW MODULATOR FORMULATION CAPS	3	RX/OTC	ONE A DAY IMMUNITY DEFENSE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
MVW ORANGE CHEWABLES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ONE A DAY MEN 50 PLUS TABS	3	MP; RX/OTC
NAT-RUL THERAVITE-M TABS	3	MP; RX/OTC	ONE A DAY MENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
NATRUL-VITES TABS	3	MP; RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	3	MP; RX/OTC
NEOVITE TABS	3	MP; RX/OTC	ONE A DAY WOMEN 50 PLUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
NICADAN TABS	3	MP; RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	3	MP; RX/OTC
NICAZEL FORTE TABS	3	MP; RX/OTC			
NICAZEL TABS	3	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MEN FORMULA W/O IRON TABS	3	MP; RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	3	MP; RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
ONE DAILY WOMENS TABS	3	MP; RX/OTC
ONE-A-DAY ENERGY TABS	3	MP; RX/OTC
ONE-A-DAY FOR HER VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY FOR HIM VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	3	MP; RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	MP; RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY PROACTIVE 65+ TABS	3	MP; RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	3	MP; RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY VITACRAVES IMMUNITY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY VITACRAVES SOUR CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY WEIGHT SMART ADVANCE TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	OPTISOURCE POST BARIATRIC SURG CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY WOMENS 50+ TABS	3	MP; RX/OTC	OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	OPURITY BYPASS OPTIMIZED CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ONE-A-DAY WOMENS MIND & BODY TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	OPURITY TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	OSTEOPRIME PLUS TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	PARVLEX TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS TABS	3	MP; RX/OTC	PHYTOMULTI TABS	3	MP; RX/OTC
ONE-DAILY MULTI CAPS CAPS	3	RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	3	RX/OTC
ONEVITE TABS	3	MP; RX/OTC	PRESERVISION AREDS 2+MULTI VIT CAPS	3	RX/OTC
OPTIFAST POST BARIATRIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	PRESERVISION AREDS 2 CAPS	3	RX/OTC
OPTIMUM AIRVITES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	PRESERVISION AREDS 2 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
			PRESERVISION AREDS CAPS	3	RX/OTC
			PRESERVISION AREDS TABS	3	MP; RX/OTC
			PRESERVISION/LUTEIN CAPS	3	RX/OTC
			PROBIOTICS + BARIATRIC MULTI CAPS	3	RX/OTC
			PRO-CAL TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROCERV HP TABS	3	MP; RX/OTC
PROFOLA TABS	3	MP; RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	3	RX/OTC
PRORENAL + D TABS	3	MP; RX/OTC
PROTECT CARDIO AF CAPS	3	RX/OTC
PROTECT PLUS SO CAPS	3	RX/OTC
PROTEGRA CAPS	3	RX/OTC
PROVIT TABS	3	MP; RX/OTC
QC MULTI-VITE TABS	3	MP; RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	3	RX/OTC
QUIN B STRONG TABS	3	MP; RX/OTC
QUINTABS-M TABS	3	MP; RX/OTC
RA CENTRAL-VITE TABS	3	MP; RX/OTC
RAYAVIT TABS	3	MP; RX/OTC
REMEDIENT CAPS	3	RX/OTC
RENAPLEX-D TABS	3	MP; RX/OTC
SENTRY SENIOR MENS 50+ TABS	3	MP; RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	MP; RX/OTC
SENTRY TABS	3	MP; RX/OTC
SIDEROL TABS	3	MP; RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	3	RX/OTC
SM ONE DAILY MENS TABS	3	MP; RX/OTC
SM ONE DAILY WOMENS TABS	3	MP; RX/OTC
SOLO TABS	3	MP; RX/OTC
SPECTRAVITE TABS	3	MP; RX/OTC
STROVITE ONE TABS	3	MP; RX/OTC
SUPER ANTIOXIDANT CAPS	3	RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SUPERIOR MENS MULTI TABS	3	MP; RX/OTC
SUPERIOR WOMENS MULTI TABS	3	MP; RX/OTC
SUPPORT-500 CAPS	3	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
SYSTANE ICAPS AREDS2 TABS	3	MP; RX/OTC
THERA M PLUS TABS	3	MP; RX/OTC
THERABETIC MULTI-VITAMIN TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER TABS	3	MP; RX/OTC
THERAGRAN-M TABS	3	MP; RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	3	MP; RX/OTC
THERAMILL FORTE CAPS	3	RX/OTC
THERA-M TABS	3	MP; RX/OTC
THERANATAL LACTATION ONE CAPS	3	RX/OTC
THERA-TABS M TABS	3	MP; RX/OTC
THERA-VITE MAX-M TABS	3	MP; RX/OTC
THEREMS-M TABS	3	MP; RX/OTC
T-VITES TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	MP; RX/OTC	VITAJEY MULTI GUMMIES ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
ULTRA BONEUP TABS	3	MP; RX/OTC	VITAMIN D3 COMPLETE TABS	3	MP; RX/OTC
VENEXA FE TABS	3	MP; RX/OTC	VITAROCA PLUS TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC
VENEXA TABS	3	MP; RX/OTC	VITASANA TABS	3	MP; RX/OTC
VENTRIXYL FE TABS	3	MP; RX/OTC	VITATRUM TABS	3	MP; RX/OTC
VENTRIXYL TABS	3	MP; RX/OTC	VITEYES CLASSIC ADVANCED CAPS	3	RX/OTC
VISION HEALTH CAPS	3	RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	3	RX/OTC
VISION OPTIMIZER CAPS	3	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	3	RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	3	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	3	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	MP; RX/OTC
VITABASIC COMPLETE TABS	3	MP; RX/OTC	VITRAMYN TABS	3	MP; RX/OTC
VITABASIC SENIOR TABS	3	MP; RX/OTC	VITRANOL FE TABS	3	MP; RX/OTC
VITABEX PLUS CAPS	3	RX/OTC	VITRANOL TABS	3	MP; RX/OTC
VITABEX CAPS	3	RX/OTC	VITREXATE FE TABS	3	MP; RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	VITREXATE TABS	3	MP; RX/OTC
VITACORE TABS	3	MP; RX/OTC	VITREXYL + IRON TABS	3	MP; RX/OTC
VITAFUSION MULTI WOMENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	VITREXYL TABS	3	MP; RX/OTC
			VITRUM 50+ ADULT-MULTI TABS	3	MP; RX/OTC
			VITRUM 50+ SENIOR MULTI TABS	3	MP; RX/OTC
			WAL-BORN VITAMIN C CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELLFOLA TABS	3	MP; RX/OTC	YUMVS MULTI ZERO CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
WOMENS 50+ MULTI VITAMIN/MIN TABS	3	MP; RX/OTC			
WOMENS 50+ MULTI VITAMIN TABS	3	MP; RX/OTC	YUMVS ZERO DIABETIC MULTIVITAM CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
WOMENS MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	Multivitamins		
WOMENS MULTI VITAMIN & MINERAL TABS	3	MP; RX/OTC	ALTRIXA TABS	3	MP; RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	AMLADEX TABS	3	MP; RX/OTC
WOMENS MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	DAILY MULTIPLE VITAMINS TABS	3	MP; RX/OTC
YELETS TEENAGE FORMULA TABS	3	MP; RX/OTC	DEKAS ESSENTIAL CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	DEKAS ESSENTIAL LIQD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
YUM-VS COMPLETE MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP	ESTROFACTORS TABS	3	MP; RX/OTC
			FOLCYTEINE TABS	3	MP; RX/OTC
			GENICIN VITA-Q TABS	3	MP; RX/OTC
			HIGH POTENCY MULTIVITAMIN TABS	3	MP; RX/OTC
			MINCORA TABS	3	MP; RX/OTC
			MULTI VITAMIN W/D-3 TABS	3	MP; RX/OTC
			MULTI VITAMIN TABS	3	MP; RX/OTC
			<i>multiple vitamin TABS</i>	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN ADULT TABS	3	MP; RX/OTC
MULTIVITAMIN TABS	3	MP; RX/OTC
NEOMULTIVITE TABS	3	MP; RX/OTC
OMNICAP TABS	3	MP; RX/OTC
ONE DAILY ESSENTIALS TABS	3	MP; RX/OTC
ONE DAILY ESSENTIAL TABS	3	MP; RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	3	MP; RX/OTC
ONE-A-DAY ESSENTIAL TABS <i>(multiple vitamin)</i>	3	MP; RX/OTC
ONE-A-DAY MENS TABS <i>(multiple vitamin)</i>	3	MP; RX/OTC
QUINTABS TABS	3	MP; RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	3	MP; RX/OTC
THERA TABS	3	MP; RX/OTC
THEREMS TABS	3	MP; RX/OTC
TM-DAILY VITE TABS	3	MP; RX/OTC
TRUE MULTIVITAMIN TABS	3	MP; RX/OTC
ZE-PLUS CAPS <i>(multiple vitamin)</i>	NF	RX/OTC
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits
ALIVE GUMMIES FOR CHILDREN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ALIVE MULTI-VITAMIN CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CENTRUM FLAVOR BURST KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CENTRUM KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CHILDRENS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CVS GUMMY DINOS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CVS GUMMY MULTIVITAMIN KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEKAS PLUS LIQD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC	FLINTSTONES COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EMERGEN-C KIDZ IMMUNE+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES BONE BUILD CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EMERGEN-C KIDZ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQ MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQ MULTIVITAMINS GUMMY CHILD CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES-IMMUNITY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQL GUMMIES CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES SOUR GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES + EXTRA IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES TODDLER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES- IMMUNITY SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MULTIVIT-MIN GUMMIES CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FT CHILDRENS MULTI CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION D3000 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GNP MULTI CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION D5000 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GUMMI BEAR MULTIVITAMIN/MIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
HEALTHY KIDS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION SOLN	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	NANOVN 1-3 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MULTIVITAMIN CHILDRENS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	NANOVN 4-8 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NANOVIM 9-18 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	YUMVSKIDS MULTI ZERO CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
NANOVIM T/F POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	ZOO FRIENDS MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ONE-A-DAY JOLLY RANCHER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	Ped MV w/ Fluoride		
SMARTY PANTS KIDS COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLORAFOL PEDIATRIC CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
			FLORAFOL PEDIATRIC CHEW 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
			FLORAFOL PEDIATRIC SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
SPONGEBOB SQUAREPANTS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLORIVA PLUS SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
			FLOTREX CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
VITACHEW MULTIPLE VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MULTIVITAMIN + FLUORIDE CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
			MULTIVITAMIN + FLUORIDE CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
VITALETS CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
			MULTIVITAMIN/FLUORIDE CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	SOLUVITA WITH FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTI-VIT-FLOR CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	VITAMINS ACD-FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTI-VIT-FLOR CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	Pediatric Vitamins		
<i>pediatric multivitamins w/fl CHEW 1 MG</i>	3	AL(Up to 12 yrs old); MP; RX/OTC	VITAMIN A/C/D/ INFANT/TODDLER	3	MP
<i>pediatric multivitamins w/fl CHEW 0.25 MG, 0.5 MG</i>	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	VITAMIN A-C-D INFANT	3	MP
<i>pediatric multivitamins w/fl SOLN</i>	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	Prenatal Vitamins		
<i>pediatric vitamins acd w/ fluoride SOLN</i>	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	CLASSIC PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
POLY-VI-FLOR CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	COMPLETENATE CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
POLY-VI-FLOR CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	CO-NATAL FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
QUFLORA PEDIATRIC CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	EQL PRENATAL FORMULA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
QUFLORA PEDIATRIC CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	FT PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
QUFLORA PEDIATRIC SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	GNP PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SOLUVITA ACD WITH FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	KP PRENATAL MULTIVITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
			MASONATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
M-NATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL FORTE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NEONATAL COMPLETE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL PLUS VITAMIN/MINERAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NEONATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NESTABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
ONE VITE WOMENS PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL VITAMIN AND MINERAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATABS FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL (W/IRON & FA) TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL/IRON TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL 19 CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL 19 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATVITE RX TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	TRINATAL RX 1 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PX PRENATAL MULTIVITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	VINATE ONE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
QC PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	VITATHELY WITH GINGER TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
RA PRENATAL FORMULA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	WESTAB PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
RA PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	Specialty Vitamins Products		
SE-NATAL 19 CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	MG PLUS PROTEIN TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
SE-NATAL 19 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	Vitamins w/ Lipotropics		
SM PRENATAL VITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	ACTIFLOVIT EAR HEALTH TABS	3	MP
THERANATAL CORE NUTRITION TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	LIPOTRIAD TABS (<i>vitamins w/ lipotropics</i>)	3	MP
THRIVITE RX TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	<i>vitamins w/ lipotropics</i> TABS	3	MP
TRICARE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	2	
			<i>baclofen SOLN PO 5 MG/5ML</i>	1	PA
			<i>baclofen SUSP</i>	2	
			<i>baclofen TABS</i>	1	
			<i>chlorzoxazone TABS</i>	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl CP24</i>	2		<i>azelastine hcl-fluticasone propionate SUSP</i>	2	
<i>cyclobenzaprine hcl TABS</i>	1		DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	2	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	2		RYALTRIS	2	
FLEQSUVY SUSP (<i>baclofen</i>)	2		Nasal Agents - Misc.		
LYVISPAH PACK	2		FT SALINE NASAL SPRAY SOLN	3	
<i>metaxalone</i>	2		LITTLE REMEDIES SALINE SOLN	3	
METAXALONE 640 MG	2		OCEAN NASAL SPRAY SOLN (<i>saline</i>)	3	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1		<i>saline SOLN 0.65 %</i>	3	
<i>methocarbamol TABS 1000 MG</i>	2		Nasal Antiallergy		
METHOCARBAMOL TABS	2		<i>azelastine hcl</i>	1	RX/OTC
<i>orphenadrine citrate TB12</i>	1		<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	3	
OZOBAX SOLN PO (<i>baclofen</i>)	1	PA	NASALCROM (<i>cromolyn sodium (nasal)</i>)	3	
<i>tizanidine hcl CAPS</i>	2		<i>olopatadine hcl (nasal)</i>	2	
<i>tizanidine hcl TABS</i>	1		PATANASE (<i>olopatadine hcl (nasal)</i>)	2	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	2		Nasal Anticholinergics		
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	2		<i>ipratropium bromide (nasal)</i>	1	
Direct Muscle Relaxants			Nasal Steroids		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	2		BECONASE AQ	2	
<i>dantrolene sodium CAPS</i>	2		<i>budesonide (nasal)</i>	2	
Fibrodysplasia Ossificans Progressiva (FOP) Agents			FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	SP	FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
Muscle Relaxant Combinations					
<i>orphenadrine w/ aspirin & caff</i>	2				
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	RX/OTC
<i>flunisolide (nasal)</i>	2	
<i>fluticasone propionate (nasal) SUSP</i>	1	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	2	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	2	RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	2	
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	2	RX/OTC
OMNARIS SUSP	2	
QNASL	2	
QNASL CHILDRENS	2	
<i>triamcinolone acetonide (nasal) AERO</i>	2	
XHANCE EXHU	2	
ZETONNA AERS	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	3	AL(At least 18 yrs old); PA
RILUTEK TABS (<i>riluzole</i>)	3	
<i>riluzole TABS</i>	3	
TEGLUTIK SUSP	3	AL(At least 18 yrs old); PA
TIGLUTIK SUSP	3	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	SP
Muscular Dystrophy Agents		
DUVYZAT	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
Rett Syndrome Agents		
DAYBUE	CO	SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	CO	SP
EVRYSDI	CO	SP; MP
SPINRAZA	CO	SP; MP
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 200 MG-300 MG, 300 MG, 500 MG, 1000 MG, 1200 MG</i>	3	
<i>omega-3 fatty acids CPDR</i>	3	
Proteins		
L-ORNITHINE POWD	4	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	3	
BION TEARS PF	3	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	3	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	3	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	3	
GENTEAL TEARS MODERATE PF (<i>dextran 70-hypromellose</i>)	3	
GENTEAL TEARS PF (<i>dextran 70-hypromellose</i>)	3	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	3	
<i>polyethylene glycol-propylene glycol (ophth) GEL</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	3		COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	2	
<i>polyvinyl alcohol 1.4 %</i>	3		COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	2	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	3		DORZOLAMIDE HCL-TIMOLOL MAL	2	
REFRESH LIQUIGEL GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	3		<i>dorzolamide hcl-timolol maleate</i>	1	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF		<i>dorzolamide hcl-timolol maleate</i>	2	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3		ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	2	
REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	3		<i>levobunolol hcl 0.5 %</i>	2	
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF		<i>timolol</i>	2	
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3		<i>timolol maleate (ophth) SOLG</i>	1	
SYSTANE GEL	3		<i>timolol maleate (ophth) SOLN</i>	2	
SYSTANE SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	3		<i>timolol maleate (ophth) SOLN</i>	1	
<i>white petrolatum-mineral oil</i>	3		TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	2	
Beta-blockers - Ophthalmic			TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	2	
<i>betaxolol hcl (ophth) SOLN</i>	2		TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
BETIMOL (<i>timolol</i>)	2		Cholinergic Agonists		
BETIMOL	2		TYRVAYA	2	QL(8.4 ML per 30 day(s) retail)
BETOPTIC-S SUSP	1		Cycloplegic Mydriatics		
<i>brimonidine tartrate-timolol maleate</i>	2		<i>atropine sulfate (ophthalmic) OINT</i>	3	
<i>carteolol hcl (ophth)</i>	1		<i>atropine sulfate (ophthalmic) SOLN</i>	3	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	1		ATROPINE SULFATE SOLN 1 %	3	
			CYCLOGYL (<i>cyclopentolate hcl</i>)	3	
			CYCLOGYL	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclopentolate hcl 1 %</i>	3		<i>gentamicin sulfate (ophth) SOLN</i>	3	
ISOPTO ATROPINE SOLN	3		KLARITY-A	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	3		<i>levofloxacin (ophth) 0.5 %</i>	2	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	3		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	3		<i>moxifloxacin hcl (ophth) SOLN OP</i>	2	
<i>tropicamide SOLN</i>	3		<i>neomycin-bacitracin zn-polymyxin</i>	3	
Miotics			<i>neomycin-polymyxin-gramicidin</i>	3	
PHOSPHOLINE IODIDE	3		OCUFLOX (<i>ofloxacin (ophth)</i>)	2	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	3		<i>ofloxacin (ophth)</i>	1	
Ophthalmic Adrenergic Agents			<i>polymyxin b-trimethoprim</i>	3	
ALPHAGAN P (<i>brimonidine tartrate</i>)	2		POLYTRIM (<i>polymyxin b-trimethoprim</i>)	3	
<i>apraclonidine hcl</i>	1		<i>sulfacetamide sodium (ophth) OINT</i>	3	
<i>brimonidine tartrate 0.2 %</i>	1		<i>sulfacetamide sodium (ophth) SOLN</i>	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	2		<i>tobramycin (ophth) SOLN</i>	3	
IOPIDINE	2		<i>trifluridine</i>	4	
SIMBRINZA	1		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	2	
Ophthalmic Anti-infectives			ZYMAXID (<i>gatifloxacin (ophth)</i>)	2	
AZASITE	2		Ophthalmic Decongestants		
<i>bacitracin (ophthalmic)</i>	3		<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	3		NAPHCON-A (<i>naphazoline w/ pheniramine</i>)	3	
BESIVANCE	2		Ophthalmic Immunomodulators		
CILOXAN OINT	2		CEQUA SOLN	2	QL(60 EA per 30 day(s) retail)
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	2		<i>cyclosporine (ophth) EMUL</i>	2	QL(60 EA per 30 day(s) retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1				
ERYTHROMYCIN	1				
<i>erythromycin (ophth)</i>	1				
<i>gatifloxacin (ophth)</i>	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KLARITY-C DROPS EMUL	2	QL(4 ML daily); AL(At least 4 yrs old)	<i>dexamethasone sodium phosphate (ophth)</i>	3	
RESTASIS MULTIDOSE EMUL	1	QL(5.5 ML per 30 day(s) retail)	EYSUVIS SUSP	2	QL(8.3 ML per 14 day(s) retail)
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	1	QL(60 EA per 30 day(s) retail)	<i>fluorometholone (ophth) SUSP</i>	3	QL(15 ML per 30 day(s) retail)
VERKAZIA EMUL	2	QL(4 EA daily); AL(At least 4 yrs old)	FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	3	QL(15 ML per 30 day(s) retail)
VEVYE SOLN	2	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old)	<i>loteprednol etabonate SUSP 0.2 %</i>	2	
Ophthalmic Integrin Antagonists			MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	3	
XIIDRA	1	QL(60 EA per 30 day(s) retail)	MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	3	
Ophthalmic Kinase Inhibitors			<i>neomycin-polymy-dexameth OINT</i>	3	
RHOPRESSA	1		<i>neomycin-polymy-dexameth SUSP</i>	3	
ROCKLATAN	1		PRED FORTE (<i>prednisolone acetate (ophth)</i>)	3	
Ophthalmic Local Anesthetics			<i>prednisolone acetate (ophth)</i>	3	
ALCAINE (<i>proparacaine hcl</i>)	3		PREDNISOLONE ACETATE P-F	3	
<i>proparacaine hcl</i>	3		PREDNISOLONE SODIUM PHOSPHATE	3	
Ophthalmic Nerve Growth Factors			<i>sulfacetamide sod-prednisolone SOLN</i>	3	
OXERVATE	3	QL(28 ML per 28 day(s) retail; 4 max fill(s) per 365 day(s) retail; 56 day(s) max supply per 365 day(s) retail; AL(At least 2 yrs old); SP; PA	TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	3	
Ophthalmic Steroids			<i>tobramycin-dexamethasone SUSP</i>	3	
ALREX SUSP (<i>loteprednol etabonate</i>)	2		Ophthalmics - Misc.		
<i>bacitracin-poly-neomycin-hc</i>	3		ACULAR (<i>ketorolac tromethamine (ophth)</i>)	2	
			ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	
			ACUVAIL	2	

