

PREFERRED DRUG LIST

Coordinated Care of Washington, Inc.
Apple Health Medicaid



Pharmacy Program

Coordinated Care of Washington, Inc. (Coordinated Care) in conjunction with the Washington State Health Care Authority, is committed to providing appropriate, high quality, and cost-effective drug therapy.

Coordinated Care covers most prescription medications and certain over-the-counter (OTC) medications in accordance with the Apple Health Preferred Drug List, which is subject to state requirements including generic substitution, controlled substance limitations, and coverage preference over brand or generic drugs. Some medications may require prior authorization (PA) or have limitations on age, dosage, or quantity.

Preferred Drug List

The Preferred Drug List (PDL) is a list of drugs or products that includes information regarding coverage status and any limitations. The Preferred drugs within a chosen therapeutic class are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are evaluated by the Drug Use Review Board, which makes recommendations to HCA regarding the selection of preferred drugs. Members can fill most of these drugs or products at retail pharmacies, others may only be covered when supplied by a specialty pharmacy. Drugs or products that need to be supplied by a specialty pharmacy will have a “SP” indicator on the PDL.

Specialty Pharmacy Program

Certain medications are only covered when supplied by Coordinated Care’s specialty pharmacy. AcariaHealth is the preferred specialty pharmacy of Coordinated Care for most specialty drugs. Other specialty drugs may only be available at certain limited distribution pharmacies. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Coordinated Care.

AcariaHealth provides the following services:

- A dedicated, multilingual team available 24 hours a day, 7 days a week to meet the unique needs of each member
- Disease-specific product education and training
- Customized treatment programs and compliance monitoring
- Prior authorization support
- Timely delivery to the physician’s office or the member’s home, as requested

Centene Pharmacy Services

Coordinated Care works with Centene Pharmacy Services to administer the prior authorization (PA) process. Some drugs and products on the PDL require PA.

Dispensing Limits

Drugs or products may be dispensed up to a maximum of a 34-day supply for each new prescription or refill. A total of 80% of the days' supply must elapse before a prescription can be refilled.

Members may also be able to obtain a 90-day (3-month supply) of maintenance drugs from participating pharmacies. Maintenance drugs are used to treat long-term conditions or illnesses. Additional information about the Maintenance Drug Program can be found at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Appropriate Use and Safety Edits

The health and safety of our members is a priority of Coordinated Care. One of the ways we address member safety is through point-of-sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Additional information about what drugs are part of the Appropriate Use and Safety Edits can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Second Opinion Program

The Washington Health Care Authority (HCA) requires that Managed Care Organizations (MCOs) participate in the Second Opinion Program. The HCA developed the second opinion program to improve prescribing practices in children 17 years of age and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, HCA has established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

Members 17 years of age and younger who are prescribed drugs outside of the established pediatric mental health guidelines, will be referred to the HCA to initiate the process of a second opinion review with an HCA-designated mental health specialist from the Second Opinion Network. After the second opinion review has been completed, Coordinated Care will receive a copy of the second opinion from the HCA. The second opinion review will have recommendations issuing an approval or denial.

Prior Authorizations

If a medication is not listed on the PDL or there is a "PA" indicator next to a drug or product, a Prior Authorization (PA) is needed. The PA request should be submitted by the prescriber to Centene Pharmacy Services on the Medication Prior Authorization Form or via [CoverMyMeds](#). The PA form can be faxed to Centene Pharmacy Services at 1-833-645-2734, which can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/.

In addition, prescribers can conduct a telephonic PA by calling 855-757-6565 from 5am – 5pm PST Monday - Friday, for all non-specialty drug requests. Please visit www.coordinatedcarehealth.com/for-providers/pharmacy-program/ for more details.

Coordinated Care will cover the medication if it is determined that:

1. There is a medically necessary reason that the member needs the specific medication.
2. Depending on the medication, other preferred medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist. Once a PA is approved, Centene Pharmacy Services will notify the member and prescriber. If the clinical information provided does not meet the coverage criteria for the requested medication, Coordinated Care will notify the member and their prescriber and provide information regarding the appeal process.

Non-preferred Medications

Some medications that are listed on the PDL may require that other preferred medications be tried and failed first before the member can receive the requested medication. If additional information is needed showing that the preferred medications were tried and failed first, and it is not received, the request will be denied. The member and their prescriber will be notified and provided information regarding the appeal process.

Quantity Limits

There may be limits on how much of a medication a member can get at one time or over a certain time period. If there is a medically necessary reason that the member needs a larger amount, then the prescriber can submit a PA request for a larger quantity. If the PA is not approved, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Age Limits

Some medications may have age limit restrictions. These are set in place for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care.

30-Day Emergency Supply Policy

Up to a 30-day supply of a medication can be dispensed while a member is awaiting a PA if a licensed pharmacist has used his or her professional judgment in identifying that the member has an emergency medical condition for which lack of immediate access to pharmaceutical treatment would result in either placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in

serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Pharmacies needing an emergency fill must call Centene Pharmacy Services at 1-866-716-5099.

Exclusions

The PDL does not cover all drugs and products. Some exclusions may include:

- Drugs or products that are not approved by the FDA
- Drugs or products from a manufacturer that does not have a federal rebate agreement
- Drugs prescribed for weight loss or weight gain
- Drugs prescribed for infertility, frigidity, or impotence
- Drugs prescribed for sexual or erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Nutritional supplements
- Drug Efficacy Study Implementation (DESI), Identical, Related, or Similar (IRS), or Less Than Effective (LTE) drugs
- Non-covered OTC drugs
- Drugs and drug-related supplies for multiple patient use
- Drugs prescribed for an indication that is not evidence-based
- Drugs prescribed for a non-medically accepted indication or dosing level

Newly Approved Products

New drugs that come out to the market are reviewed for safety and effectiveness. Access to these medications will be considered through the PA review process. If Coordinated Care does not approve the PA, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Over-the-Counter Medications

The PDL covers a variety of Over-the-Counter (OTC) medications. For a list of covered OTC medications, please refer to the PDL. Members can get a prescription for a covered OTC medication from a licensed prescriber that meets all the legal requirements for a prescription.

Generic Drugs

In most cases, when generic drugs are available, the brand-name drug will not be covered without prior authorization from Coordinated Care. Generic drugs have the same active ingredient as brand-name drugs. If the member or their prescriber feels a brand-name drug is medically necessary, the prescriber can submit a PA request. Coordinated Care will cover the brand-name drug according to clinical guidelines if there is a medical reason that the member needs a particular brand name drug. If Coordinated Care does not approve the PA,

Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Drug Efficacy Study and Implementation Products

Drug Efficacy Study and Implementation (DESI) products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by Coordinated Care.

Filling a Prescription

Members can have prescriptions filled at any Coordinated Care network pharmacy. If a member decides to have a prescription filled at a network pharmacy, they can locate a network pharmacy near them by contacting a Coordinated Care Member Services Representative or utilizing the Find a Provider tool on Coordinated Care's website. At the pharmacy, members will need to provide the pharmacist with the prescription and their Coordinated Care ID card.

Copayments

Washington Apple Health members will not have copayments for drugs filled at a network pharmacy.

Contact Information

Coordinated Care Provider Services:

Phone: 1-877-644-4613

Centene Pharmacy Services Prior Authorization:

Phone: 1-866-716-5099

Fax: 1-833-645-2734

Centene Pharmacy Services Help Desk:

Phone: 1-877-250-6176

Tier Description

Drug Tier	Tier Description
1	Preferred Generic
2	Preferred Brand
NF	Non-formulary
NP	Non-preferred drug
CO	Carve-out (Non-contracted) drug

Legend Description

Legend		Description
AL	Age Limit	Drug is limited to specific age.
MDD	Max Daily Dose	A limit on the number of times the drug can be taken per day.
MPL	Max Package Limit	A limit on the amount of drug covered per prescription.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days' Supply	There is a limit on the amount of this drug that is covered.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
Rx/OTC	Rx/OTC	Product has both Rx and OTC National Drug Codes.
SP	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions and may be limited to a specific pharmacy.
MP	Maintenance Product	Maintenance Products are used to treat long-term conditions or illnesses. Maintenance products can be filled for up to a 90-day supply.