Drug Name	Drug Tier	Requirements/ Limits
ALOCRI	2	
ALOMIDE	2	
azelastine hcl (ophth)	1	
AZOPT (brinzolamide)	1	
bepotastine besilate	2	
BEPREVE (bepotastine besilate)	2	
brinzolamide	2	
bromfenac sodium (ophth)	2	
BROMSITE (bromfenac sodium (ophth))	2	
cromolyn sodium (ophth)	1	
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
DORZOLAMIDE HCL	2	
epinastine hcl (ophth)	2	
flurbiprofen sodium	1	
ILEVRO	2	
ketorolac tromethamine (ophth) 0.5 %	1	
ketorolac tromethamine (ophth) 0.4 %	2	
ketotifen fumarate (ophth) 0.035 %	1	
LASTACAFT	2	
MIEBO	2	QL(0.1 ML daily); AL(At least 18 yrs old)
MURO 128 OINT (sodium chloride hypertonic)	3	
MURO 128 OINT (sodium chloride hypertonic)	NF	
MURO 128 SOLN (sodium chloride hypertonic)	NF	
NEVANAC	2	
olopatadine hcl	1	RX/OTC
PATADAY (olopatadine hcl)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PATADAY	2	
PROLENSA (bromfenac sodium (ophth))	2	
sodium chloride hypertonic OINT	3	
sodium chloride hypertonic SOLN	3	
ZADITOR 0.035 % (ketotifen fumarate (ophth))	1	
ZERVIAE	2	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	2	
IYUZEH SOLN	2	
latanoprost SOLN	1	
LATANOPROST SOLN	2	
LUMIGAN SOLN 0.01 %	2	
tafluprost	2	
TRAVATAN Z SOLN (travoprost)	2	
travoprost SOLN	2	
VYZULTA	2	
XALATAN SOLN (latanoprost)	2	
XELPROS EMUL	2	
ZIOPTAN (tafluprost)	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	3	
Otic Anti-infectives		
CETRAXAL (ciprofloxacin hcl (otic))	2	
ciprofloxacin hcl (otic)	2	
ofloxacin (otic)	1	
Otic Combinations		
CIPRO HC	2	

Drug Name	Drug Tier	Requirements/ Limits
CIPRODEX (ciprofloxacin-dexamethasone)	1	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone acetonide	2	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
OTOVEL (ciprofloxacin-fluocinolone acetonide)	2	
Otic Steroids		
hydrocortisone w/acetic acid	3	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	3	QL(28 EA per 180 day(s) retail); AL(At least 12 yrs old)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
BEYFORTUS	3	SP; MP; PA
SYNAGIS SOLN	3	SP; MP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	3	MP
amoxicillin CHEW 125 MG, 250 MG	3	MP
amoxicillin SUSR	3	MP
AMOXICILLIN SUSR (amoxicillin)	3	MP

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin TABS	3	MP
ampicillin CAPS 500 MG	3	
Natural Penicillins		
penicillin v potassium SOLR	3	MP
penicillin v potassium TABS	3	MP
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	3	
amoxicillin & pot clavulanate SUSR	3	
amoxicillin & pot clavulanate TABS	3	
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	3	
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	3	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	3	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
FLAVOR BLEND SUSP	4	RX/OTC
FLAVOR PLUS LIQD	4	RX/OTC
FLAVOR SWEET-SF SYRP	4	RX/OTC
FLAVOR SWEET SYRP	4	RX/OTC
FREEDOM PEG TROCHE BASE POWD	4	
GRAPE SYRUP SYRP	4	RX/OTC
MX-SOL BLEND SF SUSP	4	RX/OTC
MX-SOL BLEND SUSP	4	RX/OTC
MX-SOL SF SYRP	4	RX/OTC
MX-SOL SUSPEND SUSP	4	RX/OTC
MX-SOL SYRP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORA-BLEND SF SUSP	4	RX/OTC	SYRUP VEHICLE SYRP	4	RX/OTC
ORA-BLEND SUSP	4	RX/OTC	TROCHE BASE POWD	4	
ORAL MIX SF SUSP	4	RX/OTC	UNISPEND ANHYDROUS SWEETENED SUSP	4	RX/OTC
ORAL MIX SUSP	4	RX/OTC	UNISPEND ANHYDROUS UNSWEETENED SUSP	4	RX/OTC
ORAL SUSPEND LIQD	4	RX/OTC	VERSAFREE SYRP	4	RX/OTC
ORAL SYRUP SF SYRP	4	RX/OTC	VERSAPLUS SYRP	4	RX/OTC
ORAL SYRUP SYRP	4	RX/OTC	Pharmaceutical Excipients		
ORAPENN SD ANHYD SWEETENED LIQD	4	RX/OTC	SODIUM BENZOATE	4	RX/OTC
ORAPENN SD ANHYD UNSWEETEN LIQD	4	RX/OTC	Semi Solid Vehicles		
ORA-PLUS LIQD	4	RX/OTC	1ST BASE	4	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	4	RX/OTC	ALPAWASH	4	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	4	RX/OTC	ALTADERM	4	RX/OTC
PCCA CUSTOM TROCHE BASE (LS) POWD	4		ANHYDROUS BASE OINT	4	
PCCA POLYGLYCOL TROCHE POWD	4		ARBEM H-COSMETIC	4	RX/OTC
PCCA SWEET-SF SYRP	4	RX/OTC	ARBEM LIOPEN	4	RX/OTC
PCCA SYRUP VEHICLE SYRP	4	RX/OTC	ATREVIS HYDROGEL	4	RX/OTC
PCCA-PLUS SUSP	4	RX/OTC	AUXIPRO VANISHING	4	RX/OTC
SOSWEET SYRP	4	RX/OTC	AZ CREAM	4	RX/OTC
SUSPENDIT ANHYDROUS SUSP	4	RX/OTC	BABY SKIN PROTECTANT	3	RX/OTC
SUSPENDRX W/BITTERBLOC SWEET SUSP	4	RX/OTC	BASE PCCA CLARIFYING	4	RX/OTC
SUSPENDRX W/BITTERBLOC UNSWEET SUSP	4	RX/OTC	BASE W301	4	RX/OTC
SUSPENSION VEHICLE SUSP	4	RX/OTC	CHRYSDERM DAY	4	RX/OTC
SYRPALTA (RED) SYRP	4	RX/OTC	CHRYSDERM NIGHT	4	RX/OTC
SYRPALTA SYRP	4	RX/OTC	CLEODERM	4	RX/OTC
SYRSPEND SF LIQD	4	RX/OTC	CREAM BASE	4	RX/OTC
SYRUP VEHICLE SF SYRP	4	RX/OTC	CREAM CONCENTRATE	4	RX/OTC
			CUTIS PLUS	4	RX/OTC
			DAILY MOISTURIZER	3	RX/OTC
			DURABASE	4	RX/OTC
			DURABASE ADVANCED	4	RX/OTC
			EMOLIVAN	4	RX/OTC
			EMOLLIENT BASE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FAGRON LS PLUS	4	RX/OTC	PCCA BIOPEPTIDE BASE	4	RX/OTC
FAGRON NATURAL	4	RX/OTC	PCCA CANNIDEX 2.0 CUSTOM BASE	4	RX/OTC
FAGRON SUPREME	4	RX/OTC	PCCA CANNIDEX CUSTOM BASE	4	RX/OTC
FATTIBASE	4	RX/OTC	PCCA COSMETIC HRT BASE	4	RX/OTC
FITALITE	4	RX/OTC	PCCA EMOLLIENT CREAM BASE	4	RX/OTC
FLEX BASE	4	RX/OTC	PCCA HYDRABASE SB CUSTOM BASE	4	RX/OTC
FREEDOM ADAPTADERM	4	RX/OTC	PCCA LIPODERM BASE	4	RX/OTC
FREEDOM DERMA SERUM	4	RX/OTC	PCCA MVC BASE	4	RX/OTC
FREEDOM DERMA-D	4	RX/OTC	PCCA NATACREAM	4	RX/OTC
FREEDOM DERMA-N	4	RX/OTC	PCCA POLYPEG BASE	4	RX/OTC
HYDROUS EMULSIFIED BASE	4	RX/OTC	PCCA PRACASIL TM-PLUS BASE	4	RX/OTC
LIOPEN ABSORPTION ENHANCING	4	RX/OTC	PCCA VANISHING CREAM BASE	4	RX/OTC
LIP BALM BASE	4	RX/OTC	PCCA VANISHING CREAM LIGHT	4	RX/OTC
LIPO CREAM BASE	4	RX/OTC	PCCA VANPEN BASE	4	RX/OTC
LIPOCREAM BASE	4	RX/OTC	PCCA WAV CUSTOM BASE	4	RX/OTC
LIOPEN ULTRA BASE	4	RX/OTC	PEG	4	RX/OTC
LIPOSOMAL HEAVY	4	RX/OTC	PEG BLEND	4	RX/OTC
LIPOSOMAL REGULAR	4	RX/OTC	PEG OINTMENT BASE	4	RX/OTC
MEDIDERM	4	RX/OTC	PENCREAM	4	RX/OTC
MICRODERM BASE	4	RX/OTC	PENDERM	4	RX/OTC
MICROSOME BASE	4	RX/OTC	PENSOMAL	4	RX/OTC
MULTIBASE	4	RX/OTC	PETROLATUM	3	RX/OTC
MULTI-PHASIC PENETRATING CMPD	4	RX/OTC	PETROLEUM JELLY	3	RX/OTC
NOURILITE	4	RX/OTC	PETROLEUM JELLY BABY	3	RX/OTC
NOURIVAN ANTIOX BASE	4	RX/OTC	PFCB	4	RX/OTC
OMNIBASE	4	RX/OTC	PHARMABASE ANTIOXIDANT	4	RX/OTC
PCCA ALADERM BASE	4	RX/OTC	PHARMABASE COSMETIC	4	RX/OTC
PCCA ANHYDROUS BASE OINT	4				
PCCA ANHYDROUS LIPODERM BASE	4	RX/OTC			
PCCA BASE 7542	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHARMABASE COSMETIC NATURAL	4	RX/OTC	XEMATOP BASE	4	RX/OTC
PHARMABASE HEAVY	4	RX/OTC	YELLOW PETROLATUM	3	RX/OTC
PHARMABASE LIGHT	4	RX/OTC	PROGESTINS - Hormone Replacement/Modifying Drugs		
PHARMABASE VAGINAL	4	RX/OTC	Progestins		
PHYTOBASE	4	RX/OTC	AYGESTIN TABS (<i>norethindrone acetate</i>)	2	MP
P-SILOXAN DS	4	RX/OTC	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
RA PETROLEUM JELLY	3	RX/OTC	<i>megestrol acetate (appetite)</i>	2	
SA3 DERM	4	RX/OTC	<i>norethindrone acetate TABS</i>	1	MP
SALT DURABLE CREAM	4	RX/OTC	<i>progesterone CAPS</i>	1	MP
SALT STABLE LS ADVANCED	4	RX/OTC	<i>progesterone OIL</i>	2	MP
SALTSTABLE LO	4	RX/OTC	PROMETRIUM CAPS (<i>progesterone</i>)	2	MP
SANARE ADVANCED SCAR THERAPY	4	RX/OTC	PROVERA 5 MG, 10 MG (<i>medroxyprogesterone acetate</i>)	2	MP
SANARE SCAR THERAPY	4	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
SCAR CARE	4	RX/OTC	Agents for Chemical Dependency		
SECURA PROTECTIVE	3	RX/OTC	<i>lofexidine hcl</i>	1	
SILPROTEX PLUS	4	RX/OTC	LUCEMYRA (<i>lofexidine hcl</i>)	1	
SKIN PROTECTANT	3	RX/OTC	Anti-Cataplectic Agents		
SKYY DERM	4	RX/OTC	SODIUM OXYBATE SOLN	3	QL(18 ML daily); AL(At least 7 yrs old); SP; PA
TERODERM	4	RX/OTC	XYWAV	3	QL(18 ML daily); AL(At least 7 yrs old); SP; PA
TERODERM-PLUS	4	RX/OTC	Antidementia Agents		
U-BASE	4	RX/OTC	ADLARITY PTWK	3	PA
VANIBASE	4	RX/OTC			
VANISHING	4	RX/OTC			
VANISHING CREAM BOTANICAL BASE	4	RX/OTC			
VANISH-PEN	4	RX/OTC			
VERSAPRO	4	RX/OTC			
VERSATILE CREAM BASE	4	RX/OTC			
VERSATILE RICH BASE	4	RX/OTC			
VERSIGEL	4	RX/OTC			
VP DERMABASE	4	RX/OTC			
WOUND CARE	4	RX/OTC			
XCEL 100	4	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARICEPT TABS (donepezil hydrochloride)	2		SAVELLA TABS	1	
donepezil hydrochloride TABS 23 MG	2		Movement Disorder Drug Therapy		
donepezil hydrochloride TABS 5 MG, 10 MG	1		AUSTEDO XR PATIENT TITRATION TEPK	3	AL(At least 18 yrs old); SP; PA
donepezil hydrochloride TBDP	1		AUSTEDO XR TB24	3	AL(At least 18 yrs old); SP; PA
EXELON (rivastigmine)	1		AUSTEDO TABS	3	AL(At least 18 yrs old); SP; PA
galantamine hydrobromide CP24	2		INGREZZA CAPS	3	AL(At least 18 yrs old); SP; PA
galantamine hydrobromide SOLN	2		INGREZZA CPPK	3	AL(At least 18 yrs old); SP; PA
galantamine hydrobromide TABS	1		Multiple Sclerosis Agents		
memantine hcl CP24	2		AMPYRA (dalfampridine)	3	QL(2 EA daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
memantine hcl-donepezil hcl CP24	2		AUBAGIO (teriflunomide)	2	SP
memantine hcl SOLN	1		AVONEX PEN AJKT	1	SP
memantine hcl TABS	1		AVONEX PREFILLED PSKT	1	QL(4 EA per fill retail); SP
NAMENDA TITRATION PAK TABS (memantine hcl)	2		BAFIERTAM	2	QL(4 EA daily); SP
NAMENDA XR CP24 (memantine hcl)	2		BETASERON KIT	1	SP
NAMENDA TABS (memantine hcl)	2		COPAXONE SOSY 20 MG/ML (glatiramer acetate)	1	SP
NAMZARIC C4PK	2		COPAXONE SOSY 40 MG/ML (glatiramer acetate)	2	SP
NAMZARIC CP24	2		dalfampridine	3	QL(2 EA daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
NAMZARIC CP24 (memantine hcl-donepezil hcl)	2		dimethyl fumarate CDPK	1	SP
RAZADYNE ER CP24 (galantamine hydrobromide)	2		dimethyl fumarate CPDR	1	SP
rivastigmine	2		fingolimod hcl	1	SP
rivastigmine tartrate CAPS	1				
Fibromyalgia Agents					
SAVELLA TITRATION PACK MISC	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GILENYA	2	SP	TECFIDERA CDPK (dimethyl fumarate)	2	SP
GILENYA (fingolimod hcl)	2	SP	TECFIDERA CPDR (dimethyl fumarate)	2	SP
glatiramer acetate SOSY	2	SP	teriflunomide	1	SP
KESIMPTA	1	SP	VUMERITY	2	SP
MAVENCLAD (10 TABS)	2	SP	ZEPOSIA 7-DAY STARTER PACK CPPK	2	AL(At least 18 yrs old); SP
MAVENCLAD (4 TABS)	2	SP	ZEPOSIA STARTER KIT CPPK	2	AL(At least 18 yrs old); SP
MAVENCLAD (5 TABS)	2	SP	ZEPOSIA STARTER KIT CPPK	2	SP
MAVENCLAD (6 TABS)	2	SP	ZEPOSIA CAPS	2	SP
MAVENCLAD (7 TABS)	2	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
MAVENCLAD (8 TABS)	2	SP	gabapentin (once-daily) TABS	1	
MAVENCLAD (9 TABS)	2	SP	GRALISE TABS	1	
MAYZENT STARTER PACK TBPK 0.25 MG	2	SP	GRALISE TABS (gabapentin (once-daily))	1	
MAYZENT TABS	2	SP	Restless Leg Syndrome (RLS) Agents		
PLEGRIDY STARTER PACK SOAJ	2	SP	HORIZANT	1	
PLEGRIDY STARTER PACK SOSY SC	2	SP	Smoking Deterrents		
PLEGRIDY SOAJ	2	SP	APO-VARENICLINE TABS	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
PLEGRIDY SOSY IM	2	SP	bupropion hcl (smoking deterrent)	3	QL(2 EA daily)
PONVORY STARTER PACK TBPK	2	AL(At least 18 yrs old - Up to 55 yrs old); SP	CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	2	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
PONVORY TABS	2	AL(At least 18 yrs old - Up to 55 yrs old); SP	NICODERM CQ PT24 TD (nicotine)	3	QL(1 EA daily)
REBIF REBIDOSE TITRATION PACK SOAJ	2	SP	NICORETTE MINI LOZG (nicotine polacrilex)	3	QL(20 EA daily)
REBIF REBIDOSE SOAJ	2	SP	NICORETTE STARTER KIT GUM 2 MG (nicotine polacrilex)	3	QL(30 EA daily)
REBIF TITRATION PACK SOSY	2	SP			
REBIF SOSY 22 MCG/0.5ML	2	SP			
REBIF SOSY 44 MCG/0.5ML	2	QL(7.5 ML per 30 day(s) retail); SP			
TASCENSO ODT 0.5 MG	2	AL(At least 10 yrs old - Up to 18 yrs old); SP			
TASCENSO ODT 0.25 MG	2	AL(At least 10 yrs old - Up to 17 yrs old); SP			