SON	Second Opinion Network	A Second Opinion Network (SON) review is required for members between the ages of 0-17 years old when medication(s) exceed established pediatric mental health guidelines. For more information, please visit: Pediatric Mental Health Guidelines (coordinatedcarehealth.com)
-----	------------------------	---

Dose Form Description

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AEPF	Aerosol, Powder, Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AJKT	Auto-injector Kit
AUIJ	Auto-injector
BAR	Bar
BEAD	Beads
C12A	Capsule ER 12 Hour Abuse-Deterrent
C24A	Capsule ER 24 Hour Abuse-Deterrent
C2PK	Capsule ER 12 Hour Therapy Pack
C4PK	Capsule ER 24 Hour Therapy Pack
CAPA	Capsule Abuse-Deterrent
CAPS	Capsule
CART	Cartridge
CDPK	Capsule Delayed Release Therapy Pack
CEPK	Capsule Extended Release Therapy Pack

CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEA	Capsule Extended Release Abuse-Deterrent
CPEC	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPPK	Capsule Therapy Pack
CPSP	Capsule Sprinkle
CREA	Cream
CRYS	Crystals
CS12	Capsule ER 12 Hour Sprinkle
CS24	Capsule ER 24 Hour Sprinkle
CSER	Capsule Extended Release Sprinkle
CTKT	Cartridge Kit
DEVI	Device
DISK	Disk
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXTR	Fluid Extract
FILM	Film
FLAK	Flakes
FOAM	Foam
GAS	Gas

GEL	Gel (Jelly)
GRAN	Granules
GREF	Granules Effervescent
GUM	Gum
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector
JTKT	Jet-injector Kit (Needleless)
KIT	Kit
LEAV	Leaves
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
LQCR	Liquid ER
LQPK	Liquid Therapy Pack
MISC	Miscellaneous
NEBU	Nebulization solution
OIL	Oil
OINT	Ointment
PACK	Packet
PADS	Pads
PDEF	Powder Efferescent
PEN	Pen-injector
PLLT	Pellet

PNKT	Pen-injector Kit
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
PUDG	Pudding
RING	Ring
SHAM	Shampoo
SHEE	Sheet
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLG	Gel Forming Solution
SOLN	Solution
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOTJ	Solution Jet-injector
SPRT	Spirit
SRER	Suspension Reconstituted ER
STCK	Stick
STRP	Strip
SUAJ	Suspension Auto-injector
SUBL	Tablet Sublingual

SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUPK	Suspension Therapy Pack
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SUTJ	Suspension Jet-injector
SWAB	Swab
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
T24A	Tablet ER 24 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T4PK	Tablet ER 24 Hour Therapy Pack
TABA	Tablet Abuse-Deterrent
TABS	Tablets
TAMP	Tampon
TAPE	Tape
TAR	Tar
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBDR	Tablet Delayed Release
TBEA	Tablet Extended Release Abuse-Deterrent
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent

TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TDPK	Tablet Delayed Release Therapy Pack
TEPK	Tablet Extended Release Therapy Pack
TEST	Diagnostic Test
THPK	Therapy Pack
TINC	Tincture
TPPK	Tablet Dispersible Therapy Pack
TROC	Troche
WAFR	Wafer
WAX	Wax

Please note that the preferred drug list may change throughout the year. If you have any questions, please contact Coordinated Care at 1-877-644-4613 (TTY: 711)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate SOLN</i>	4	4 max fill(s) per 30 day(s) retail
Amphetamines			<i>dextroamphetamine sulfate TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	4	4 max fill(s) per 30 day(s) retail
ADDERALL TABS (Use amphetamine-dextroamphetamine)	4	4 max fill(s) per 30 day(s) retail; PA	DYANAVEL XR SUER	4	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	DYANAVEL XR TBCR	4	4 max fill(s) per 30 day(s) retail
amphetamine sulfate TABS	4	4 max fill(s) per 30 day(s) retail	EVEKEO TABS (Use amphetamine sulfate)	4	4 max fill(s) per 30 day(s) retail; PA
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	EVEKEO TABS (Use amphetamine sulfate)	9	4 max fill(s) per 30 day(s) retail
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
amphetamine-dextroamphetamine TABS	1	4 max fill(s) per 30 day(s) retail	<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	<i>methamphetamine hcl</i>	4	2 max fill(s) per 30 day(s) retail; PA
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	4	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; PA	VYVANSE CAPS	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>dextroamphetamine sulfate CP24 15 MG</i>	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail	VYVANSE CHEW	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>dextroamphetamine sulfate CP24 5 MG, 10 MG</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	XELSTRYM	4	4 max fill(s) per 30 day(s) retail; PA
			Analeptics		
			<i>caffeine citrate SOLN PO</i>	1	QL(45 ML per fill retail)
			Anti-Obesity Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>liraglutide (weight management) 18 MG/3ML</i>	CO	
SAXENDA 18 MG/3ML (Use <i>liraglutide (weight management)</i>)	CO	
WEGOVY	CO	2 max fill(s) per 30 day(s) retail
ZEPBOUND SOAJ	CO	
ZEPBOUND SOLN	CO	
ZEPBOUND SOLN	CO	2 max fill(s) per 30 day(s) retail
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	1	2 max fill(s) per 30 day(s) retail
<i>clonidine hcl (adhd) TB12</i>	1	2 max fill(s) per 30 day(s) retail
<i>guanfacine hcl (adhd)</i>	1	2 max fill(s) per 30 day(s) retail
INTUNIV (Use <i>guanfacine hcl (adhd)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i>)	9	2 max fill(s) per 30 day(s) retail
ONYDA XR SUER	4	2 max fill(s) per 30 day(s) retail; PA
QELBREE 100 MG, 150 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
QELBREE 200 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
STRATTERA (Use <i>atomoxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Histamine H3-Receptor Antagonist/Inverse		