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE STARTER KIT GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 EA daily)
NICORETTE GUM 2 MG (<i>nicotine polacrilex</i>)	3	QL(30 EA daily)
NICORETTE GUM 4 MG (<i>nicotine polacrilex</i>)	3	QL(24 EA daily)
NICORETTE LOZG (<i>nicotine polacrilex</i>)	3	QL(20 EA daily)
<i>nicotine polacrilex</i> GUM 4 MG	3	QL(24 EA daily)
<i>nicotine polacrilex</i> GUM 2 MG	3	QL(30 EA daily)
<i>nicotine polacrilex</i> LOZG	3	QL(20 EA daily)
NICOTINE KIT	3	QL(1 EA daily)
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	3	QL(1 EA daily)
NICOTROL NS SOLN	3	QL(40 ML per 30 day(s) retail)
NICOTROL INHA	3	QL(168 EA per 30 day(s) retail)
<i>varenicline tartrate</i> TABS	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
<i>varenicline tartrate</i> TBPk	1	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	3	QL(20 EA daily); AL(At least 18 yrs old); PA
BRONCHITOL TOLERANCE TEST	3	QL(20 EA daily); AL(At least 18 yrs old); PA
KALYDECO PACK	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI PACK	CO	SP
PULMOZYME	3	SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	3	
<i>doxycycline (monohydrate)</i> SUSR	3	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> TABS 20 MG, 100 MG	3	
<i>minocycline hcl</i> CAPS	3	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	3	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	3	MP
<i>propylthiouracil</i>	3	MP
Thyroid Hormones		
ADTHYZA TABS	3	MP
ARMOUR THYROID TABS	3	MP
CYTOMEL TABS (<i>liothyronine sodium</i>)	3	MP
ERMEZA SOLN PO	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	3		DAPTACEL	4	
<i>levothyroxine sodium SOLR IV</i>	3		INFANRIX	4	
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	3		KINRIX SUSY	4	
<i>levothyroxine sodium TABS</i>	3	MP	PEDIARIX SUSY	4	
<i>liothyronine sodium SOLN</i>	2		PENTACEL	4	
<i>liothyronine sodium TABS</i>	3	MP	QUADRACEL SUSP	4	
NIVA THYROID TABS	3	MP	QUADRACEL SUSY	4	
NP THYROID TABS	3	MP	TDVAX SUSP	4	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	3	MP	TENIVAC INJ	4	
THYQUIDITY SOLN PO	3		TETANUS-DIPHThERIA TOXOIDS TD SUSP	4	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP	VAXELIS SUSP	4	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>)	3		VAXELIS SUSY	4	
TIROSINT-SOL SOLN PO 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	3		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TOXOIDS			Antispasmodics		
Toxoid Combinations			ANASPAZ TDBP (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)
ADACEL SUSP	4		CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	3	AL(Up to 12 yrs old)
BOOSTRIX SUSP	4		<i>dicyclomine hcl CAPS</i>	3	AL(Up to 64 yrs old)
BOOSTRIX SUSY	4		<i>dicyclomine hcl SOLN PO</i>	3	AL(Up to 64 yrs old)
			<i>dicyclomine hcl TABS</i>	3	AL(Up to 64 yrs old)
			<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	3	AL(Up to 12 yrs old)
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	3	
			<i>hyoscyamine sulfate ELIX</i>	3	AL(Up to 64 yrs old)
			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	3	AL(Up to 64 yrs old)
			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	3	AL(Up to 64 yrs old)
			<i>hyoscyamine sulfate TABS 0.125 MG</i>	3	AL(Up to 64 yrs old)
			<i>hyoscyamine sulfate TB12 0.375 MG</i>	3	AL(Up to 64 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate</i> <i>TBDP 0.125 MG</i>	3	AL(Up to 64 yrs old)	<i>esomeprazole magnesium</i> <i>CPDR 20 MG</i>	2	QL(2 EA daily); RX/OTC
LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)	<i>esomeprazole magnesium</i> <i>CPDR 40 MG</i>	2	
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)	<i>esomeprazole magnesium</i> <i>PACK</i>	2	QL(2 EA daily)
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	3	AL(Up to 64 yrs old)	<i>esomeprazole magnesium</i> <i>TBEC</i>	2	
ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	3		<i>lansoprazole CPDR 30 MG</i>	2	
ROBINUL TABS (<i>glycopyrrolate</i>)	3		<i>lansoprazole CPDR 15 MG</i>	2	QL(1 EA daily); RX/OTC
H-2 Antagonists			<i>lansoprazole TBDD</i>	2	RX/OTC
<i>cimetidine hcl PO 300 MG/5ML</i>	3		NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 EA daily); RX/OTC
<i>cimetidine TABS</i>	3	RX/OTC	NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	2	QL(2 EA daily); RX/OTC
<i>famotidine SUSR</i>	3	AL(Up to 6 yrs old)	NEXIUM 24HR TBEC (<i>esomeprazole magnesium</i>)	2	
<i>famotidine TABS</i>	3	RX/OTC	NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	2	QL(2 EA daily); RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	3	RX/OTC	NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	2	
PEPCID AC TABS (<i>famotidine</i>)	3		NEXIUM PACK (<i>esomeprazole magnesium</i>)	1	QL(2 EA daily)
PEPCID TABS (<i>famotidine</i>)	3	RX/OTC	<i>omeprazole magnesium</i> <i>CPDR</i>	2	QL(2 EA daily)
TAGAMET HB 200 TABS (<i>cimetidine</i>)	3	RX/OTC	<i>omeprazole magnesium</i> <i>TBEC</i>	2	
TAGAMET HB TABS (<i>cimetidine</i>)	3	RX/OTC	<i>omeprazole CPDR 20 MG</i>	1	
Misc. Anti-Ulcer			<i>omeprazole CPDR 10 MG, 40 MG</i>	1	QL(2 EA daily)
CARAFATE TABS (<i>sucralfate</i>)	3	QL(4 EA daily)	<i>omeprazole TBDD</i>	2	
<i>sucralfate TABS</i>	3	QL(4 EA daily)	<i>omeprazole TBEC</i>	2	QL(2 EA daily)
Proton Pump Inhibitors			<i>pantoprazole sodium</i> <i>PACK</i>	2	QL(2 EA daily)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	2				
DEXILANT (<i>dexlansoprazole</i>)	2				
<i>dexlansoprazole</i>	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium TBEC</i>	1	QL(2 EA daily)	VOQUEZNA DUAL PAK	2	
PREVACID 24HR CPDR (<i>lansoprazole</i>)	2	QL(1 EA daily); RX/OTC	VOQUEZNA TRIPLE PAK	2	
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	2	RX/OTC	ZEGERID OTC CAPS (<i>omeprazole-sodium bicarbonate</i>)	2	RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	2		ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	2	RX/OTC
PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	2		ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	2	
PRILOSEC PACK	2		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
PROTONIX PACK (<i>pantoprazole sodium</i>)	1	QL(2 EA daily)	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
PROTONIX TBEC (<i>pantoprazole sodium</i>)	2	QL(2 EA daily)	<i>darifenacin hydrobromide</i>	2	
RABEPRAZOLE SODIUM CPSP	2		DETROL LA CP24 (<i>tolterodine tartrate</i>)	2	
<i>rabeprazole sodium TBEC</i>	2		DETROL TABS (<i>tolterodine tartrate</i>)	2	
VOQUEZNA	3	QL(1 EA daily); AL(At least 18 yrs old); PA	DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	2	
Ulcer Drugs - Prostaglandins			<i>fesoterodine fumarate</i>	1	MP
CYTOTEC (<i>misoprostol</i>)	3	QL(4 EA daily)	GELNIQUE GEL 10 %	2	
<i>misoprostol</i>	3	QL(4 EA daily)	<i>oxybutynin chloride SOLN</i>	1	
Ulcer Therapy Combinations			<i>oxybutynin chloride TABS</i>	1	
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	2	QL(224 EA per fill retail)	<i>oxybutynin chloride TB24</i>	1	
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	2		OXYTROL FOR WOMEN PTTW	3	RX/OTC
KONVOMEK SUSR	2		OXYTROL PTTW	2	RX/OTC
OMECLAMOX-PAK	2		<i>solifenacin succinate TABS</i>	1	
<i>omeprazole-sodium bicarbonate CAPS</i>	2	RX/OTC	<i>tolterodine tartrate CP24</i>	2	
<i>omeprazole-sodium bicarbonate PACK</i>	2		<i>tolterodine tartrate TABS</i>	2	
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	1		TOVIAZ (<i>fesoterodine fumarate</i>)	2	MP
TALICIA	2		<i>trospium chloride CP24</i>	2	
			<i>trospium chloride TABS</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
VESICARE LS SUSP	2	
VESICARE TABS (solifenacin succinate)	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	2	
mirabegron TB24	2	
MYRBETRIQ SRER	2	
MYRBETRIQ TB24 (mirabegron)	2	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	3	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	2	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	4	
BCG VACCINE	4	
BEXSERO	4	
BIOTHRAX	4	
CAPVAXIVE	4	
HIBERIX SOLR IJ	4	
MENACTRA	4	
MENQUADFI	4	
MENVEO SOLN	4	
MENVEO SOLR	4	
PEDVAX HIB SUSP	4	
PENBRAYA	4	
PNEUMOVAX 23 SOLN	4	
PNEUMOVAX 23 SOSY	4	
PREVNAR 13	4	
PREVNAR 20	4	
TRUMENBA	4	
TYPHIM VI SOLN	4	
TYPHIM VI SOSY	4	

Drug Name	Drug Tier	Requirements/ Limits
VAXCHORA	4	
VAXNEUVANCE	4	
VIVOTIF	4	
Viral Vaccines		
ABRYSVO	4	
ACAM2000	4	
AFLURIA PRESERVATIVE FREE SUSY	4	
AFLURIA QUADRIVALENT SUSP	4	
AFLURIA QUADRIVALENT SUSY 0.5 ML	4	
AFLURIA SUSP	4	
AREXVY	4	AL (At least 60 yrs old)
AUDENZ EMUL	4	
AUDENZ PRSY	4	
COMIRNATY SUSP	4	
COMIRNATY SUSY	4	
DENGVAIXA	4	
ENGRIX-B SUSP 20 MCG/ML	4	3 max fill(s) per 999 day(s) retail
ENGRIX-B SUSY	4	3 max fill(s) per 999 day(s) retail
ERVEBO	4	
FLUAD	4	QL(1 ML per fill retail); 1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT	4	
FLUARIX QUADRIVALENT SUSY	4	
FLUARIX SUSY	4	
FLUBLOK QUADRIVALENT	4	
FLUBLOK SOSY	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT SUSP	4		JYNNEOS	4	
FLUCELVAX QUADRIVALENT SUSY	4		M-M-R II SOLR	4	
FLUCELVAX SUSP	4		MODERNA COVID-19 BIVAL 6M-5Y	4	
FLUCELVAX SUSY	4		MODERNA COVID-19 BIVALENT	4	
FLULAVAL QUADRIVALENT SUSY	4		MODERNA COVID-19 VAC (BOOSTER) SUSP	4	
FLULAVAL SUSY	4		MODERNA COVID-19 VAC 6M-11Y SUSP	4	
FLUMIST QUADRIVALENT	4		MODERNA COVID-19 VAC 6M-11Y SUSY	4	
FLUZONE HIGH-DOSE QUADRIVALENT	4		MODERNA COVID-19 VACC 6M-5Y SUSP	4	
FLUZONE HIGH-DOSE SUSY	4	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	4	
FLUZONE QUADRIVALENT SUSP	4		MRESVIA	4	
FLUZONE QUADRIVALENT SUSY	4		NOVAVAX COVID-19 VACCINE SUSP	4	
FLUZONE SUSP	4		NOVAVAX COVID-19 VACCINE SUSY	4	
FLUZONE SUSY	4		PFIZER COVID-19 BIVAL 6MO-4YR	4	
GARDASIL 9 SUSP	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER COVID-19 VAC BIVAL 5-11	4	
GARDASIL 9 SUSY	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER COVID-19 VAC BIVALENT	4	
HAVRIX IM 720 EL U/0.5ML	4		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	4	
HAVRIX 1440 EL U/ML	4		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	4	
HEPLISAV-B SOSY	4	3 max fill(s) per 999 day(s) retail	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	4	
IMOVAX RABIES SUSR	4		PFIZER-BIONTECH COVID-19 VACC SUSP	4	
IPOLE	4		PREHEVBRIO	4	3 max fill(s) per 999 day(s) retail
IXCHIQ	4		PRIORIX SUSR	4	
IXIARO	4		PROQUAD SUSR	4	
JANSSEN COVID-19 VACCINE	4		RABAVERT	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	4	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal CREA 2 %</i>	3	
RECOMBIVAX HB SUSY	4	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal KIT</i>	3	
ROTARIX SUSP	4		<i>miconazole nitrate vaginal SUPP 100 MG</i>	3	
ROTARIX SUSR	4		MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>)	3	
ROTATEQ SOLN	4		MONISTAT 3 COMBO PACK APP KIT (<i>miconazole nitrate vaginal</i>)	3	
SHINGRIX	4	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	MONISTAT 7 COMBO PACK APP KIT	3	
SPIKEVAX COVID-19 VACCINE SUSP	4		MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	3	
SPIKEVAX SUSP	4		NUVESSA	1	
SPIKEVAX SUSY	4		<i>terconazole vaginal CREA</i>	3	
STAMARIL SUSR	4		VANDAZOLE	2	
TICOVAC	4		XACIATO GEL	2	AL(At least 12 yrs old)
TWINRIX SUSY	4		Vaginal Anti-inflammatory Agents		
VAQTA	4		<i>hydrocortisone acetate vaginal</i>	1	
VARIVAX SUSR	4	2 max fill(s) per 999 day(s) retail	<i>hydrocortisone vaginal</i>	1	
YF-VAX INJ	4		<i>hydrocortisone vaginal</i>	2	
VAGINAL AND RELATED PRODUCTS			MONISTAT CARE INSTANT ITCH RLF (<i>hydrocortisone vaginal</i>)	1	
Vaginal Anti-infectives			Vaginal Contraceptive - pH Modulators		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2		PHEXXI	3	QL(180 GM per 30 day(s) retail)
CLEOCIN SUPP	1		Vaginal Estrogens		
<i>clindamycin phosphate vaginal CREA</i>	1		ESTRACE CREA (<i>estradiol vaginal</i>)	3	QL(1.42 GM daily); MP
CLINDESSE	1		<i>estradiol vaginal CREA</i>	3	QL(1.42 GM daily); MP
<i>clotrimazole vaginal CREA</i>	3		<i>estradiol vaginal TABS</i>	3	MP
GYNE-LOTRIMIN 3 CREA (<i>clotrimazole vaginal</i>)	3				
GYNE-LOTRIMIN CREA (<i>clotrimazole vaginal</i>)	3				
<i>metronidazole vaginal</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
VAGIFEM TABS (estradiol vaginal)	3	MP
Vaginal Progestins		
CRINONE GEL	2	MP
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	2	QL(4 EA per fill retail)
epinephrine (anaphylaxis) SOAJ	1	QL(4 EA per fill retail)
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	2	QL(4 EA per fill retail)
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	1	QL(4 EA per fill retail)
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	1	QL(4 EA per fill retail)
SYMJEPI SOSY	2	
Vasopressors		
midodrine hcl	3	QL(3 EA daily)
VITAMINS		
Oil Soluble Vitamins		
beta carotene CAPS 25000 UNIT	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
cholecalciferol CAPS	3	MP
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	3	MP
cholecalciferol TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol TABS 50 MCG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
DRISDOL CAPS (ergocalciferol)	3	MP
D-VI-SOL LIQD PO (cholecalciferol)	3	MP
ergocalciferol CAPS	3	MP
ergocalciferol SOLN PO 200 MCG/ML	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
phytonadione TABS 5 MG	3	QL(3 EA per 30 day(s) retail); 3 day(s) max supply per 30 day(s) retail
vitamin a CAPS	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VITAMIN D3 TABS (cholecalciferol)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
vitamin e CAPS 1000 UNIT, 268 MG, 400 UNIT, 450 MG, 200 UNIT, 400 UNIT, 450 MG, 1000 UNIT	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VITAMIN E CAPS	3	
<i>vitamin e SOLN</i>	3	MP
VITAMIN E TABS 100 UNIT, 100 UNIT	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Water Soluble Vitamins		
<i>ascorbic acid TABS 500 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>biotin TABS 5 MG, 5000 MCG</i>	3	MP
ENDUR-AMIDE TBCR	1	
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<i>niacinamide TABS 100 MG</i>	1	
<i>niacinamide TABS 500 MG</i>	3	MP
<i>niacinamide TBCR</i>	1	
<i>niacin CPCR 500 MG</i>	1	
<i>niacin TABS 50 MG, 250 MG, 500 MG</i>	1	
<i>niacin TBCR 500 MG, 750 MG</i>	1	MP
<i>pyridoxine hcl TABS 25 MG</i>	4	QL(2 EA daily); MP
<i>pyridoxine hcl TABS 100 MG</i>	4	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridoxine hcl TABS 50 MG</i>	4	QL(4 EA daily); MP
<i>riboflavin TABS</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
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butalbital-acetaminophen-caffeine w/ codeine	9	CALCIUM 600 +D HIGH POTENCY TABS	99		
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.....	27	CELEBRATE MULTI-COMPLETE 45	CENTRUM FRESH/FRUITY 50+
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.....	27	CELEBRATE MULTI-COMPLETE 60	CENTRUM FRESH/FRUITY ADULT
CATAPRES-TTS-3 PTWK (clonidine)		CAPS	CHEW
.....	27	CELEBRATE MULTI-COMPLETE 60	CENTRUM KIDS CHEW
CAYA DPRH	64	CHEW	CENTRUM MEN TABS
CAYSTON	30	CELEBREX 400 MG (celecoxib) ...	CENTRUM MINIS ADULTS 50+
cefaclor CAPS	39	CELEBREX 50 MG, 100 MG, 200	TABS
CEFACLOER ER TB12	39	MG (celecoxib)	CENTRUM MINIS MEN 50+ TABS
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MG/5ML, 375 MG/5ML	39	celecoxib 50 MG, 100 MG, 200 MG	CENTRUM MINIS WOMEN 50+
cefadroxil CAPS	39	4	TABS
cefadroxil SUSR	39	CELLCEPT CAPS (mycophenolate	CENTRUM MINIS WOMEN IMMUNE
cefadroxil TABS	39	mofetil)	SUP TABS
cefdinir CAPS	39	CELLCEPT INTRAVENOUS	CENTRUM MULTI + OMEGA 3
cefdinir SUSR	39	(mycophenolate mofetil hcl)	CHEW
cefixime CAPS	39	CELLCEPT SUSR (mycophenolate	CENTRUM SILVER 50+MEN TABS
cefixime SUSR	39	mofetil)	(multiple vitamins w/ minerals) ...
cefpodoxime proxetil SUSR	39	CELLCEPT TABS (mycophenolate	CENTRUM SILVER 50+WOMEN
cefpodoxime proxetil TABS	39	mofetil)	TABS (multiple vitamins w/ minerals)
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CHEW	107	108	TABS (multiple vitamins w/ minerals)
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CORTEF TABS (hydrocortisone) ..	rhamnosus (gg))	21	CVS LANCETS THIN 26G	68
COSELA	CULTURELLE PROBIOTIC MEN		CVS LANCETS ULTRA THIN 30G	
COSENTYX (300 MG DOSE) SOSY .	DAILY CAPS	109	68	
46	CULTURELLE PROBIOTICS +		CVS LANCETS ULTRA-THIN 30G	
COSENTYX SENSOREADY (300	MULTIV CHEW	109	68	
MG) SOAJ	CULTURELLE PRO-WELL HEALTH		CVS LANCING DEVICE MISC	68
COSENTYX SENSOREADY PEN	CAPS (lactobacillus rhamnosus (gg))	21	CVS MEDICAL FACE MASKS	
SOAJ			EARLOOP	86
COSENTYX SOSY	CURITY ALCOHOL PREPS	80	CVS ONE DAILY MENS 50+ ADV	
COSENTYX UNOREADY SOAJ ..	CUTIS PLUS	133	TABS	109
46	CUVPOSA SOLN PO		CVS ONE DAILY WOMENS 50+	
COSOPT (dorzolamide hcl-timolol	(glycopyrrolate)	139	ADV TABS	109
maleate)	CVS ADULT 50+ EYE HEALTH		CVS PREP	80
COSOPT PF (dorzolamide hcl-	CAPS	109	CVS PROCEDURAL MASK	86
timolol maleate)			CVS SPECTRAVITE ADULT 50+	
COZAAR (losartan potassium) ...	CVS ADULT MULTIVITAMIN CHEW	109	CHEW	109
27			CVS SPECTRAVITE ADULT 50+	
CREAM BASE	CVS AIRSHIELD IMMUNITY		TABS	109
133	SUPPORT CHEW	109	CVS SPECTRAVITE ADULTS TABS	
CREAM CONCENTRATE			109	
133	CVS ALCOHOL PREP PADS	80	CVS SPECTRAVITE ULTRA MEN	
CREATINE MONOHYDRATE			50+ TABS	109
39	CVS CALCIUM CITRATE+D3 TABS .		CVS SPECTRAVITE ULTRA MENS	
CREON CPEP	101		TABS	109
52			CVS SPECTRAVITE ULTRA	
CRESEMBA CAPS	CVS CALCIUM CITRATE+D3		WOMEN TABS	109
23	W/MAGNE TABS	101		
CRESTOR TABS (rosuvastatin	CVS DAILY MULTIV/MINERAL			
calcium)	MENS TABS	109		
26				
CRINONE GEL	CVS EYE HEALTH ADULT 50+			
145	CAPS	109		
cromolyn sodium (mastocytosis) ..				
57				
cromolyn sodium (nasal) 5.2				

CVS SPECTRAVITE WOMEN CHEW	109	CYSTAGON CAPS	58	DDAVP TABS 0.1 MG (desmopressin acetate)	55
CVS ULTRA THIN LANCETS	68	cytarabine SOLN	31	DDAVP TABS 0.2 MG (desmopressin acetate)	55
CVS VISION HEALTH CAPS	109	CYTOMEL TABS (lithyronine sodium)	138	decitabine	31
cyanocobalamin SOLN IJ 1000 MCG/ML	60	CYTOTEC (misoprostol)	141	DECUBI-VITE CAPS	109
cyclobenzaprine hcl CP24	126	dabigatran etexilate mesylate CAPS 110 MG	16	deflazacort SUSP	41
cyclobenzaprine hcl TABS 7.5 MG 126		dabigatran etexilate mesylate CAPS 75 MG, 150 MG	16	deflazacort TABS	41
cyclobenzaprine hcl TABS	126	DAILY MOISTURIZER	133	DEKAS BARIATRIC CHEW	109
CYCLOGYL (cyclopentolate hcl) 128		DAILY MULTIPLE VITAMINS TABS . 118		DEKAS ESSENTIAL CAPS	118
CYCLOGYL	128	dalfampridine	136	DEKAS ESSENTIAL LIQD	118
cyclopentolate hcl 1 %	129	DALIRESP (roflumilast)	13	DEKAS PLUS CAPS	109
cyclophosphamide CAPS	31	danazol CAPS	10	DEKAS PLUS CHEW	109
CYCLOPHOSPHAMIDE TABS	31	DANTRIUM CAPS 25 MG (dantrolene sodium)	126	DEKAS PLUS LIQD	120
cycloserine	30	dantrolene sodium CAPS	126	DEKAS PLUS OCEAN CAPS	109
cyclosporine (ophth) EMUL	129	DANZITEN	33	DELESTROGEN (estradiol valerate) 56	
cyclosporine CAPS	102	dapagliflozin propanediol	20	DELZICOL CPDR (mesalamine) ..	57
cyclosporine modified (for microemulsion) CAPS	102	dapagliflozin propanediol-metformin hcl	17	DENAVIR (penciclovir)	47
cyclosporine modified (for microemulsion) SOLN	102	dapsone	29	DENG VAXIA	142
cyclosporine SOLN IV 50 MG/ML 102		DAPTACEL	139	DENTA 5000 PLUS SENSITIVE GEL	103
CYLTEZO (2 PEN) AJKT	3	DARAPRIM (pyrimethamine)	30	DEPLIN MA CAPS	109
CYLTEZO (2 SYRINGE) PSKT	3	darifenacin hydrobromide	141	DEPO-MEDROL SUSP (methylprednisolone acetate)	41
CYLTEZO-CD/UC/HS STARTER AJKT	3	DAURISMO	32	DEPO-MEDROL SUSP	41
CYLTEZO-PSORIASIS/UV STARTER AJKT	3	DAYAVITE TABS	109	DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive))	40
cyproheptadine hcl SYRP	25	DAYBUE	127	DERMACINRX MULTITAM TABS 110	
cyproheptadine hcl TABS	25	DAYHIST ALLERGY 12 HOUR RELIEF TABS	24	DERMACINRX RIBOTIN-E TABS 110	
CYRAMZA	31	DAYPRO TABS (oxaprozin)	4		

DERMACINRX ZINTREXYL-C TABS110	desoximetasone OINT48	MG/10ML-20 MG/10ML42
DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)48	DETROL LA CP24 (tolterodine tartrate)141	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML42
DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)48	DETROL TABS (tolterodine tartrate) . 141	dextromethorphan-phenylephrine- acetaminophen LIQD42
DERMAVITE TABS110	dexamethasone ELIX41	DHIVY TABS34
DESCOVY35	DEXAMETHASONE INTENSOL CONC41	DHS TAR GEL SHAM (coal tar extract)51
desloratadine TABS24	dexamethasone sodium phosphate (ophth)130	DHS TAR SHAM (coal tar extract) .51
desloratadine TBDP 2.5 MG24	dexamethasone sodium phosphate SOLN IJ41	DIALYVITE 3000104
desloratadine TBDP 5 MG24	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ41	DIALYVITE 5000104
DESMOPRESSIN ACETATE SOLN NA55	dexamethasone sodium phosphate SOSY IJ41	DIALYVITE 800 PLUS D WAFR .104
desmopressin acetate spray55	dexamethasone SOLN41	DIALYVITE 800/ZINC104
desmopressin acetate spray refrigerated 0.01 %55	dexamethasone TABS41	DIALYVITE 800-ZINC 15104
desmopressin acetate TABS 0.1 MG 55	dexamethasone TBPK41	DIALYVITE SUPREME D TABS .110
desmopressin acetate TABS 0.2 MG 55	DEXATLAN CAPS110	DIALYVITE/ZINC104
desogestrel & ethinyl estradiol39	DEXCOM G6 RECEIVER68	DIATHRIVE GLUCOSE CONTROL SOLN LIQD69
desogestrel-ethinyl estradiol (biphasic)39	DEXCOM G6 SENSOR68	DIATHRIVE LANCET ULTRA THIN 3069
desogestrel-ethinyl estradiol (triphasic)39	DEXCOM G6 TRANSMITTER69	DIATHRIVE LANCETS69
desonide CREA48	DEXCOM G7 RECEIVER69	DIATHRIVE LANCING DEVICE MISC69
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desonide OINT48	dexlansoprazole140	DIATRUE CONTROL LEVEL 3 SOLN69
DESOWEN CREA (desonide)48	dextran 70-hypromellose 0.3 %-0.1 %127	diazoxide18
desoximetasone CREA48	dextromethorphan-doxylamine- acetaminophen LIQD42	diclofenac epolamine PTCH EX ...46
desoximetasone GEL48	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200	diclofenac potassium CAPS4
desoximetasone LIQD48		diclofenac potassium TABS4
		diclofenac sodium (actinic keratoses)

EX	46	digoxin TABS 125 MCG, 250 MCG 37	diphenoxylate w/ atropine LIQD ...	21
diclofenac sodium (ophth)	131		diphenoxylate w/ atropine TABS ...	21
diclofenac sodium (topical) GEL EX 46		DILAUDID LIQD (hydromorphone hcl)	DIPROLENE OINT (betamethasone dipropionate augmented)	48
diclofenac sodium (topical) SOLN EX 1.5 %	46	DILAUDID TABS 2 MG (hydromorphone hcl)	dipyridamole	60
diclofenac sodium (topical) SOLN EX 2 %	46	DILAUDID TABS 4 MG (hydromorphone hcl)	disopyramide phosphate CAPS ...	12
diclofenac sodium TB24	4	DILAUDID TABS 8 MG (hydromorphone hcl)	DISPOSABLE FACE MASK	86
diclofenac sodium TBEC	4	diltiazem hcl coated beads CP24 ..	DISPOSABLE FACE MASK 3-PLY 86	
diclofenac w/ misoprostol TBEC	4	diltiazem hcl CP12	DISPOSABLE FULL RANGE MISC 91	
dicloxacillin sodium	132	diltiazem hcl CP24	DISPOSABLE LOW RANGE MISC 91	
dicyclomine hcl CAPS	139	diltiazem hcl extended release beads	DISPOSABLE LOW RANGE/PEDIATRIC MISC	91
dicyclomine hcl SOLN PO	139	diltiazem hcl TABS	DISPOSABLE PAPER MISC	91
dicyclomine hcl TABS	139	diltiazem hcl TB24	DISPOSABLE UNIVERSAL RANGE MISC	91
diethylpropion hcl TABS	1	dimenhydrinate TABS	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	141
diethylpropion hcl TB24	1	dimethyl fumarate CDPK	DIURIL SUSP	53
DIFFERIN CLEANSER LIQD (benzoyl peroxide)	44	dimethyl fumarate CPDR	docosanol	47
DIFFERIN GEL 0.1 % (adapalene) 44		DIOVAN HCT (valsartan- hydrochlorothiazide)	docusate calcium	63
DIFFERIN GEL 0.3 % (adapalene) 44		DIOVAN TABS (valsartan)	docusate sodium CAPS	63
DIFICID SUSR	64	DIPENTUM	docusate sodium ENEM 283 MG/5ML	63
DIFICID TABS	64	diphenhydramine hcl CAPS	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	63
diflorasone diacetate CREA	48	diphenhydramine hcl ELIX 12.5 MG/5ML	docusate sodium TABS	63
diflorasone diacetate OINT	48	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	dofetilide	12
DIFLUCAN SUSR (fluconazole) ...	23		DOLOBID TABS	7
DIFLUCAN TABS 100 MG, 200 MG (fluconazole)	23	diphenhydramine hcl SOLN 50 MG/ML	donepezil hydrochloride TABS 23 MG	136
DIFLUCAN TABS 150 MG (fluconazole)	23	diphenhydramine hcl TABS 25 MG 24		
diflunisal TABS	7			

donepezil hydrochloride TABS 5 MG, 10 MG136	DROPLET PERSONAL LANCETS 30G69	DULCOLAX SUPP (bisacodyl) 63
donepezil hydrochloride TBDP ...136	DROPSAFE ACTI-LANCE 23G ..69	DULCOLAX TBEC (bisacodyl) 63
dorzolamide hcl 131	DROPSAFE ALCOHOL PREP ...80	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT 14
DORZOLAMIDE HCL131	DROPSAFE SAFETY PEN NEEDLES 82	DULERA 50 MCG/ACT-5 MCG/ACT . 14
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DOVONEX CREA (calcipotriene) .46	drospirenone-ethinyl estradiol 0.03 MG-3 MG39	DUPIXENT SOAJ50
doxazosin mesylate27	DROXIA CAPS60	DUPIXENT SOSY 50
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doxycycline (monohydrate) SUSR 138	DRUG MART UNIFINE PENTIPS 82	DUREX EXTRA SENSITIVE THIN MISC 64
doxycycline (monohydrate) TABS 50 MG, 100 MG138	DRUG MART UNIFINE PENTIPS PLUS 82	DUREX REALFEEL64
doxycycline hyclate CAPS138	DRUG MART UNILET LANCETS 28G69	DUREX TROPICAL MISC 64
doxycycline hyclate TABS 20 MG, 100 MG138	DRUG MART UNILET LANCETS 30G69	dutasteride 59
DRAMAMINE TABS (dimenhydrinate)22	DRUG MART UNILET LANCETS 33G69	dutasteride-tamsulosin hcl 59
DRISDOL CAPS (ergocalciferol) .145	DRY SOL SOLN51	DUVYZAT127
dronabinol CAPS22	DUAKLIR PRESSAIR14	D-VI-SOL LIQD PO (cholecalciferol) . 145
DROPLET GENTEEL LANCING DEVICE MISC 69	DUETACT (pioglitazone hcl- glimepiride)17	DYANAVEL XR TBCR 1
DROPLET INSULIN SYRINGE ...82	DUEXIS (ibuprofen-famotidine) 4	DYMISTA SUSP (azelastine hcl- fluticasone propionate) 126
DROPLET LANCETS ULTRA THIN 30G69	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)63	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 64
DROPLET LANCING DEVICE MISC . 69		EAR-LOOP MASK SMALL86
DROPLET PEN NEEDLES 82		EASIVENT MASK LARGE MISC ..91
		EASIVENT MASK MEDIUM MISC 91

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EASY COMFORT LANCETS TWIST TOP 69	EASY STEP CONTROL SOLN ... 69	EASY TOUCH SAFETY LANCETS 21G 69
EASY COMFORT PEN NEEDLES 82	EASY TALK CONTROL SOLN 69	EASY TOUCH SAFETY LANCETS 23G 69
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EASY FLOW 400 MM HOSE MISC 91	EASY TOUCH ALCOHOL PREP MEDIUM 80	EASY TOUCH SAFETY LANCETS 28G 70
EASY FLOW AIR NOZZLE MISC . 91	EASY TOUCH CONTROL HIGH & LOW SOLN 69	EASY TOUCH SAFETY PEN NEEDLES 82
EASY FLOW BLACK/BLUE DEVI . 91	EASY TOUCH FLIPLOCK INSULIN SY 82	EASY TOUCH SHEATHLOCK SYRINGE 82
EASY FLOW BLACK/ORANGE DEVI 91	EASY TOUCH HEALTHPRO HIGH/LOW LIQD 69	EASY TRAK CONTROL SOLN 70
EASY FLOW BLACK/RED DEVI .. 91	EASY TOUCH INSULIN BARRELS . 82	EASYMAX 15 LEVEL 2 CONTROL SOLN 70
EASY FLOW BLACK/WHITE DEVI 91	EASY TOUCH INSULIN SAFETY SYR 82	EASYMAX 15 LEVEL 2-3 CONTROL LIQD 70
EASY FLOW BLACK/YELLOW DEVI 91	EASY TOUCH INSULIN SYRINGE 82	EASYMAX CONTROL NORMAL/HIGH LIQD 70
EASY FLOW HEPA FILTER MISC 91	EASY TOUCH LANCETS 21G ... 69	EBASE CONTROLLER KIT MISC . 92
EASY FLOW KN 95 86	EASY TOUCH LANCETS 23G ... 69	EC-NAPROSYN TBEC (naproxen) . 4
EASY FLOW WHITE/BLUE DEVI . 91	EASY TOUCH LANCETS 26G ... 69	econazole nitrate CREA 44
EASY FLOW WHITE/GREEN DEVI 92	EASY TOUCH LANCETS 28G ... 69	ECOTRIN ARTHRTIS PAIN TBEC (aspirin) 7
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EASY FLOW WHITE/WHITE DEVI 92	EASY TOUCH LANCETS 30G ... 69	EDARBI 27
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EFFIENT (prasugrel hcl)	60	EMBRACE LANCETS ULTRA THIN 30G	70	EMFLAZA SUSP (deflazacort)	41
EFUDEX CREA (fluorouracil (topical))	46	EMBRACE LANCING DEVICE/EJECTOR MISC	70	EMFLAZA TABS (deflazacort)	41
ELEMENT COMPACT CONTROL 2 SOLN	70	EMBRACE PEN NEEDLES	82	EMGALITY (300 MG DOSE) SOSY 98	
ELEMENT COMPACT CONTROL 3 SOLN	70	EMBRACE PRESSURE ACTIVATED 21G	70	EMGALITY SOAJ	98
ELEMENT CONTROL LIQD	70	EMBRACE PRESSURE ACTIVATED 28G	70	EMGALITY SOSY	98
eletriptan hydrobromide	98	EMBRACE PRO GLUCOSE CONTROL LIQD	70	EMOLIVAN	133
ELFABRIO	54	EMBRACE TALK GLUCOSE CONTROL SOLN	70	EMOLLIENT BASE	133
ELFOLATE PLUS TABS	52	EMCYT	32	EMPAVELI	59
ELIDEL (pimecrolimus)	50	EMEND BIPACK CAPS 80 MG (aprepitant)	23	enalapril maleate & hydrochlorothiazide	28
ELIGARD SC	32	EMEND SUSR	23	enalapril maleate SOLN	27
ELIMITE CREA (permethrin)	51	EMEND TRIPACK CAPS (aprepitant)	23	enalapril maleate TABS	27
ELIQUIS DVT/PE STARTER PACK TBPK	15	EMERGEN-C APPLE CIDER VINEGAR CHEW	110	ENBREL MINI SOCT	5
ELIQUIS TABS 2.5 MG	15	EMERGEN-C ASHWAGANDHA CHEW	110	ENBREL SOLN	6
ELIQUIS TABS 5 MG	15	EMERGEN-C ELDERBERRY CHEW	110	ENBREL SOSY	6
ELLA	40	EMERGEN-C IMMUNE PLUS/VIT D CHEW	110	ENBREL SURECLICK SOAJ	5
ELMIRON CAPS	59	EMERGEN-C IMMUNE+ CHEW	110	ENDARI (glutamine (sickle cell)) ..	60
ELYXYB	98	EMERGEN-C KIDZ CHEW	120	ENDUR-AMIDE TBCR	146
EMBECTA INS SYR U/F 1/2 UNIT 82		EMERGEN-C KIDZ IMMUNE+ CHEW	120	ENFAMIL ENFALYTE SOLN	100
EMBECTA INSULIN SYRINGE ...	82	EMERGEN-C TURMERIC & GINGER CHEW	110	ENERGIX-B SUSP 20 MCG/ML .	142
EMBECTA INSULIN SYRINGE U/F . 82				ENERGIX-B SUSY	142
EMBECTA INSULIN SYRINGE U-100	82			ENJAYMO	59
EMBECTA PEN NEEDLE NANO .	82			ENLITE GLUCOSE SENSOR	70
EMBECTA PEN NEEDLE NANO 2 GEN	82			enoxaparin sodium SOLN IJ 300 MG/3ML	16
EMBECTA PEN NEEDLE U/F	82			enoxaparin sodium SOSY	16
				ENSPRYNG	102
				entacapone	34

entecavir TABS	36	EQ ONE DAILY WOMENS 50+ TABS	110	ergocalciferol SOLN PO 200 MCG/ML	145
ENTRESTO TABS	38	EQ ONE DAILY WOMENS HEALTH TABS	110	ERIVEDGE	32
ENTYVIO PEN SOAJ	57	EQ SPACE CHAMBER ANTI-STATIC DEVI	92	ERLEADA	32
ENTYVIO SOLR	57	EQ SPACE CHAMBER ANTI-STATIC L DEVI	92	ERMEZA SOLN PO	138
ENVARUSUS XR TB24	102	EQ SPACE CHAMBER ANTI-STATIC M DEVI	92	ERTACZO	44
EOHILIA SUSP	41	EQ SPACE CHAMBER ANTI-STATIC S DEVI	92	ERVEBO	142
EPANED SOLN (enalapril maleate) 27		EQ SPACE CHAMBER ANTI-STATIC SWABS	80	ERYPED 200 SUSR (erythromycin ethylsuccinate)	64
EPIDUO GEL (adapalene-benzoyl peroxide)	44	EQ SPACE CHAMBER ANTI-STATIC S DEVI	92	ERYPED 400 SUSR (erythromycin ethylsuccinate)	64
epinastine hcl (ophth)	131	EQL ALCOHOL SWABS	80	erythromycin (acne aid) SOLN	44
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	145	EQL CENTURY MATURE ADULTS 50+ TABS	110	erythromycin (ophth)	129
epinephrine (anaphylaxis) SOAJ .145		EQL CENTURY MENS TABS	110	ERYTHROMYCIN	129
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	145	EQL CENTURY WOMENS TABS 110		erythromycin base CPEP	64
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	145	EQL COLOR LANCETS 21G	70	erythromycin base TABS	64
EPIVIR HBV TABS (lamivudine (hcv))	36	EQL COLOR LANCETS MICRO 33G	70	erythromycin base TBEC	64
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	61	EQL GUMMIES CHILDRENS CHEW	120	erythromycin ethylsuccinate SUSR 200 MG/5ML	64
EQ COMPLETE MULTIVITAMIN-ADULT TABS	110	EQL INSULIN SYRINGE	82	erythromycin ethylsuccinate SUSR 400 MG/5ML	64
EQ MULTIVITAMIN GUMMIES CHEW	120	EQ ONE DAILY ADULT GUMMIES CHEW	110	erythromycin ethylsuccinate TABS 64	
EQ MULTIVITAMINS ADULT GUMMY CHEW	110	EQL ONE DAILY MENS TABS ...	110	erythromycin stearate TABS 250 MG 64	
EQ MULTIVITAMINS GUMMY CHILD CHEW	120	EQL PRENATAL FORMULA TABS 123		ERZOFRI	35
EQ ONE DAILY MENS 50+ TABS 110		EQL SUPER THIN LANCETS 30G 70		ESGIC TABS (butalbital-acetaminophen-caffeine)	6
EQ ONE DAILY MENS HEALTH TABS	110	EQL THIN LANCETS 26G	70	esomeprazole magnesium CPDR 20 MG	140
		EQUALYTE SOLN (oral electrolytes) 100		esomeprazole magnesium CPDR 40 MG	140
		ergocalciferol CAPS	145	esomeprazole magnesium PACK 140	
				esomeprazole magnesium TBEC 140	

FANTASY LUBRICATED MISC ... 64	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR 7	FIFTY50 ALCOHOL PREP 80
FANTASY LUBRICATED/SPERMICIDE MISC 64	FENTORA TABS (fentanyl citrate) .. 7	FIFTY50 PEN NEEDLES 82
FARESTON (toremifene citrate) .. 32	FEOSOL BIFERA 61	FIFTY50 SAFETY SEAL LANCETS . 70
FARXIGA (dapagliflozin propanediol) 20	FEOSOL TABS (ferrous sulfate dried) 62	FIFTY50 SUPERIOR COMFORT SYR 82
FASENRA PEN SOAJ 12	FER-IN-SOL SOLN (ferrous sulfate) . 62	FIFTY50 UNILET LANCETS 33G . 70
FATTIBASE 134	FERREX 150 FORTE PLUS 61	FILTER AIR PP MISC 92
FC2 FEMALE CONDOM 64	FERREX 28 MISC 61	finasteride 59
febuxostat 59	ferric citrate 58	FINAZOL TABS 111
FELDENE CAPS (piroxicam) 4	FERROUS GLUCONATE TABS 324 MG 62	FINE 30 70
felodipine 37	ferrous gluconate TABS 62	FINGERSTIX LANCETS 70
FEMARA (letrozole) 32	ferrous sulfate dried TABS 62	fingolimod hcl 136
FEM-CAL CITRATE TABS 101	ferrous sulfate dried TBCR 45 MG 62	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 9
FEMCAP DEVI 64	ferrous sulfate SOLN 62	FIRVANQ SOLR PO (vancomycin hcl) 29
fenofibrate CAPS 26	ferrous sulfate TABS 325 MG, 65 MG, 325 MG 62	FITALITE 134
fenofibrate micronized 43 MG, 90 MG, 130 MG 26	FERROUS SULFATE TBEC (ferrous sulfate) 62	FITNESS TABS FOR MEN AM/PM TABS 111
fenofibrate micronized 67 MG, 134 MG, 200 MG 26	ferrous sulfate TBEC 62	FITNESS TABS FOR WOMEN AM/PM TABS 111
fenofibrate TABS 40 MG, 120 MG . 26	fesoterodine fumarate 141	FLAGYL CAPS (metronidazole) ... 29
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 26	FEVERALL JUNIOR STRENGTH SUPP 6	FLAVOR BLEND SUSP 132
fenofibric acid 26	fexofenadine hcl SUSP 24	FLAVOR PLUS LIQD 132
FENOGLIDE TABS (fenofibrate) .. 26	fexofenadine hcl TABS 60 MG, 180 MG 24	FLAVOR SWEET SYRP 132
fenoprofen calcium CAPS 400 MG . 4	FIASP FLEXTOUCH SOPN 19	FLAVOR SWEET-SF SYRP 132
fenoprofen calcium TABS 4	FIASP PENFILL SOCT 19	flavoxate hcl 142
fentanyl citrate LPOP 7	FIASP PUMPCART SOCT 19	flecainide acetate 12
fentanyl citrate TABS 7	FIASP SOLN 19	FLECTOR PTCH EX (diclofenac epolamine) 46
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 7	FIBRICOR (fenofibric acid) 26	