Drug Name	Drug Tier	Requirements/ Limits
Agonists		
WAKIX	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Stimulants - Misc.		
APTENSIO XR CP24 (Use <i>methylphenidate hcl</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>armodafinil</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AZSTARYS	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
CONCERTA TBCR (Use <i>methylphenidate hcl</i>)	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
COTEMPLA XR-ODT TBED	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
DAYTRANA PTCH (Use <i>methylphenidate</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>dexmethylphenidate hcl</i> CP24	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
<i>dexmethylphenidate hcl</i> TABS	1	4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 15 MG, 20 MG, 40 MG (Use <i>dexmethylphenidate hcl</i>)	9	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
FOCALIN TABS 2.5 MG, 10 MG (Use <i>dexmethylphenidate hcl</i>)	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JORNAY PM CP24	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	<i>modafinil 100 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	NUVIGIL (<i>Use armodafinil</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CHEW</i>	4	4 max fill(s) per 30 day(s) retail; PA	PROVIGIL 200 MG (<i>Use modafinil</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	PROVIGIL 100 MG (<i>Use modafinil</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CP24</i>	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	QUILLICHEW ER CHER	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	QUILLIVANT XR SRER	4	QL(12 ML daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl SOLN</i>	1	4 max fill(s) per 30 day(s) retail	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
<i>methylphenidate hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail	RELEXXII TBCR 72 MG	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl TB24</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	RELEXXII TBCR 45 MG, 63 MG (<i>Use methylphenidate hcl</i>)	4	2 max fill(s) per 30 day(s) retail
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	RITALIN LA CP24 (<i>Use methylphenidate hcl</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail	RITALIN TABS (<i>Use methylphenidate hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	4	2 max fill(s) per 30 day(s) retail	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>methylphenidate hcl TBCR 72 MG</i>	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	Allergenic Extracts		
<i>methylphenidate PTCH</i>	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	GRASSTEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>modafinil 200 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits
ODACTRA SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
ORALAIR SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (12 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (300 MG MAINTENANCE) PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (300 MG TITRATION) PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (40 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (6 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (80 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA INITIAL ESCALATION CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
RAGWITEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
ALTERNATIVE MEDICINES		