FLEET ENEMA ENEM (sodium phosphates)	63	CHILDRENS SUSP (fluticasone propionate (nasal))	126	FLUCELVAX QUADRIVALENT SUSP	143
FLEET OIL ENEM (mineral oil)	63	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..	126	FLUCELVAX QUADRIVALENT SUSY	143
FLEET PEDIATRIC ENEM (sodium phosphates)	63	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..	127	FLUCELVAX SUSP	143
FLEET SALINE ENEMA ENEM (sodium phosphates)	63	FLORAFOL PEDIATRIC CHEW 0.5 MG	122	FLUCELVAX SUSY	143
FLEQSUVY SUSP (baclofen)	126	FLORAFOL PEDIATRIC CHEW 1 MG	122	fluconazole SUSR	23
FLEX BASE	134	FLORAFOL PEDIATRIC SOLN ..	122	fluconazole TABS 150 MG	23
FLEXICHAMBER ADULT MASK/SMALL	92	FLORIVA PLUS SOLN	122	fluconazole TABS 50 MG, 100 MG, 200 MG	23
FLEXICHAMBER CHILD MASK/LARGE	92	FLORRAXYL TABS	111	flucytosine	23
FLEXICHAMBER CHILD MASK/SMALL	92	FLORRAVITE TABS	111	fludarabine phosphate SOLN	31
FLEXICHAMBER DEVI	92	FLORRAXYL TABS	111	FLUDARABINE PHOSPHATE SOLN	31
FLINTSTONES + EXTRA IRON CHEW	120	FLOTREX CHEW 0.25 MG, 0.5 MG .	122	fludarabine phosphate SOLR	31
FLINTSTONES COMPLETE CHEW .	120	FLOVENT DISKUS AEPB (fluticasone propionate (inhalation))	13	fludrocortisone acetate TABS	42
FLINTSTONES GUMMIES BONE BUILD CHEW	120	FLOVENT DISKUS AEPB	13	FLULAVAL QUADRIVALENT SUSY .	143
FLINTSTONES GUMMIES CHEW 120		FLOVENT HFA 110 MCG/ACT (fluticasone propionate hfa)	14	FLULAVAL SUSY	143
FLINTSTONES GUMMIES COMPLETE CHEW	120	FLOVENT HFA 220 MCG/ACT (fluticasone propionate hfa)	14	FLUMIST QUADRIVALENT	143
FLINTSTONES GUMMIES-IMMUNITY CHEW	120	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa)	14	flunisolide (nasal)	127
FLINTSTONES SOUR GUMMIES CHEW	120	floxuridine	31	fluocinolone acetonide CREA	48
FLINTSTONES TODDLER CHEW 120		FLUAD	142	fluocinolone acetonide OIL	48
FLINTSTONES-IMMUNITY SUPPORT CHEW	121	FLUAD QUADRIVALENT	142	fluocinolone acetonide OINT	48
FLONASE ALLERGY REL		FLUARIX QUADRIVALENT SUSY 142		fluocinolone acetonide SOLN	48
		FLUARIX SUSY	142	fluocinonide CREA	48
		FLUBLOK QUADRIVALENT	142	fluocinonide emulsified base	48
		FLUBLOK SOSY	142	fluocinonide GEL	48
				fluocinonide OINT	48
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flurandrenolide OINT48	FLUZONE SUSP143	FORACARE GDH CONTROL SOLN . 70
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fluticasone furoate-vilanterol15	FML LIQUIFILM SUSP (fluorometholone (ophth))130	FORTESTA GEL TD (testosterone) 10
fluticasone propionate (inhalation) AEPB14	FOLAGENT DHA CAPS111	FORTISCARE CONTROL SOLN ..70
fluticasone propionate (nasal) SUSP . 127	FOLAMAX TABS111	FOSAMAX PLUS D53
fluticasone propionate CREA 0.05 % 48	FOLAMED DHA CAPS111	FOSAMAX TABS 70 MG (alendronate sodium)53
fluticasone propionate hfa 110 MCG/ACT14	FOLAPRIME TABS111	FOSFREE TABS (multiple vitamins w/ minerals)111
fluticasone propionate hfa 220 MCG/ACT14	FOLBIC52	fosinopril sodium & hydrochlorothiazide28
fluticasone propionate hfa 44 MCG/ACT14	FOLCYTEINE TABS118	fosinopril sodium27
fluticasone propionate LOTN48	FOLGARD RX TABS61	FOSRENOL CHEW (lanthanum carbonate)58
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fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT15	folic acid TABS 400 MCG60	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML16
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT15	folic acid-vitamin b6-vitamin b12 TABs 10 MG-800 MCG-115 MCG, 25 MG-2.5 MG-1 MG61	FRAGMIN SOSY16
	folic acid-vitamin b6-vitamin b12 TABs 25 MG-2.2 MG-1 MG61	FREDS PHARMACY AUTOLET LANCING MISC70
	FOLIFLEX TABS111	FREDS PHARMACY UNIFINE PENTIP+83
	FOLITAB 50061	FREDS PHARMACY UNIFINE
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FREDS PHARMACY UNILET LANC 30G	71	FT CENTURY ADULTS TABS ...	111	FYLNETRA	61
FREEDAVITE TABS	111	FT CENTURY MEN 50+ TABS ...	111	gabapentin (once-daily) TABS ...	137
FREEDOM ADAPTADERM	134	FT CENTURY MEN TABS	111	GABARONE TABS 100 MG, 400 MG	16
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FREEDOM PEG TROCHE BASE POWD	132	FT ELECTROLYTE SOLN	100	GARDASIL 9 SUSP	143
FREESTYLE CONTROL SOLUTION LIQD	71	FT EYE HEALTH CAPS	111	GARDASIL 9 SUSY	143
FREESTYLE LANCETS	71	FT EYE HEALTH TABS	111	GASTROCROM (cromolyn sodium (mastocytosis))	57
FREESTYLE LIBRE 14 DAY READER	71	FT HAIR SKIN & NAILS EXTRA STR TABS	111	GAS-X EXTRA STRENGTH CHEW (simethicone)	56
FREESTYLE LIBRE 14 DAY SENSOR	71	FT IMMUNE SUPPORT CHEW ..	111	gatifloxacin (ophth)	129
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FREESTYLE LIBRE 2 PLUS SENSOR	71	FT ONE DAILY MENS TABS	111	GAZYVA	31
FREESTYLE LIBRE 2 READER ..	71	FT ONE DAILY WOMENS 50+ TABS	111	GELNIQUE GEL 10 %	141
FREESTYLE LIBRE 2 SENSOR ..	71	FT ONE DAILY WOMENS TABS 111		GEMCITABINE HCL SOLN (gemcitabine hcl)	31
FREESTYLE LIBRE 3 PLUS SENSOR	71	FT PRENATAL TABS	123	gemcitabine hcl SOLN	31
FREESTYLE LIBRE 3 PLUS SENSOR	71	FT SALINE NASAL SPRAY SOLN 126		gemcitabine hcl SOLR	31
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FREESTYLE LIBRE 3 SENSOR ..	71	FULPHILA	61	GEMTESA	142
FREESTYLE LIBRE READER	71	FUNGOID TINCTURE SOLN	44	GENADEK STEP 1 CAPS	111
FREESTYLE UNISTICK II LANCETS	71	FUROSCIX CTKT	52	GENADEK STEP 2 CAPS	111
FROVA (frovatriptan succinate) ...	98	furosemide SOLN PO 8 MG/ML, 10 MG/ML	52	GENERESS FE (norethindrone & ethinyl estradiol-fe)	40
frovatriptan succinate	98	furosemide TABS 20 MG	52	GENICIN VITA-Q TABS	118
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gentamicin sulfate (topical) CREA .44	GENTEEL PLUS LANCING	GLOPERBA SOLN PO59
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MISC71	glatiramer acetate SOSY137	SOLN71
GENTEEL CONTACT TIPS (CLEAR)	GLEOSTINE 10 MG, 40 MG, 100 MG	GLUCOCOM CONTROL LIQD71
MISC71	31	GLUCOCOM LANCETS 28G71
GENTEEL CONTACT TIPS	glimepiride 1 MG, 2 MG, 4 MG20	GLUCOCOM LANCETS 30G71
(GREEN) MISC71	glipizide TABS 5 MG, 10 MG21	GLUCOCOM LANCETS 33G72
GENTEEL CONTACT TIPS	glipizide TB2421	GLUCOPRO INSULIN SYRINGE .83
(ORANGE) MISC71	glipizide-metformin hcl17	GLUCOSE CONTROL SOLN72
GENTEEL CONTACT TIPS	GLOBAL ALCOHOL PREP EASE 80	GLUCOTROL XL TB24 (glipizide) .21
(RAINBOW) MISC71	GLOBAL EASE INJECT PEN	GLUMETZA TB24 (metformin hcl) .17
GENTEEL CONTACT TIPS	NEEDLES83	glutamine (sickle cell)60
(VIOLET) MISC71	GLOBAL EASY GLIDE INSULIN	glyburide micronized 1.5 MG, 3 MG,
GENTEEL CONTACT TIPS	SYR83	6 MG21
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GENTEEL LANCING KIT (BLUE) KIT	NEEDLES83	glyburide-metformin17
.....71	GLOBAL INJECT EASE INSULIN	GLYCOPHOS101
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MISC71	28G71	glycopyrrolate TABS 1 MG, 2 MG
GENTEEL PLUS LANCING	GLOBAL INJECT EASE LANCETS	139
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GNP INSULIN SYRINGES 29GX1/2"83	GOODSENSE COLOR LANCETS 33G72	guaifenesin-codeine SYRP42
GNP INSULIN SYRINGES 30GX5/16"83	GOODSENSE ELECTROLYTE ADV CARE SOLN100	guanfacine hcl27
GNP INSULIN SYRINGES 31GX5/16"83	GOODSENSE LANCETS 26G UNIV72	GUARDIAN 4 GLUCOSE SENSOR . 72
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GNP LANCETS THIN 26G72	GOODSENSE LANCETS 30G UNIV72	GUARDIAN CONNECT TRANSMITTER72
GNP LANCING SYSTEM DEVICE MISC72	GOODSENSE LANCETS 33G72	GUARDIAN LINK 3 TRANSMITTER 72
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GNP PEN NEEDLES83	GOODSENSE LANCING DEVICE MISC72	GUARDIAN REAL-TIME REPLACE PED72
GNP PRENATAL TABS123	GOODSENSE PEN NEEDLE PENFINE83	GUARDIAN REAL-TIME TEST PLUG MISC72
GNP STERILE LANCETS 28G ... 72	GRALISE TABS (gabapentin (once-daily))137	GUARDIAN SENSOR (3)72
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GNP THERAPEUTIC-M TABS ...111		GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML18
GNP ULTICARE PEN NEEDLES .83		GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML18
GNP ULTIGUARD SAFEPAK		

GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML18	halobetasol propionate OINT48	H-E-B INCONTROL LANCETS 28G . 72
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GVOKE KIT SOLN18	HALOG OINT48	H-E-B INCONTROL LANCETS 33G . 72
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GYNE-LOTRIMIN CREA (clotrimazole vaginal)144	HEAD CARE PROACTIVE HEALTH TABS111	HEMADY TABS41
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HADLIMA SOSY3	HEALTHWISE INSULIN SYR/NEEDLE83	HEMATRON-AF (WITH DOCUSATE) (iron-docusate-b12-folic acid-vit c-vit e-copper-biotin)61
HAEMOLANCE72	HEALTHWISE MICRON PEN NEEDLES83	HEMATRON-AF61
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HAEMOLANCE PLUS LOW FLOW . 72	HEALTHWISE UNIFINE PENTIPS 83	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML ...16
HAEMOLANCE PLUS MAX FLOW 72	HEALTHY ACCENTS LANCING DEVICE MISC72	HEPLISAV-B SOSY143
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halcinonide SOLN 0.1 %48	H-E-B INCONTROL ALCOHOL ...80	HM COMPLETE MEN TABS112
halobetasol propionate CREA48		
halobetasol propionate FOAM48		

HM HAIR/SKIN/NAILS TABS112	AJKT3	hydrocodone bitartrate CP127
HM STERILE ALCOHOL PREP .. 80	HUMIRA-PED<40KG CROHNS STARTER PSKT3	hydrocodone bitartrate T24A7
HM ULTICARE INSULIN SYRINGE . 83	HUMIRA-PED>/=40KG CROHNS START PSKT3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML9
HM ULTICARE MINI PEN NEEDLES83	HUMIRA-PED>/=40KG UC STARTER AJKT3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG9
HM ULTICARE SHORT PEN NEEDLES83	HUMIRA-PS/UV/ADOL HS STARTER AJKT3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 9
HORIZANT137	HUMIRA-PSORIASIS/UVEIT STARTER AJKT3	HYDROCORT LOTION COMPLETE KIT THPK48
HUDSON RCI AEROSOL MASK ADULT MISC92	HUMULIN 70/30 KWIKPEN SUPN 19	hydrocortisone (rectal) EX 1 %10
HULIO (2 PEN) AJKT3	HUMULIN 70/30 SUSP19	hydrocortisone (rectal) EX 2.5 % ..10
HULIO (2 SYRINGE) PSKT3	HUMULIN N KWIKPEN SUPN19	hydrocortisone (topical) CREA48
HUMALOG JUNIOR KWIKPEN SOPN19	HUMULIN N SUSP19	hydrocortisone (topical) LOTN 2.5 % . 48
HUMALOG KWIKPEN SOPN 100 UNIT/ML19	HUMULIN R SOLN IJ19	hydrocortisone (topical) OINT 1 %, 2.5 %48
HUMALOG KWIKPEN SOPN 200 UNIT/ML19	HUMULIN R U-500 (CONCENTRATED) SOLN SC19	hydrocortisone (topical) SOLN49
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HUMALOG MIX 50/50 SUSP19	HYCANTIN CAPS34	hydrocortisone acetate (topical) OINT49
HUMALOG MIX 75/25 KWIKPEN SUPN19	hydralazine hcl SOLN29	HYDROCORTISONE ACETATE CREA49
HUMALOG MIX 75/25 SUSP19	hydralazine hcl TABS 10 MG, 25 MG, 50 MG29	hydrocortisone acetate vaginal ..144
HUMALOG SOCT19	hydralazine hcl TABS 100 MG29	hydrocortisone butyrate CREA49
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HUMATROPE CART IJ54	HYDROCERIN CREA51	
HUMIRA (2 PEN) AJKT3	hydrochlorothiazide CAPS53	
HUMIRA (2 SYRINGE) PSKT3	hydrochlorothiazide TABS53	
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hydrocortisone butyrate SOLN49	139	ibuprofen TABS 5
hydrocortisone sod succinate 100 MG41	hyoscyamine sulfate TBDP 0.125 MG140	ibuprofen-acetaminophen TABS4
hydrocortisone TABS41	HYPERSAL NEBU (sodium chloride (inhalant))43	ibuprofen-famotidine4
hydrocortisone vaginal144	HYPERSAL NEBU43	ICAPS AREDS FORMULA TABS 112
hydrocortisone valerate CREA49	HYPOLANCE AST LANCING KIT .72	ICAR-C (iron-vitamin c) 61
hydrocortisone valerate OINT49	HYRIMOZ SOAJ3	ICAR-C PLUS TABS (iron-vitamin c-vitamin b12-folic acid)61
hydrocortisone w/acetic acid132	HYRIMOZ SOSY3	icosapent ethyl25
hydromorphone hcl LIQD7	HYRIMOZ-CROHNS/UC STARTER SOAJ3	IDACIO (2 PEN) AJKT3
HYDROMORPHONE HCL SUPP ...7	HYRIMOZ-PED<40KG CROHN STARTER SOSY3	IDACIO (2 SYRINGE) PSKT3
hydromorphone hcl TABS 2 MG7	HYRIMOZ-PED>=40KG CROHN START SOSY3	IDACIO-CROHNS/UC STARTER AJKT3
hydromorphone hcl TABS 4 MG7	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ3	IDACIO-PSORIASIS STARTER AJKT3
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hydroxyzine hcl TABS12	ibandronate sodium TABS53	IMCIVREE1
hydroxyzine pamoate CAPS12	IBSRELA58	imiquimod 5 %50
HYFTOR50	ibuprofen CAPS4	IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)98
HYLAZINC TABS112	ibuprofen CHEW4	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate)98
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hyoscyamine sulfate TABS 0.125 MG139		
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IMKELDI SOLN 33	indomethacin CAPS 25 MG, 50 MG 5	INSULIN DEGLUDEC SOLN 19
IMMUNE ESSENTIALS DAILY CAPS 112	indomethacin CPCR 5	INSULIN GLARGINE MAX SOLOSTAR SOPN 19
IMMUNE SUPPORT CHEW 112	indomethacin SUSP 5	INSULIN GLARGINE SOLN 19
IMODIUM A-D CAPS (loperamide hcl) 21	INFANRIX 139	INSULIN GLARGINE SOLOSTAR SOPN 19
IMODIUM A-D SOLN (loperamide hcl) 21	INFANTS ADVIL SUSP (ibuprofen) .5	INSULIN GLARGINE-YFGN SOLN 19
IMODIUM A-D TABS (loperamide hcl) 21	INFINITY CONTROL SOLN 73	INSULIN GLARGINE-YFGN SOPN 19
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	INSULIN ASPART PENFILL SOCT 19	ipratropium bromide SOLN 0.02 % 13
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irbesartan-hydrochlorothiazide	28	J & J GERM FILTER MASK	87	KENALOG-40 SUSP (triamcinolone acetoneide)	41
iron polysaccharide complex-vit b12- folic acid CAPS	61	JAKAFI	33	KERENDIA	55
iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	61	JALYN (dutasteride-tamsulosin hcl) . 59		KERYDIN (tavaborole)	45
iron-vitamin c	62	JANSSEN COVID-19 VACCINE .143		KESIMPTA	137
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isoniazid SYRP	30	JANUMET XR TB24	17	ketoconazole (topical) FOAM	45
isoniazid TABS	30	JANUVIA	18	ketoconazole (topical) SHAM 2 % .45	
ISOPTO ATROPINE SOLN	129	JARDIANCE	20	ketoconazole	23
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	11	JAYPIRCA	33	KETODAN	45
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	11	JENTADUETO TABS	17	KETONE TEST STRP	51
isosorbide mononitrate TABS	11	JENTADUETO XR TB24	17	ketoprofen CAPS 25 MG, 50 MG ...5	
ISOSORBIDE MONONITRATE TABS	12	JESDUVROQ	61	ketoprofen CP24	5
isosorbide mononitrate TB24	12	JIVI	59	ketorolac tromethamine (ophth) 0.4 %	131
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	44	JUBLIA	45	ketorolac tromethamine (ophth) 0.5 %	131
isradipine CAPS	37	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	121	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	5
ISTALOL SOLN (timolol maleate (ophth))	128	JYLAMVO SOLN PO	31	ketorolac tromethamine TABS	5
ITOVEBI	33	JYNARQUE TABS	55	KETOSTIX STRP	51
itraconazole CAPS	23	JYNARQUE TBPk	55	ketotifen fumarate (ophth) 0.035 % 131	
itraconazole SOLN	23	JYNNEOS	143	KEVZARA SOAJ	4
ivermectin (pediculicide)	51	KALYDECO PACK	138	KEVZARA SOSY	4
ivermectin	11	KAMELEON LUBRICATED MISC .64		KEYFOLIC TABS	112
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		KAZANO (alogliptin-metformin hcl) 17		KIMONO MAXX-LARGE FLARE MISC	64
		KENALOG AERS (triamcinolone acetoneide (topical))	49		