Drug Name	Drug Tier	Requirements/ Limits
Alternative Medicine - U		
<i>ubiquinol</i>	8	
AMEBICIDES		
Amebicides		
SOLOSEC	2	2 max fill(s) per 30 day(s) retail
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
ARIKAYCE	4	QL(8.4 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	2	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	1	
<i>gentamicin sulfate IJ</i>	1	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
<i>neomycin sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>streptomycin sulfate SOLR</i>	1	
TOBI PODHALER CAPS	4	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP
TOBI NEBU (<i>Use tobramycin</i>)	4	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1		OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	2 max fill(s) per 30 day(s) retail; PA
<i>tobramycin sulfate SOLR</i>	1				
<i>tobramycin NEBU</i>	1	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	2 max fill(s) per 30 day(s) retail; PA
<i>tobramycin NEBU</i>	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP			
<i>tobramycin NEBU</i>	1	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP			
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			Anti-TNF-alpha - Monoclonal Antibodies		
Antirheumatic - Enzyme Inhibitors			ABRILADA (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
OLUMIANT	4	2 max fill(s) per 30 day(s) retail; SP; PA	ABRILADA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
RINVOQ LQ SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA	ABRILADA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
RINVOQ TB24	4	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
XELJANZ XR TB24	4	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
XELJANZ SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
XELJANZ TABS	2	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
Antirheumatic Antimetabolites			ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
			ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	2	2 max fill(s) per 30 day(s) retail; PA
			ADALIMUMAB-AATY (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; PA	AMJEVITA-PED 15KG TO <30KG SOSY	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	2	2 max fill(s) per 30 day(s) retail; SP; PA	AMJEVITA SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADAZ SOAJ	2	2 max fill(s) per 30 day(s) retail; PA	AMJEVITA SOSY	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADAZ SOSY	2	2 max fill(s) per 30 day(s) retail; PA	CYLTEZO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA	CYLTEZO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; PA	CYLTEZO-CD/UC/HS STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; PA	CYLTEZO-PSORIASIS/UV STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; PA	HADLIMA PUSHTOUCH SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	2 max fill(s) per 30 day(s) retail; PA	HADLIMA SOSY	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	2 max fill(s) per 30 day(s) retail; PA	HULIO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA	HULIO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA	HUMIRA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	4	2 max fill(s) per 30 day(s) retail; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
HYRIMOZ-PED>=40KG CROHN START SOSY	4	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	4	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ SOAJ	4	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
HYRIMOZ SOSY 20 MG/0.2ML	4	2 max fill(s) per 30 day(s) retail; PA	YUSIMRY	4	2 max fill(s) per 30 day(s) retail; PA
IDACIO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA	Gold Compounds		
IDACIO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA	AURANOFIN 3 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
IDACIO-CROHNS/UC STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA	RIDAURA	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
IDACIO-PSORIASIS STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA	Interleukin-1 Blockers		
SIMLANDI (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	ARCALYST	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMLANDI (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	Interleukin-1 Receptor Antagonist (IL-1Ra)		
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	KINERET SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI ARIA SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA	Interleukin-1beta Blockers		
SIMPONI SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	ILARIS SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
			ACTEMRA SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	2	2 max fill(s) per 30 day(s) retail; RX/OTC
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
KEVZARA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	DAYPRO TABS (<i>Use oxaprozin</i>)	4	2 max fill(s) per 30 day(s) retail; PA
KEVZARA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac potassium CAPS</i>	4	2 max fill(s) per 30 day(s) retail; PA
TOFIDENCE	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac potassium TABS 25 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
TYENNE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac potassium TABS</i>	1	2 max fill(s) per 30 day(s) retail
TYENNE SOLN	4	2 max fill(s) per 30 day(s) retail; PA	<i>diclofenac sodium TB24</i>	1	2 max fill(s) per 30 day(s) retail
TYENNE SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac sodium TBEC</i>	1	2 max fill(s) per 30 day(s) retail
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>diclofenac w/ misoprostol TBEC</i>	4	2 max fill(s) per 30 day(s) retail; PA
ADVIL TABS (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail	DUEXIS (<i>Use ibuprofen-famotidine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ALEVE ALL DAY STRONG TABS 220 MG (<i>Use naproxen sodium</i>)	9	2 max fill(s) per 30 day(s) retail	<i>etodolac CAPS</i>	4	2 max fill(s) per 30 day(s) retail