KIMONO MICRO THIN MISC	64	KN95 MEDICAL PROTECTIVE MASK	87	73	
KIMONO MICRO THIN PLUS MISC	64	KOKO PEAK PRO MOUTHPIECE MISC	93	KROGER PEN NEEDLES	83
KIMONO MISC	65	KOMBIGLYZE XR (saxagliptin-metformin hcl)	17	K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	101
KIMONO PLUS MISC	64	KONVOMEF SUSR	141	K-Y ME & YOU EXTRA LUBRICATED DEVI	65
KIMONO PS MISC	64	KP PRENATAL MULTIVITAMINS TABS	123	K-Y ME & YOU INTENSE DEVI ...	65
KIMONO PS PLUS MISC	64	K-PAX IMMUNE PROFESSIONAL ST TABS	112	KYNMOBI FILM	34
KIMONO SENSATION MISC	65	K-PHOS NO 2	58	labetalol hcl TABS	36
KIMONO SENSATION PLUS MISC	64	K-PHOS TABS (potassium phosphate monobasic)	101	lactic acid (ammonium lactate) CREA	50
KIMONO SPECIAL DEVI	65	KRAZATI	33	lactic acid (ammonium lactate) LOTN 12 %	50
KINDERLYTE PREMAX SOLN ..	100	KRINTAFEL	30	lactobacillus rhamnosus (gg) CAPS 21	
KINDERLYTE SOLN	100	KROGER AUTOLET LANCING DEVICE MISC	73	lactulose (encephalopathy)	58
KINNEY LANCETS	73	KROGER HEALTHPRO CONTROL HI/LO LIQD	73	lactulose SOLN	63
KINNEY THIN LANCETS	73	KROGER HEALTHPRO LANCET 26G	73	LAMISIL AT ATHLETES FOOT CREA (terbinafine hcl (topical)) ...	45
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KISQALI FEMARA (400 MG DOSE) .	33	KROGER LANCETS MICRO THIN 33G	73	LAMZEDE	54
KISQALI FEMARA (600 MG DOSE) .	33	KROGER LANCETS SUPER THIN 73		LANCET DEVICE MISC	73
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KLARITY-C DROPS EMUL	130	KROGER LANCETS ULTRATHIN 30G	73	LANCETS	73
KLOXXADO LIQD	22	KROGER LANCING DEVICE MISC		LANCETS 28G THIN	73
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KMART VALU INSULIN SYRINGE 30G	83				
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LANCETS MICRO THIN 33G73	lenalidomide102	levonorgestrel-eth estradiol (triphasic)40
LANCETS SUPER THIN73	LESCOL XL TB24 (fluvastatin sodium)26	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 40
LANCETS SUPER THIN 28G73	LETAIRIS (ambrisentan)38	levonorgestrel-ethinyl estradiol (continuous) 40
LANCETS THIN73	letrozole 32	levorphanol tartrate TABS7
LANCETS ULTRA THIN 73	leucovorin calcium TABS 34	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG139
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lansoprazole CPDR 30 MG140	levalbuterol hcl 15	LEVSIN/SL SUBL (hyoscyamine sulfate)140
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LEADER UNIFINE PENTIPS PLUS . 84		

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lidocaine PTCH 4 %50	liraglutide18	lofexidine hcl135
lidocaine PTCH 5 %50	lisinopril & hydrochlorothiazide ...28	LOKELMA103
lidocaine-prilocaine CREA50	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG27	LOMAIRA TABS1
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LIPITOR TABS (atorvastatin calcium)26	LIVER DETOX TABS112	LOPROX45
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LIPOSOMAL REGULAR134		loratadine TABS24
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L-ORNITHINE HYDROCHLORIDE 39	LUMIGAN SOLN 0.01 % 131	63
L-ORNITHINE POWD 127	LUNG PERFORM PEAK FLOW METER 93	MAGNESIUM CITRATE TABS 100 MG 100
losartan potassium & hydrochlorothiazide 28	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG 32	magnesium gluconate TABS 27.5 MG 100
losartan potassium 27	LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG 32	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 63
LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) 27	LUPRON DEPOT (4-MONTH) IM . 32	magnesium oxide (laxative) 63
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 28	LUPRON DEPOT (6-MONTH) IM . 32	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG, 500 MG 100
loteprednol etabonate SUSP 0.2 % 130	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG 112	MAGNESIUM OXIDE -MG SUPPLEMENT TABS 100
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 28	LUXIQ FOAM (betamethasone valerate) 49	magnesium oxide TABS 400 MG .. 11
LOTRIMIN AF CREA (clotrimazole (topical)) 45	LUZU (luliconazole) 45	magnesium oxide TABS 420 MG .. 11
LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical)) 45	LYFGENIA 60	MAGNESIUM SULFATE IJ 50 % .100
LOTRIMIN ULTRA (butenafine hcl) 45	LYSODREN 32	MAGNESIUM SULFATE IN D5W (magnesium sulfate in dextrose) . 100
LOTRONEX (alosetron hcl) 58	LYTGOBI (12 MG DAILY DOSE) . 33	magnesium sulfate in dextrose .. 100
lovastatin TABS 26	LYTGOBI (16 MG DAILY DOSE) . 33	MAGNESIUM SULFATE IV (magnesium sulfate) 100
LOVAZA (omega-3-acid ethyl esters) 25	LYTGOBI (20 MG DAILY DOSE) . 33	magnesium sulfate IV 100
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 16	LYUMJEV KWIKPEN SOPN 19	magnesium TABS 100 MG 100
LOVENOX SOSY (enoxaparin sodium) 16	LYUMJEV SOLN 20	MAGOX 400 TABS (magnesium oxide (mg supplement)) 100
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LUCEMYRA (lofexidine hcl) 135	LYVISPAH PACK 126	MARATHON MEDICAL PENTIPS 84
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	MAG 440 TABS 440 MG 11	MASK VORTEX/CHILD/FROG ... 93
	MAGELLAN INSULIN SAFETY SYR 84	MASK VORTEX/TODDLER/LADYBUG .. 93
	magnesium chloride SOLN 100	MASONATAL TABS 123
	magnesium citrate 1.745 GM/30ML	

MATULANE	34	MEDI TAB TABS	112	MG, 5 MG, 10 MG	135
MAVENCLAD (10 TABS)	137	MEDIC INSULIN SYRINGE	84	mefenamic acid CAPS	5
MAVENCLAD (4 TABS)	137	MEDICHOICE SAFETY LANCET	74	mefloquine hcl	30
MAVENCLAD (5 TABS)	137	MEDICHOICE SAFETY LANCET EXTRA	74	MEGA MULTI FOR WOMEN TABS 112	
MAVENCLAD (6 TABS)	137	MEDICHOICE SAFETY LANCET NORM	74	MEGA MULTI MEN TABS	112
MAVENCLAD (7 TABS)	137	MEDICHOICE SAFETY LANCET MEDICINE SHOPPE PEN NEEDLES	84	MEGAVITE FRUITS & VEGGIES TABS	112
MAVENCLAD (8 TABS)	137	MEDIDERM	134	MEGAVITE GOLDEN YEARS 55+ TABS	112
MAVENCLAD (9 TABS)	137	MEDISENSE GLUCOSE KETONE CONTR LIQD	74	megestrol acetate (appetite)	135
MAXALT TABS 10 MG (rizatriptan benzoate)	98	MEDISENSE HI/MID/LOW CONTROL LIQD	74	megestrol acetate SUSP	32
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	98	MEDLANCE EXTRA 21G	74	megestrol acetate TABS	32
MAXICOMFORT II PEN NEEDLE	84	MEDLANCE LITE 25G	74	MEIJER ALCOHOL SWABS	80
MAXI-COMFORT INSULIN SYRINGE	84	MEDLANCE PLUS EXTRA 21G	74	MEIJER LANCETS	74
MAXICOMFORT SYR 27G X 1/2"	84	MEDLANCE PLUS LANCETS	74	MEIJER LANCETS THIN	74
MAXITROL OINT (neomycin-polymy- dexameth)	130	MEDLANCE PLUS LITE 25G	74	MEIJER LANCETS UNIVERSAL 21G	74
MAXITROL SUSP (neomycin- polymy-dexameth)	130	MEDLANCE PLUS SPECIAL 0.8MM	74	MEIJER LANCETS UNIVERSAL 30G	74
MAXX MISC	65	MEDLANCE PLUS SUPERLITE 30G	74	MEIJER LANCETS UNIVERSAL 33G	74
MAXX PLUS MISC	65	MEDLANCE PLUS UNIVERSAL 21G	74	MEIJER PEN NEEDLES	84
MAXZIDE TABS (triamterene & hydrochlorothiazide)	52	MEDLANCE UNIVERSAL 21G ...	74	MEIJER SUPER THIN LANCETS	74
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	52	MEDROL TABS (methylprednisolone)	41	MEKINIST SOLR	33
MAYZENT STARTER PACK TBPB 0.25 MG	137	MEDROL TABS	41	melatonin LIQD 1 MG/ML	2
MAYZENT TABS	137	MEDROL TBPB (methylprednisolone)	41	meloxicam CAPS	5
meclizine hcl CHEW	22	medroxyprogesterone acetate (contraceptive) SUSP IM	40	meloxicam TABS	5
meclizine hcl TABS 12.5 MG, 25 MG 22		medroxyprogesterone acetate 2.5		melphalan	31
meclofenamate sodium CAPS	5			memantine hcl CP24	136
				memantine hcl SOLN	136
				memantine hcl TABS	136

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MENS MULTIVITAMIN CHEW ...112	metformin hcl SOLN 17	methylprednisolone acetate SUSP 41
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MENS MULTIVITAMIN TABS112	metformin hcl TABS 625 MG, 750 MG 17	methylprednisolone TABS41
MENTAX45	metformin hcl TB24 500 MG, 1000 MG 17	methylprednisolone TBPK41
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meperidine hcl TABS 50 MG7	methadone hcl TABS7	metolazone53
MEPRON (atovaquone)29	methadone hcl TBSO 7	metoprolol & hydrochlorothiazide TABS28
mercaptopurine SUSP 2000 MG/100ML 31	METHADOSE CONC (methadone hcl)7	metoprolol succinate TB24 36
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metronidazole CAPS29	MICROLIFE DIGITAL PEAK FLOW 93	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))40
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OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN18	PARADIGM REAL-TIME	PATADAY (olopatadine hcl)131
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML18		
OZEMPIC (2 MG/DOSE) SOPN ...18		
OZOBAX SOLN PO (baclofen) ...126		

PATADAY	131	PCCA SWEET-SF SYRP	133	MG	123
PATANASE (olopatadine hcl (nasal))	126	PCCA SYRUP VEHICLE SYRP ..	133	pediatric multivitamins w/fl SOLN	123
PAXLOVID (150/100)	35	PCCA VANISHING CREAM BASE		PEDIATRIC PANDA MASK	95
PAXLOVID (300/100)	35	134		PEDIATRIC SMALL MASK	87
PC LANCETS SUPER THIN 30G .75		PCCA VANISHING CREAM LIGHT .	134	pediatric vitamins acd w/ fluoride SOLN	123
PC UNIFINE PENTIPS	84	PCCA VANPEN BASE	134	PEDVAX HIB SUSP	142
PCCA ALADERM BASE	134	PCCA WAV CUSTOM BASE	134	PEG	134
PCCA ANHYDROUS BASE OINT		PCCA-PLUS SUSP	133	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	62
134		PEAK A-I-R FLOW METER	95	peg 3350-potassium chloride-sod bicarbonate-sod chloride	62
PCCA ANHYDROUS LIPODERM		PEAK AIR PEAK FLOW METER .	95	PEG BLEND	134
BASE	134	PEAK FLOW METER UNIVERSAL		PEG OINTMENT BASE	134
PCCA BASE 7542	134	RANG	95	pemetrexed disodium SOLR 100 MG, 500 MG	31
PCCA BIOPEPTIDE BASE	134	PED DISPOSABLE MISC	95	PEN NEEDLE/5-BEVEL TIP	84
PCCA CANNIDEX 2.0 CUSTOM		ped multivitamins w/fl & iron SOLN		PEN NEEDLES	84
BASE	134	119		PEN NEEDLES 5/16"	84
PCCA CANNIDEX CUSTOM BASE .		PEDIALYTE ADVANCED CARE		PENBRAYA	142
134		SOLN (oral electrolytes)	100	penciclovir	47
PCCA COSMETIC HRT BASE ..	134	PEDIALYTE FREEZER POPS SOLN		PENCREAM	134
PCCA CUSTOM TROCHE BASE		(oral electrolytes)	100	PENDERM	134
(LS) POWD	133	PEDIALYTE IMMUNE SUPPORT		penicillin v potassium SOLR	132
PCCA EMOLLIENT CREAM BASE		SOLN	100	penicillin v potassium TABS	132
134		PEDIALYTE SINGLES SOLN (oral		PENLET II BLOOD SAMPLER KIT	
PCCA HYDRABASE SB CUSTOM		electrolytes)	100	75	
BASE	134	PEDIALYTE SOLN (oral electrolytes)		PENLET II REPLACEMENT CAP	
PCCA LIPODERM BASE	134		100	MISC	75
PCCA MVC BASE	134	PEDIAPRED SOLN (prednisolone		PENNSAID SOLN EX 2 %	
PCCA NATACREAM	134	sodium phosphate)	41	(diclofenac sodium (topical))	46
PCCA POLYGLYCOL TROCHE		PEDIARIX SUSY	139	PENSOMAL	134
POWD	133	PEDIATRIC MEDIUM MASK	87		
PCCA POLYPEG BASE	134	PEDIATRIC MOUTHPIECE MISC .	95		
PCCA PRACASIL TM-PLUS BASE .		pediatric multivitamins w/fl CHEW			
134		0.25 MG, 0.5 MG	123		
		pediatric multivitamins w/fl CHEW 1			

PENTACEL	139	permethrin CREA	51	75
PENTASA CPCR	57	permethrin LIQD EX	51	
pentazocine w/ naloxone hcl	10	PERSONAL BEST FULL RANGE	95	PHARMACIST CHOICE MASK WIPES MISC
PENTIPS	84	PERTZYE CPEP	52	75
PENTIPS GENERIC PEN NEEDLES	84	PETROLATUM	134	PHARMACY COUNTER LANCETS . 75
pentoxifylline	60	PETROLEUM JELLY	134	PHEBURANE PLLT
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	140	PETROLEUM JELLY BABY	134	54
PEPCID AC TABS (famotidine) ..	140	PFCB	134	phenazopyridine hcl TABS 100 MG 59
PEPCID TABS (famotidine)	140	PFIZER COVID-19 BIVAL 6MO-4YR	143	phenazopyridine hcl TABS 200 MG 59
PEPTO-BISMOL CHEW (bismuth subsalicylate)	21	PFIZER COVID-19 VAC BIVAL 5-11	143	PHENDIMETRAZINE TARTRATE ER CP24
PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate)	21	PFIZER COVID-19 VAC BIVALENT . 143		1
PEPTO-BISMOL SUSP 262 MG/15ML (bismuth subsalicylate) .	21	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	143	phendimetrazine tartrate TABS
PEPTO-BISMOL TABS (bismuth subsalicylate)	21	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	143	1
PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate)	21	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	143	phentermine hcl CAPS
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	9	PFIZER-BIONTECH COVID-19 VACC SUSP	143	1
PERFECT LANCETS 28G	75	PFLEX MISC	95	phenylephrine hcl (mydriatic) SOLN 2.5 %
PERFECT LANCETS 30G	75	PHARMABASE ANTIOXIDANT .	134	129
PERFECT POINT SAFETY LANCETS	75	PHARMABASE COSMETIC	134	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ...
PERFOROMIST NEBU (formoterol fumarate)	15	PHARMABASE COSMETIC NATURAL	135	129
PERIDEX (chlorhexidine gluconate (mouth-throat))	103	PHARMABASE HEAVY	135	PHEXXI
perindopril erbumine	27	PHARMABASE LIGHT	135	144
		PHARMABASE VAGINAL	135	PHILLIPS (magnesium oxide (laxative))
		PHARMACIST CHOICE ALCOHOL . 80		63
		PHARMACIST CHOICE LANCETS .		PHOS-NAK PACK (potassium & sodium phosphates)
				101
				PHOSPHOLINE IODIDE
				129
				PHYTOBASE
				135
				PHYTOMULTI TABS
				115
				phytonadione TABS 5 MG
				145
				PIASKY
				59
				PIKO 1
				95
				PILLOW MASK/ADULT MISC
				95
				PILLOW MASK/CHILD MISC
				95
				PILLOW MASK/PEDIATRIC MISC
				95

pilocarpine hcl (oral)	104	POCKET SPACER DEVI	95	MEQ, 20 MEQ	101
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	129	POCKETCHEM EZ CONTROL		potassium citrate (alkalinizer) TBCR .	58
		SOLN	75		
pimecrolimus	50	POCKETPEAK PEAK FLOW METER		potassium citrate-citric acid SOLN .	58
pindolol TABS	37		95	potassium phosphate monobasic	
pioglitazone hcl	20	podofilox SOLN	50	TABS	101
pioglitazone hcl-glimepiride	17	polyethylene glycol 3350 POWD ..	63	POTASSIUM PHOSPHATES	
pioglitazone hcl-metformin hcl TABS .	17	polyethylene glycol-propylene glycol		(potassium phosphates)	101
		(ophth) GEL	127	potassium phosphates	101
PIP GLUCOSE CONTROL		polyethylene glycol-propylene glycol		POTASSIUM PHOSPHATES(66	
SOLUTION LIQD	75	(ophth) SOLN 0.3 %-0.4 %	128	MEQ K) (potassium phosphates)	101
PIP LANCETS 28G	75	polymyxin b-trimethoprim	129		
PIP LANCETS 30G	75	POLYTRIM (polymyxin b-		PRADAXA CAPS 110 MG	
PIP PEN NEEDLES 31G X 5MM .	84	trimethoprim)	129	(dabigatran etexilate mesylate)	16
PIP PEN NEEDLES 32G X 4MM .	84	POLY-VI-FLOR CHEW 0.25 MG, 0.5		PRADAXA CAPS 75 MG, 150 MG	
piroxicam CAPS	5	MG	123	(dabigatran etexilate mesylate)	16
pitavastatin calcium	26	POLY-VI-FLOR CHEW 1 MG	123	PRADAXA PACK	16
PLAN B ONE-STEP (levonorgestrel		polyvinyl alcohol 1.4 %	128	pralatrexate	31
(emergency oc))	40	polyvinyl alcohol-povidone (ophth)		PRALUENT SOAJ	26
PLAQUENIL (hydroxychloroquine		0.5 %-0.6 %, 5 MG/ML-6 MG/ML	128	pramipexole dihydrochloride TABS	34
sulfate)	30	POMALYST	32	34	
PLAVIX 75 MG (clopidogrel bisulfate)		PONVORY STARTER PACK TBPK		pramipexole dihydrochloride TB24	34
.....	60	137		prasugrel hcl	60
PLEGRIDY SOAJ	137	PONVORY TABS	137	pravastatin sodium	26
PLEGRIDY SOSY IM	137	posaconazole SUSP	23	prazosin hcl CAPS	27
PLEGRIDY STARTER PACK SOAJ .	137	posaconazole TBEC	23	PRECISION GLUCOSE KETONE	
		potassium & sodium phosphates		CONTR LIQD	75
PLEGRIDY STARTER PACK SOSY		PACK	101	PRECISION SURE-DOSE SYRINGE	
SC	137	potassium bicarbonate TBEF	101		84
PNEUMOVAX 23 SOLN	142	potassium chloride CPCR	101	PRECISION THINS GP LANCETS	
PNEUMOVAX 23 SOSY	142	potassium chloride		75	
POCKET CHAMBER DEVI	95	microencapsulated crystals er 10		PRED FORTE (prednisolone acetate	
POCKET PEAK FLOW METER ..	95	MEQ, 20 MEQ	101	(ophth))	130
		potassium chloride TBCR 8 MEQ, 10		prednisolone acetate (ophth)	130

PREDNISOLONE ACETATE P-F 130	PRENATAL PLUS TABS124	(lansoprazole)141
PREDNISOLONE SODIUM PHOSPHATE130	PRENATAL PLUS VITAMIN/MINERAL TABS124	PREVACID SOLUTAB TBDD (lansoprazole)141
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 41	PRENATAL TABS124	PREVENT DROPSAFE PEN NEEDLES84
prednisolone sodium phosphate TBDP41	prenatal vit w/ ferrous fumarate-folic acid CHEW124	PREVENT SAFETY PEN NEEDLES84
prednisolone SOLN41	prenatal vit w/ iron carbonyl-folic acid TABs 120 MG-3 MG-30 MCG-1 MG- 400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG- 4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG124	PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental)) ... 103
prednisolone TABS41	PRENATAL VITAMIN AND MINERAL TABS124	PREVIDENT 5000 ENAMEL PROTECT GEL103
PREDNISONE INTENSOL CONC 41	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT124	PREVIDENT 5000 PLUS CREA (sodium fluoride (dental))103
prednisone SOLN41	PRENATAL/IRON TABS124	PREVIDENT 5000 SENSITIVE GEL . 103
prednisone TABS41	PRENATVITE RX TABS125	PREVIDENT GEL (sodium fluoride (dental))103
prednisone TBPk41	PRESCRIPTION SUPPORT MULTIVIT CAPS115	PREVNAR 13142
PREFERRED PLUS INSULIN SYRINGE84	PRESERVISION AREDS 2 CAPS 115	PREVNAR 20142
PREFERRED PLUS LANCETS COLORED75	PRESERVISION AREDS 2 CHEW 115	PREVYMIS PACK35
PREFERRED PLUS LANCETS THIN75	PRESERVISION AREDS 2+MULTI VIT CAPS115	PREVYMIS TABS35
PREFERRED PLUS UNIFINE PENTIPS84	PRESERVISION AREDS CAPS .115	PREZISTA SUSP35
PREHEVBRI0143	PRESERVISION AREDS TABS .115	PRIFTIN30
PREMARIN TABS56	PRESERVISION/LUTEIN CAPS .115	PRILOSEC OTC TBEC (omeprazole magnesium)141
PREMPHASE55	PRETOMANID30	PRILOSEC PACK141
PREMPRO55	PREVACID 24HR CPDR (lansoprazole)141	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)30
PRENATABS FA TABS124	PREVACID CPDR 30 MG	primaquine phosphate TABS30
PRENATAL (W/IRON & FA) TABS 124		primidone16
PRENATAL 19 CHEW124		PRIORIX SUSR143
PRENATAL 19 TABS124		PRO COMFORT ALCOHOL80
PRENATAL FORTE TABS124		PRO COMFORT INSULIN SYRINGE84

PRO COMFORT LANCETS 30G .75	76	PROMETRIUM CAPS (progesterone)	135
PRO COMFORT LANCETS 31G .75	PRODIGY INSULIN SYRINGE ... 84	PRONEB ULTRA FILTER SET MISC	96
PRO COMFORT PEN NEEDLES .84	PRODIGY LANCETS 28G76	propafenone hcl TABS12	
PRO COMFORT SAFETY LANCETS 30G75	PRODIGY LANCING DEVICE MISC .76	proparacaine hcl 130	
PRO COMFORT SPACER ADULT MISC95	PRODIGY SAFETY LANCETS 26G .76	propranolol hcl CP2437	
PRO COMFORT SPACER CHILD MISC95	PRODIGY TWIST TOP LANCETS 28G76	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML37	
PRO COMFORT SPACER INFANT DEVI96	PROFOLA TABS 116	propranolol hcl TABS 37	
PROAIR DIGIHALER15	progesterone CAPS 135	propylthiouracil138	
PROAIR RESPICLICK AEPB15	progesterone OIL135	PROQUAD SUSR 143	
probenecid59	PROGLYCEM (diazoxide) 18	PRORENAL + D TABS116	
PROBIOTICS + BARIATRIC MULTI CAPS 115	PROGRAF CAPS (tacrolimus) ...103	PRORENAL + D W/ OMEGA-3 CAPS 116	
PRO-CAL TABS115	PROGRAF PACK103	PROSCAR (finasteride)59	
PROCARDIA XL TB24 (nifedipine) 37	PROGRAF SOLN103	PROSTEON TABS 101	
PROCARE SPACER/ADULT MASK DEVI96	PROLATE SOLN9	PROTECT CARDIO AF CAPS ...116	
PROCARE SPACER/CHILD MASK DEVI96	PROLATE TABS9	PROTECT PLUS SO CAPS116	
PROCERV HP TABS116	PROLENSA (bromfenac sodium (ophth)) 131	PROTEGRA CAPS116	
PROCHAMBER VHC DEVI96	promethazine & phenylephrine SYRP42	PROTONIX PACK (pantoprazole sodium) 141	
prochlorperazine 35	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 25	PROTONIX TBEC (pantoprazole sodium) 141	
prochlorperazine maleate TABS ...35	promethazine hcl SUPP 12.5 MG, 25 MG 25	PROTOPIC OINT 0.03 % (tacrolimus (topical))50	
PROCRIPT61	promethazine hcl SUPP 50 MG ... 25	PROTOPIC OINT 0.1 % (tacrolimus (topical))50	
PROCYSBI CPDR58	promethazine hcl TABS25	PROVENTIL HFA AERS (albuterol sulfate) 15	
PROCYSBI PACK 58	promethazine w/codeine SOLN ...42	PROVERA 5 MG, 10 MG (medroxyprogesterone acetate) ..135	
PRODIGY CONTROL SOLUTION SOLN75	promethazine w/codeine SYRP ...42	PROVIT TABS116	
PRODIGY COUNT-A-DOSE MISC	promethazine-dm SYRP42		
	promethazine-phenylephrine-codeine42		

prucalopride succinate	56	CHAMBER DEVI	96	pyridoxine hcl TABS 25 MG	146
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	42	PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	31	pyridoxine hcl TABS 50 MG	146
P-SILOXAN DS	135	PX ADVANCED LANCING DEVICE MISC	76	pyrimethamine	30
PSS SELECT GP LANCETS	76	PX EXTRA SHORT PEN NEEDLES 84		PYRUKYND TABS	60
PSS SELECT PLATFORMS MISC 76		PX INSULIN SYRINGE	84	PYRUKYND TAPER PACK TBPB .	60
PSS SELECT SAFETY LANCETS 76		PX LANCET AUTO INJECTOR MISC	76	QBRELIS SOLN	27
psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %	62	PX LANCETS MICROTHIN 33G ..	76	QC ADVANCED LANCING DEVICE MISC	76
psyllium POWD 48.57 %	62	PX LANCETS ULTRA THIN	76	QC ALCOHOL SWABS	80
PULMICORT FLEXHALER AEPB 180 MCG/ACT	14	PX LANCETS ULTRA THIN 28G ..	76	QC LANCETS SUPER THIN 30G	76
PULMICORT FLEXHALER AEPB 90 MCG/ACT	14	PX MINI PEN NEEDLES	84	QC LANCETS ULTRA THIN	76
PULMICORT SUSP (budesonide (inhalation))	14	PX PEN NEEDLE	84	QC MULTI-VITE TABS	116
PULMOZYME	138	PX PRENATAL MULTIVITAMINS TABS	125	QC OCUHEALTH VISION SUPPORT 2 CAPS	116
PURE COMFORT 3-BALL BREATHE EX DEVI	96	PX SHORTLENGTH PEN NEEDLES	84	QC PEN NEEDLES	84
PURE COMFORT ALCOHOL PREP	80	PYLERA (bismuth subcitrate potassium-metronidazole- tetracycline)	141	QC PRENATAL TABS	125
PURE COMFORT FLOW METER ADULT	96	pyrazinamide	30	QC UNIFINE PENTIPS	84
PURE COMFORT FLOW METER CHILD	96	pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	51	QC UNILET LANCETS 28G	76
PURE COMFORT LANCETS 30G 76		pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	51	QC UNILET LANCETS MICRO THIN	76
PURE COMFORT PEAK FLOW MISC	96	PYRIDIDIUM TABS 100 MG (phenazopyridine hcl)	59	QDOLO SOLN (tramadol hcl)	8
PURE COMFORT PEN NEEDLE .	84	PYRIDIDIUM TABS 200 MG (phenazopyridine hcl)	59	QNASL	127
PURE COMFORT SAFETY PEN NEEDLE	84	pyridostigmine bromide TABS 60 MG	30	QNASL CHILDRENS	127
PURE COMFORT SPACER		pyridoxine hcl TABS 100 MG	146	QTERN	17
				QUADRACEL SUSP	139
				QUADRACEL SUSY	139
				QUAKE DEVI	96
				QUESTRAN LIGHT POWD (cholestyramine light)	25
				QUESTRAN PACK (cholestyramine) 25	
				QUESTRAN POWD (cholestyramine).	

25	RA PETROLEUM JELLY 135	REBIF REBIDOSE TITRATION PACK SOAJ 137
quetiapine fumarate TABS 35	RA PRENATAL FORMULA TABS 125	REBIF SOSY 22 MCG/0.5ML 137
QUFLORA PEDIATRIC CHEW 0.25 MG, 0.5 MG 123	RA PRENATAL TABS 125	REBIF SOSY 44 MCG/0.5ML 137
QUFLORA PEDIATRIC CHEW 1 MG 123	RABAVERT 143	REBIF TITRATION PACK SOSY .137
QUFLORA PEDIATRIC SOLN ... 123	RABEPRAZOLE SODIUM CPSP 141	REBINYN 59
QUICK TOUCH INSULIN PEN NEEDLE 85	rabeprazole sodium TBEC 141	RECOMBIVAX HB SUSP 144
QUICKTEK CONTROL SOLUTION LIQD 76	raloxifene hcl 54	RECOMBIVAX HB SUSY 144
QUIN B STRONG TABS 116	ramipril CAPS 27	REFRESH LIQUIGEL GEL (carboxymethylcellulose sodium (ophth)) 128
quinapril hcl 27	ranolazine TB12 11	REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth)) 128
quinapril-hydrochlorothiazide 28	RAPAFLO (silodosin) 59	REFRESH TEARS SOLN (carboxymethylcellulose sodium (ophth)) 128
quinidine sulfate TABS 12	RAPAMUNE SOLN (sirolimus) ... 103	REFUAH PLUS GLUCOSE CONTROL SOLN 76
QUINTABS TABS 119	RAPAMUNE TABS (sirolimus) ... 103	REGLAN TABS 10 MG (metoclopramide hcl) 57
QUINTABS-M TABS 116	rasagiline mesylate 35	REGLAN TABS 5 MG (metoclopramide hcl) 57
QUINTET CONTROL HIGH/NORMAL SOLN 76	RAYA SURE PEN NEEDLE 85	RELAFEN DS 5
QULIPTA 98	RAYAVIT TABS 116	RELENZA DISKHALER 36
QUVIVIQ 62	RAYOS TBEC 41	RELEUKO SOLN 61
QVAR REDIHALER 14	RAZADYNE ER CP24 (galantamine hydrobromide) 136	RELEUKO SOSY 61
RA ALCOHOL SWABS 80	READYLANCE SAFETY LANCETS . 76	RELEXXII TBCR (methylphenidate hcl) 1
RA CENTRAL-VITE TABS 116	REALITY INSULIN SYRINGE 85	RELION ALCOHOL SWABS 80
RA E-ZJECT LANCETS 28G 76	REALITY LANCETS 76	RELION INSULIN SYRINGE 85
RA E-ZJECT LANCETS THIN 26G 76	REALITY LATEX CONDOMS MISC . 65	RELION KETONE TEST STRP ... 52
RA E-ZJECT LANCETS THIN 28G 76	REALITY LATEX/ULTRA TEXTURED DEVI 65	RELION LANCET DEVICES 30G .76
RA E-ZJECT LANCETS ULTRA THIN 76	REALITY LATEX/ULTRA THIN DEVI 65	RELION LANCETS 76
RA INSULIN SYRINGE 85	REALITY SWABS 80	
RA PEN NEEDLES 85	REALITY TRIGGER LANCETS ... 76	
	REBIF REBIDOSE SOAJ 137	

RELION LANCETS MICRO-THIN 33G	76	REPLACEMENT FILTERS MISC ..	96	rifampin CAPS	31
RELION LANCETS THIN 26G	76	RESTASIS EMUL (cyclosporine (ophth))	130	RIGHTEST ALTERNATE SITE ADAPT MISC	76
RELION LANCETS ULTRA-THIN 30G	76	RESTASIS MULTIDOSE EMUL ..	130	RIGHTEST GC300 CONTROL LIQD 76	
RELION LANCING DEVICE KIT ...	76	RETACRIT	61	RIGHTEST GD500 LANCING DEVICE MISC	76
RELION LANCING DEVICE MISC	76	RETEVMO TABS	33	RIGHTEST GL300 LANCETS	77
RELION MINI PEN NEEDLES	85	RETIN-A CREA 0.025 %, 0.05 % (tretinoin)	44	RILUTEK TABS (riluzole)	127
RELION PEN NEEDLES	85	REUSABLE COMFORTSEAL MASK-LRG MISC	96	riluzole TABS	127
RELION SHORT PEN NEEDLES .	85	REUSABLE COMFORTSEAL MASK-MED MISC	96	rimantadine hydrochloride TABS ..	36
RELION ULTRA THIN LANCETS 30G	76	REUSABLE COMFORTSEAL MASK-SML MISC	96	RINVOQ LQ SOLN	2
RELION ULTRA THIN PLUS LANCETS	76	REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	38	RINVOQ TB24	2
RELISTOR SOLN	58	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	38	RIOMET SOLN (metformin hcl)	17
RELISTOR TABS	58	REVLIMID	102	risedronate sodium TABS 35 MG .	53
RELPAK (eletriptan hydrobromide) 98		REVUFORJ	32	risedronate sodium TABS 5 MG, 30 MG, 150 MG	53
RELTONE CAPS	56	REXALL LANCETS ULTRA THIN 30G	76	risedronate sodium TBEC	53
REMEDIENT CAPS	116	REXTOVY LIQD	22	RITEFLO DEVI	96
RENAGEL (sevelamer hcl)	58	REYVOW	98	RITUXAN	32
RENAPLEX-D TABS	116	REZLIDHIA	33	rivaroxaban TABS 2.5 MG	15
REVELA PACK (sevelamer carbonate)	58	REZUROCK	102	rivastigmine	136
REVELA TABS (sevelamer carbonate)	58	REZVOGLAR KWIKPEN	20	rivastigmine tartrate CAPS	136
repaglinide	20	RHOPRESSA	130	RIVFLOZA SOLN	59
REPATHA PUSHTRONEX SYSTEM SOCT	26	RIABNI	32	RIVFLOZA SOSY	59
REPATHA SOSY	26	riboflavin TABS	146	rizatriptan benzoate TABS	98
REPATHA SURECLICK SOAJ	26	RID LIQD 4 %-0.33 % (pyrethrins-piperonyl butoxide)	51	rizatriptan benzoate TBDP	98
REPLACEMENT AIR FILTER MISC .	96	rifabutin	30	ROBINUL TABS (glycopyrrolate) .	140
				ROBINUL-FORTE TABS (glycopyrrolate)	140
				ROCALTROL CAPS (calcitriol)	54
				ROCALTROL SOLN PO (calcitriol)	

54	SAFETY LANCET 30G/PRESSURE ACT	77	SAPS HEALTH TWIST TOP LANCETS	77	
ROCKLATAN	130	SAFETY LANCETS	77	SAPS TWIST TOP LANCETS	77
roflumilast	13	SAFETY LANCETS 21G	77	SAPSCARE TWIST TOP LANCETS	77
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	33	SAFETY LANCETS 23G	77	SAVAYSA	15
ropinirole hydrochloride TABS	35	SAFETY LANCETS 28G	77	SAVELLA TABS	136
ropinirole hydrochloride TB24	35	SAFETY PEN NEEDLES	85	SAVELLA TITRATION PACK MISC	136
rosuvastatin calcium TABS	26	SAIZEN IJ	54	saxagliptin hcl	18
ROTARIX SUSP	144	SAIZENPREP IJ	54	saxagliptin-metformin hcl	17
ROTARIX SUSR	144	SALAGEN (pilocarpine hcl (oral))	104	SAXENDA	1
ROTATEQ SOLN	144	saline SOLN 0.65 %	126	SB ALCOHOL PREP	80
ROXICODONE TABS 15 MG (oxycodone hcl)	8	SALT DURABLE CREAM	135	SB INSULIN SYRINGE	85
ROXICODONE TABS 30 MG (oxycodone hcl)	8	SALT STABLE LS ADVANCED	135	SB LANCETS THIN	77
ROXYBOND TABA 15 MG	8	SALTSTABLE LO	135	SB LANCETS ULTRA THIN	77
ROXYBOND TABA 30 MG	8	SAMI THE SEAL FILTERS MISC	96	SCAR CARE	135
ROXYBOND TABA 5 MG, 10 MG	8	SAMSCA TABS (tolvaptan)	55	SCSEMBLIX	33
ROZLYTREK PACK	33	SANARE ADVANCED SCAR THERAPY	135	SECURA PROTECTIVE	135
RUBRACA	33	SANARE SCAR THERAPY	135	SECURESAFE INSULIN SYRINGE	85
RYALTRIS	126	SANCUSO PTCH	22	SECURESAFE SAFETY PEN NEEDLES	85
RYBELSUS TABS	18	SANDIMMUNE CAPS (cyclosporine)	103	SEGLENTIS	9
RYKINDO SRER	35	SANDIMMUNE SOLN IV 50 MG/ML	103	SEGLUROMET	17
RYPLAZIM	60	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate)	55	SELECT-LITE DEVICE/LANCETS KIT	77
RYTARY CPCR	35	SAPS CARE ALCOHOL PREP	80	SELECT-LITE LANCING DEVICE MISC	77
RYTELO	33	SAPS HEALTH ALCOHOL PREP	80	selegiline hcl CAPS	35
SA3 DERM	135	SAPS HEALTH CARE ALCOHOL PREP	80	selegiline hcl TABS	35
SAFE-SENSE EARLOOP FACE MASK	87	SAPS HEALTH PLUS LANCETS	77	selenium sulfide LOTN 2.5 %	47
SAFE-T-LANCE	77				
SAFE-T-LANCE PLUS	77				

SEMGLEE (YFGN) SOLN20	SEZABY SOLR62	SILPROTEX PLUS135
SEMGLEE (YFGN) SOPN20	SFROWASA ENEM57	SILVADENE (silver sulfadiazine) .47
SEMGLEE SOLN20	SHIELD-SECURE FULL FACE SHIELD87	silver sulfadiazine47
SEMGLEE SOPN20	SHINGRIX144	SIMBRINZA129
SE-NATAL 19 CHEW125	SHOPKO AUTOLET LANCING DEVICE MISC77	simethicone CHEW56
SE-NATAL 19 TABS125	SHOPKO ON-THE-GO LANCETS 30G77	simethicone LIQD PO56
sennosides CAPS63	SHOPKO UNIFINE PENTIPS85	simethicone SUSP56
sennosides LIQD63	SHOPKO UNIFINE PENTIPS PLUS 85	SIMLANDI (1 PEN) AJKT3
sennosides SYRP 8.8 MG/5ML63	SHOPKO UNILET LANCETS 28G 77	SIMLANDI (1 SYRINGE) PSKT3
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG63	SHOPKO UNILET LANCETS 30G 77	SIMLANDI (2 PEN) AJKT4
sennosides-docusate sodium TABS 62	SIDEROL TABS116	SIMLANDI (2 SYRINGE) PSKT4
SENOKOT S TABS (sennosides- docusate sodium)62	SIDESTREAM ADULT FACE MASK MISC96	SIMPLE DIAGNOSTICS LANCING DEV MISC77
SENOKOT TABS (sennosides)63	SIDESTREAM PEDIATRIC FACE MASK MISC96	SIMPONI ARIA SOLN4
SENSI-CARE MOISTURIZING CREA51	SIDESTREAM PLS ADULT FACE MASK MISC96	SIMPONI SOAJ4
SENSIPAR 30 MG, 60 MG (cinacalcet hcl)54	SIKLOS TABS60	SIMPONI SOSY4
SENSIPAR 90 MG (cinacalcet hcl) 54	sildenafil citrate (pulmonary hypertension) SUSR38	simvastatin TABS26
SENTRY SENIOR MENS 50+ TABS . 116	sildenafil citrate (pulmonary hypertension) TABS38	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)35
SENTRY SENIOR/LUTEIN TABS 116	SILICONE MASK/ADULT MISC ...96	SINGLE-LET77
SENTRY TABS116	SILICONE MASK/INFANT MISC ..96	SINGULAIR CHEW 4 MG (montelukast sodium)13
SEREVENT DISKUS15	SILICONE MASK/PEDIATRIC MISC . 96	SINGULAIR CHEW 5 MG (montelukast sodium)13
SERNIVO EMUL49	SILIQ46	SINGULAIR PACK (montelukast sodium)13
SEROSTIM SC 4 MG, 5 MG, 6 MG 54	silodosin59	SINGULAIR TABS (montelukast sodium)13
sevelamer carbonate PACK58		sirolimus SOLN103
sevelamer carbonate TABS58		sirolimus TABS103
sevelamer hcl58		SIRTURO31

SITAGLIPTIN	18	SM ONE DAILY WOMENS TABS	131
SITAGLIPTIN BASE-METFORMIN		116	sodium chloride SOLN IV 0.9 % ..102
HCL TABS	17	SM PRENATAL VITAMINS TABS	SODIUM CHLORIDE SOLN IV 0.9 %
SITAVIG TABS BU	36	125	102
SIVEXTRO TABS	30	SM TRUEDRAW LANCING DEVICE	sodium chloride TABS
SKIN HAIR & NAILS ADVANCED		MISC	102
CAPS	116	77	sodium citrate & citric acid
SKIN PROTECTANT	135	SMART DIABETES VANTAGE	58
skin protectants, misc. CREA	51	LANCING MISC	sodium fluoride (dental) CREA ...103
SKLICE (ivermectin (pediculicide))		SMART SENSE COLOR LANCETS	sodium fluoride (dental) GEL103
51		33G	77
SKYCLARYS	127	SMART SENSE STANDARD	SODIUM FLUORIDE 5000 ENAMEL
SKYRIZI PEN SOAJ	46	LANCETS	GEL
SKYRIZI SOCT 180 MG/1.2ML ...	57	77	104
SKYRIZI SOCT 360 MG/2.4ML ...	57	SMART SENSE SUPER THIN	SODIUM FLUORIDE 5000
SKYRIZI SOSY	46	LANCETS	SENSITIVE GEL
SKYTROFA	54	77	104
SKYY DERM	135	SMART SENSE THIN LANCETS	sodium fluoride CHEW
SLO-NIACIN TBCR 500 MG, 750 MG		26G	100
(niacin)	146	77	sodium fluoride SOLN 0.5 MG/ML,
SLOW-MAG	100	SMARTEST CONTROL MEDIUM	0.5 MG/ML
SLOWMAG MG MUSCLE		SOLN	100
HLTH/RECOVER CHEW	101	77	SODIUM OXYBATE SOLN
SLOWMAG MG MUSCLE/HEART		SMARTEST LANCETS 28G	135
101		77	sodium phosphates (sodium
SM ALCOHOL PREP	80	SMARTY PANTS KIDS COMPLETE	phosphate dibasic & monobasic) 101
SM B-COMPLEX/VITAMIN C TABS .		CHEW	sodium phosphates ENEM
104		122	63
SM FOAMING ANTACID	10	SOAANZ TABS 20 MG	sodium polystyrene sulfonate POWD
SM LANCETS 33G	77	52	103
SM ONE DAILY ESSENTIAL TABS		SOD FLUORIDE-POTASSIUM	sodium polystyrene sulfonate SUSP
104		NITRATE GEL	CO 15 GM/60ML
SM ONE DAILY MENS TABS	116	103	103
		SODIUM BENZOATE	sodium sulfate-potassium sulfate-
		133	magnesium sulfate
		sodium bicarbonate (antacid) TABS	62
		325 MG, 650 MG	SOGROYA
		10	54
		SODIUM BICARBONATE POWD .10	SOHONOS 1 MG, 1.5 MG, 2.5 MG,
			10 MG
		sodium chloride (gu irrigant) 0.9 %	126
		59	solifenacin succinate TABS
		sodium chloride (inhalant) NEBU 0.9	141
		%	SOLQUA
		43	17
		sodium chloride (inhalant) NEBU 3	SOLIRIS
		%, 7 %	59
		43	SOLO TABS
		sodium chloride hypertonic OINT	116
		131	SOLTAMOX SOLN
		sodium chloride hypertonic SOLN	32

SOLU-CORTEF (hydrocortisone sod succinate)	41	SPECTRAVITE TABS	116	STEGLATRO	20
SOLU-CORTEF	41	SPIKEVAX COVID-19 VACCINE SUSP	144	STEGLUJAN	17
SOLU-MEDROL (PF)	42	SPIKEVAX SUSP	144	STELARA 130 MG/26ML	57
SOLU-MEDROL	42	SPIKEVAX SUSY	144	STELARA SOSY	46
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ)	41	spinosad	51	STERILANCE PA MISC	77
SOLUS V2 CONTROL SOLN	77	SPINRAZA	127	STERILANCE TL	77
SOLUS V2 LANCETS 28G	77	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) ..	13	STIMUFEND	61
SOLUS V2 LANCING DEVICE MISC 77		SPIRIVA RESPIMAT AERS	13	STIOLTO RESPIMAT	15
SOLUS V2 TWIST LANCETS 30G 77		SPIRO PD DEVI	97	STRENSIQ	54
SOLUVITA ACD WITH FLUORIDE SOLN	123	spironolactone & hydrochlorothiazide	52	STRESS FORMULA/ZINC/ENERGY TABS	119
SOLUVITA SOLN	100	spironolactone TABS 25 MG, 100 MG	53	STRIVE DUAL ZONE PEAK FLOW MTR	97
SOLUVITA WITH FLUORIDE SOLN . 123		spironolactone TABS 50 MG	53	STRIVERDI RESPIMAT	15
SOOTHENEB NBL 100 ADULT MASK MISC	97	SPONGEBOB SQUAREPANTS GUMMIES CHEW	122	STROMECTOL (ivermectin)	11
SOOTHENEB NBL 100 CHILD MASK MISC	97	SPORANOX CAPS (itraconazole) .23		STROVITE ONE TABS	116
SOOTHENEB NBL 100 MED CUP MISC	97	SPORANOX SOLN (itraconazole) .23		sucralfate TABS	140
SOOTHENEB NBL 100 MESH CAP MISC	97	SPRIX SOLN NA	5	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	37
SORBIDON HYDRATE CREA	51	STALEVO 100 (carbidopa-levodopa-entacapone)	35	sulconazole nitrate CREA	45
SOSWEET SYRP	133	STALEVO 125 (carbidopa-levodopa-entacapone)	35	sulfacetamide sodium (ophth) OINT 129	
sotalol hcl (afib/af)	37	STALEVO 150 (carbidopa-levodopa-entacapone)	35	sulfacetamide sodium (ophth) SOLN . 129	
sotalol hcl TABS	37	STALEVO 200 (carbidopa-levodopa-entacapone)	35	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	44
SOTYKTU	46	STALEVO 50 (carbidopa-levodopa-entacapone)	35	sulfacetamide sod-prednisolone SOLN	130
SOTYLIZE SOLN PO	37	STALEVO 75 (carbidopa-levodopa-entacapone)	35	sulfamethoxazole-trimethoprim SUSP	29
SOVUNA	30	STAMARIL SUSR	144	sulfamethoxazole-trimethoprim TABS	29
				sulfasalazine TABS	57

sulfasalazine TBEC	57	77	SYMLINPEN 120 SOPN	17
sulindac TABS	5	SURE COMFORT LANCETS 21G	SYMLINPEN 60 SOPN	17
sumatriptan	98	77	SYMPROIC	58
sumatriptan succinate SOAJ	98	SURE COMFORT LANCETS 23G	SYNAGIS SOLN	132
sumatriptan succinate SOCT	98	77	SYNALAR (CREAM)	49
sumatriptan succinate SOLN 6		SURE COMFORT LANCETS 28G	SYNALAR (OINTMENT)	49
MG/0.5ML	98	77	SYNALAR CREA (fluocinolone	
sumatriptan succinate TABS	98	SURE COMFORT LANCETS 30G	acetonide)	49
sumatriptan-naproxen sodium	98	77	SYNALAR OINT (fluocinolone	
SUNLENCA SOLN	35	SURE COMFORT LANCING PEN	acetonide)	49
SUNLENCA TBPK 300 MG	35	MISC	SYNALAR SOLN (fluocinolone	
SUPER ANTIOXIDANT CAPS ...	116	77	acetonide)	49
SUPER D-ZINC-SELENIUM-		SURE COMFORT PEN NEEDLES	SYNALAR TS	49
COPPER TABS	116	85	SYNJARDY TABS	17
SUPER THIN LANCETS	77	SURELITE LANCETS	SYNJARDY XR TB24	17
SUPERIOR MENS MULTI TABS .	116	77	SYNTHROID TABS (levothyroxine	
SUPERIOR WOMENS MULTI TABS		SURESTEP GLUCOSE CONTROL	sodium)	139
116		SOLN	SYRPAITA (RED) SYRP	133
SUPPORT-500 CAPS	116	77	SYRPAITA SYRP	133
SUPRAX CAPS (cefixime)	39	SURESTEP PRO HIGH GLUCOSE	SYRSPEND SF LIQD	133
SUPRAX CHEW	39	LIQD	SYRUP VEHICLE SF SYRP	133
SUPRAX SUSR (cefixime)	39	78	SYRUP VEHICLE SYRP	133
SUPRAX SUSR	39	SURGICAL FACE MASK/NIOSH	SYSTANE GEL	128
SUPREME II HIGH/LOW CONTROL		N95	SYSTANE ICAPS AREDS2 CHEW	
LIQD	77	87	116	
SUPREP BOWEL PREP KIT		SUSPENDIT ANHYDROUS SUSP	SYSTANE ICAPS AREDS2 TABS	
(sodium sulfate-potassium sulfate-		133	116	
magnesium sulfate)	63	SUSPENDRX W/BITTERBLOC	SYSTANE SOLN (polyethylene	
SURE COMFORT ALCOHOL PREP		SWEET SUSP	glycol-propylene glycol (ophth)) ..	128
.....	80	133	SYSTANE ULTRA SOLN	
SURE COMFORT INSULIN		SUSPENDRX W/BITTERBLOC	(polyethylene glycol-propylene glycol	
SYRINGE	85	UNSWEET SUSP	(ophth))	128
SURE COMFORT LANCETS 18G		133	TAB-A-VITE/IRON/BETA	
		SUSPENSION VEHICLE SUSP ..		
		133		
		SYMBICORT (budesonide-		
		formoterol fumarate dihydrate)		
		15		
		SYMBICORT 160 MCG/ACT-4.5		
		MCG/ACT (budesonide-formoterol		
		fumarate dihydrate)		
		15		
		SYMBICORT 80 MCG/ACT-4.5		
		MCG/ACT (budesonide-formoterol		
		fumarate dihydrate)		
		15		
		SYMJEPI SOSY		
		145		

CAROTENE TABS	104	TAVNEOS	59	TENORETIC 50 (atenolol & chlorthalidone)	28
TABLOID	31	tazarotene CREA 0.1 %	46	TENORMIN TABS (atenolol)	36
tacrolimus (topical) OINT 0.03 % ..	50	tazarotene GEL	46	terazosin hcl	27
tacrolimus (topical) OINT 0.1 % ...	50	TAZORAC CREA 0.1 % (tazarotene) 46		terbinafine hcl (topical) CREA	45
tacrolimus CAPS	103	TAZORAC GEL (tazarotene)	46	terbinafine hcl TABS	23
tadalafil (pulmonary hypertension) TABS	38	TAZVERIK	33	terbutaline sulfate TABS	15
TADLIQ SUSP	38	TDVAX SUSP	139	terconazole vaginal CREA	144
TAFINLAR TBSO	33	TECENTRIQ	32	teriflunomide	137
tafluprost	131	TECENTRIQ HYBREZA	33	teriparatide SOPN	53
TAGAMET HB 200 TABS (cimetidine)	140	TECFIDERA CDPK (dimethyl fumarate)	137	TERIPARATIDE SOPN	53
TAGAMET HB TABS (cimetidine) 140		TECFIDERA CPDR (dimethyl fumarate)	137	TERODERM	135
TAKHZYRO SOSY	60	TECHLITE AST LANCETS	78	TERODERM-PLUS	135
TALICIA	141	TECHLITE INSULIN SYRINGE ..	85	TESTIM GEL TD (testosterone) ...	10
TALTZ SOAJ	46	TECHLITE LANCETS	78	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	10
TALTZ SOSY	46	TECHLITE LANCETS 26G	78	testosterone cypionate SOLN IM ..	10
TALZENNA	33	TECHLITE LANCETS 30G	78	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	10
TAMIFLU CAPS (oseltamivir phosphate)	36	TECHLITE PEN NEEDLES	85	testosterone GEL TD 1.62 %, 1.62 %	10
TAMIFLU SUSR (oseltamivir phosphate)	36	TECHLITE PLUS PEN NEEDLES	85	testosterone SOLN	10
tamoxifen citrate TABS	32	TEGLUTIK SUSP	127	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	139
tamsulosin hcl	59	TEKTURNA (aliskiren fumarate) ..	29	TEZSPIRE SOAJ	12
TARGRETIN (bexarotene (topical)) 46		TEKTURNA HCT	28	TEZSPIRE SOSY	12
TARGRETIN (bexarotene)	34	telmisartan	27	TGT LANCET MICRO THIN 33G ..	78
TASCENSO ODT 0.25 MG	137	telmisartan-amlodipine	28	TGT LANCET THIN 26G	78
TASCENSO ODT 0.5 MG	137	telmisartan-hydrochlorothiazide ..	28	TGT LANCET ULTRA THIN 30G ..	78
TASMAR (tolcapone)	34	temozolomide CAPS	31	TGT LANCING DEVICE MISC	78
tavaborole	45	TENIVAC INJ	139		
		TENORETIC 100 (atenolol & chlorthalidone)	28		

THALOMID	102	THEREMS-M TABS	116	MCG, 150 MCG (levothyroxine sodium)	139
theophylline ELIX	15	thiamine mononitrate TABS 100 MG .	146	TIROSINT-SOL SOLN PO 13	
theophylline SOLN	15			MCG/ML, 25 MCG/ML, 50 MCG/ML,	
theophylline TB12 300 MG, 450 MG .	15	THINLETS GP LANCETS	78	75 MCG/ML, 88 MCG/ML, 100	
		THRESHOLD IMT MISC	97	MCG/ML, 112 MCG/ML, 125	
THERA M PLUS TABS	116	THRESHOLD PEP DEVI	97	MCG/ML, 137 MCG/ML, 150	
				MCG/ML, 175 MCG/ML, 200	
THERA TABS	119	THRIVITE RX TABS	125	MCG/ML	139
THERABETIC MULTI-VITAMIN		THYQUIDITY SOLN PO	139	tizanidine hcl CAPS	126
TABS	116	THYROID TABS 15 MG, 30 MG, 60		tizanidine hcl TABS	126
THERACAL D2000 TABS	101	MG, 90 MG, 120 MG	139	TM-DAILY VITE TABS	119
THERACAL D4000 TABS	101	TIAZAC (diltiazem hcl extended		TOBI NEBU (tobramycin)	2
		release beads)	37	TOBI PODHALER CAPS	2
THERACAL RAPID REPLETION		TIBSOVO	33	TOBRADEX SUSP (tobramycin-	
TABS	101	TICOVAC	144	dexamethasone)	130
THERAGRAN-M ADVANCED 50		TIGLUTIK SUSP	127	tobramycin (ophth) SOLN	129
PLUS TABS	116	TIKOSYN (dofetilide)	12	tobramycin NEBU	2
THERAGRAN-M ADVANCED TABS .	116			tobramycin-dexamethasone SUSP	
		timolol	128	130	
THERAGRAN-M PREMIER 50 PLUS		timolol maleate (ophth) SOLG	128	TODAYS HEALTH LANCING	
TABS	116			DEVICE MISC	78
THERAGRAN-M PREMIER TABS		timolol maleate (ophth) SOLN	128	TODAYS HEALTH MINI PEN	
116		timolol maleate TABS	37	NEEDLES	85
THERAGRAN-M TABS	116	TIMOPTIC OCUDOSE SOLN (timolol		TODAYS HEALTH PEN NEEDLES .	
		maleate (ophth))	128	85	
THERA-M PLUS MV W/BETA-		TIMOPTIC SOLN (timolol maleate		TODAYS HEALTH SHORT PEN	
CAROT TABS	116	(ophth))	128	NEEDLE	85
THERA-M TABS	116	TINACTIN CREA (tolnaftate)	45	TODAYS HEALTH THIN LANCETS	
THERAMILL FORTE CAPS	116			28G	78
THERANATAL CORE NUTRITION		tinidazole	29	TODAYS HEALTH THIN LANCETS	
TABS	125	tiotropium bromide monohydrate		30G	78
THERANATAL LACTATION ONE		CAPS	13	tolcapone	34
CAPS	116	TIROSINT CAPS 13 MCG, 25 MCG,		TOLECTIN 600 TABS	5
THERA-TABS M TABS	116	50 MCG, 75 MCG, 88 MCG, 100		tolmetin sodium CAPS	5
THERA-VITE MAX-M TABS	116	MCG, 112 MCG, 125 MCG, 137			
THEREMS TABS	119				

tolmetin sodium TABS 600 MG5	TRACLEER TABS (bosentan)38	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG31
tolnaftate CREA45	TRACLEER TBSO38	TREXIMET (sumatriptan-naproxen sodium)98
tolnaftate POWD EX45	TRADJENTA18	triamcinolone acetonide (mouth) 104
TOLSURA CAPS23	tramadol hcl CP24 100 MG, 200 MG, 300 MG8	triamcinolone acetonide (nasal) AERO127
tolterodine tartrate CP24141	TRAMADOL HCL SOLN (tramadol hcl)9	triamcinolone acetonide (topical) AERS49
tolterodine tartrate TABS141	tramadol hcl SOLN8	triamcinolone acetonide (topical) CREA49
tolvaptan TABS55	tramadol hcl TABS 50 MG, 100 MG 9	triamcinolone acetonide (topical) LOTN49
TOPCARE CLICKFINE PEN NEEDLES85	tramadol hcl TB249	triamcinolone acetonide (topical) OINT 0.05 %49
TOPCARE LANCETS MICRO-THIN 33G78	tramadol-acetaminophen9	triamcinolone acetonide (topical) OINT49
TOPCARE ULTRA COMFORT INS SYR85	trandolapril27	triamcinolone acetonide SUSP 40 MG/ML42
TOPICORT CREA (desoximetasone)49	trandolapril-verapamil hcl28	TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML42
TOPICORT GEL (desoximetasone) 49	TRAVATAN Z SOLN (travoprost) 131	triamcinolone acetonide-dimethicone-silicone49
TOPICORT OINT (desoximetasone) . 49	TRAVEL LANCETS78	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG52
TOPICORT SPRAY LIQD (desoximetasone)49	TRAVEL LANCETS ADVANCED 28G78	triamterene & hydrochlorothiazide TABS52
topiramate CPSP16	travoprost SOLN131	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)28
TOPROL XL TB24 (metoprolol succinate)36	TRECATOR31	TRICARE TABS125
toremifene citrate32	TRELEGY ELLIPTA15	TRICOR TABS (fenofibrate)26
torsemide TABS 10 MG, 20 MG ...52	TRELSTAR MIXJECT32	TRIDESILON CREA 0.05 % (desonide)49
torsemide TABS 5 MG, 100 MG ...52	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML57	trifluridine129
TOSYMRA98	TREMFYA PEN SOAJ 100 MG/ML 46	
TOUJEO MAX SOLOSTAR SOPN 20	TREMFYA SOAJ SC57	
TOUJEO SOLOSTAR SOPN20	TREMFYA SOLN IV57	
TOVET49	TREMFYA SOSY SC57	
TOVIAZ (fesoterodine fumarate) 141	TRESIBA FLEXTOUCH SOPN ...20	
	TRESIBA SOLN20	
	tretinoin (chemotherapy)34	
	tretinoin CREA 0.025 %, 0.05 % ..44	

TRIJARDY XR	17	TRUE COMFORT SAFETY PEN NEEDLE	85	TRUSTEX LUB/SPERMICIDE EX ST MISC	65
TRIKAFTA THPK	138	TRUE COMFORT TWIST TOP LANCETS	78	TRUSTEX LUB/SPERMICIDE XL MISC	65
TRILIPIX (choline fenofibrate)	26	TRUE COVER DEVI	65	TRUSTEX LUBRICATED EX LARGE MISC	65
trimethobenzamide hcl CAPS	22	TRUE METRIX LEVEL 3 SOLN ...	78	TRUSTEX LUBRICATED EXTRA ST MISC	65
trimethoprim TABS	29	TRUE MULTIVITAMIN TABS	119	TRUSTEX LUBRICATED MISC ...	65
TRINATAL RX 1 TABS	125	TRUECONTROL GLUCOSE CONT LEV 0 LIQD	78	TRUSTEX LUBRICATED/SPERMICIDE MISC 65	
TROCHE BASE POWD	133	TRUECONTROL GLUCOSE CONT LEV 1 LIQD	78	TRUSTEX NATURAL CONDOMS + LUBE MISC	65
TROJAN ENZ MISC	65	TRUEDRAW LANCING DEVICE MISC	78	TRUSTEX NON-LUBRICATED MISC	65
TROJAN MAGNUM MISC	65	TRUELYTE SOLN	100	TRUSTEX RIA LUB/SPERMICIDE MISC	65
TROJAN ULTRA THIN MISC	65	TRUEPLUS 5-BEVEL PEN NEEDLES	85	TRUSTEX RIA LUBRICATED MISC .	65
TROJAN ULTRA THIN/SPERMICIDAL MISC	65	TRUEPLUS INSULIN SYRINGE ..	85	TRUSTEX RIA NON-LUBRICATED MISC	65
TROJAN-ENZ LUBRICATED MISC 65		TRUEPLUS LANCETS 26G	78	TRUSTEX-NONNOXYNOL- 9/RIB/STUD MISC	65
TROJAN-ENZ/SPERMICIDAL MISC . 65		TRUEPLUS LANCETS 28G	78	TRUZONE PEAK FLOW METER .	97
tropicamide SOLN	129	TRUEPLUS LANCETS 30G	78	TRYVIO	29
trosipium chloride CP24	141	TRUEPLUS LANCETS 33G	78	TUBING/WING TIP MISC	97
trosipium chloride TABS	141	TRUEPLUS PEN NEEDLES	85	TUDORZA PRESSAIR	13
TRUE COMFORT ALCOHOL PREP PADS	81	TRUEPLUS SAFETY LANCETS 28G	78	TUMS CHEW (calcium carbonate (antacid))	11
TRUE COMFORT INSULIN SYRINGE	85	TRULANCE	56	TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	11
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