ALEVE TABS (<i>Use naproxen sodium</i>)	9	2 max fill(s) per 30 day(s) retail	<i>etodolac TABS</i>	4	2 max fill(s) per 30 day(s) retail
ARTHROTEC TBEC (<i>Use diclofenac w/ misoprostol</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>etodolac TB24</i>	4	2 max fill(s) per 30 day(s) retail
CELEBREX (<i>Use celecoxib</i>)	4	2 max fill(s) per 30 day(s) retail; PA	FELDENE CAPS 10 MG (<i>Use piroxicam</i>)	9	2 max fill(s) per 30 day(s) retail
CELEBREX (<i>Use celecoxib</i>)	9	2 max fill(s) per 30 day(s) retail	FELDENE CAPS 20 MG (<i>Use piroxicam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>celecoxib</i>	4	2 max fill(s) per 30 day(s) retail	<i>fenoprofen calcium CAPS 400 MG</i>	4	2 max fill(s) per 30 day(s) retail
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC	<i>fenoprofen calcium TABS</i>	4	2 max fill(s) per 30 day(s) retail; PA
			FENOPRON CAPS	4	2 max fill(s) per 30 day(s) retail
			<i>flurbiprofen TABS 100 MG</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen CHEW</i>	1	2 max fill(s) per 30 day(s) retail	MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>ibuprofen-famotidine</i>	4	2 max fill(s) per 30 day(s) retail; PA	MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	<i>nabumetone</i>	1	2 max fill(s) per 30 day(s) retail
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	1	2 max fill(s) per 30 day(s) retail	NALFON CAPS (<i>Use fenoprofen calcium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>ibuprofen TABS 300 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA	NALFON TABS 600 MG	4	2 max fill(s) per 30 day(s) retail; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	2 max fill(s) per 30 day(s) retail	NAPRELAN TB24 (<i>Use naproxen sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>indomethacin CPCR</i>	4	2 max fill(s) per 30 day(s) retail	NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	9	2 max fill(s) per 30 day(s) retail
<i>indomethacin SUPP</i>	1	2 max fill(s) per 30 day(s) retail	NAPROSYN SUSP (<i>Use naproxen</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>indomethacin SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen sodium TABS 220 MG</i>	1	2 max fill(s) per 30 day(s) retail
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TABS 275 MG, 550 MG</i>	4	2 max fill(s) per 30 day(s) retail
<i>ketoprofen CAPS 25 MG</i>	4	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TB24 375 MG, 500 MG</i>	4	2 max fill(s) per 30 day(s) retail
<i>ketoprofen CP24</i>	4	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TB24 750 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen-esomeprazole magnesium</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>ketorolac tromethamine TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>naproxen SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA
LURBIRO TABS 100 MG (<i>Use flurbiprofen</i>)	1	2 max fill(s) per 30 day(s) retail	<i>naproxen TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>meclofenamate sodium CAPS</i>	4	2 max fill(s) per 30 day(s) retail	<i>naproxen TBEC</i>	1	2 max fill(s) per 30 day(s) retail
<i>mefenamic acid CAPS</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>oxaprozin TABS</i>	4	2 max fill(s) per 30 day(s) retail
<i>meloxicam CAPS</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>piroxicam CAPS</i>	4	2 max fill(s) per 30 day(s) retail
<i>meloxicam TABS</i>	1	2 max fill(s) per 30 day(s) retail	RELAFEN DS	4	2 max fill(s) per 30 day(s) retail
			<i>sulindac TABS</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tolmetin sodium CAPS</i>	4	2 max fill(s) per 30 day(s) retail	ORENCIA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>tolmetin sodium TABS 600 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA	Soluble Tumor Necrosis Factor Receptor Agents		
<i>tolmetin sodium TABS 600 MG</i>	4	2 max fill(s) per 30 day(s) retail	ENBREL MINI SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
VIMOVO 375 MG-20 MG (Use <i>naproxen-esomeprazole magnesium</i>)	9	2 max fill(s) per 30 day(s) retail	ENBREL SURECLICK SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
VIMOVO 500 MG-20 MG (Use <i>naproxen-esomeprazole magnesium</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ENBREL SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
VYSCOXIA PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA	ENBREL SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
Phosphodiesterase 4 (PDE4) Inhibitors			ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
OTEZLA XR TB24 PO 75 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA	Analgesic Combinations		
OTEZLA/OTEZLA XR INITIATION PK TBPk	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	4	2 max fill(s) per 30 day(s) retail
OTEZLA TABS	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	2 max fill(s) per 30 day(s) retail
OTEZLA TBPk	2	2 max fill(s) per 30 day(s) retail; SP; PA	BUTALBITAL-APAP-CAFFEINE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
Pyrimidine Synthesis Inhibitors			<i>butalbital-aspirin-caffeine CAPS</i>	4	2 max fill(s) per 30 day(s) retail
ARAVA (Use <i>leflunomide</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>leflunomide</i>	1	2 max fill(s) per 30 day(s) retail	FIORICET CAPS (Use <i>butalbital-acetaminophen-caffeine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Selective Costimulation Modulators			Analgesics - Sodium Channel Pain Signal Inhibitors		
ORENCIA CLICKJECT SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	JOURNAVX	4	2 max fill(s) per 30 day(s) retail; PA
ORENCIA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA	Analgesics Other		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen CHEW</i>	1	2 max fill(s) per 30 day(s) retail	TYLENOL FOR CHILDREN + ADULTS SUSP (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>acetaminophen ELIX 160 MG/5ML</i>	8		TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>acetaminophen LIQD 160 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail	Salicylates		
<i>acetaminophen LIQD 160 MG/5ML</i>	8	2 max fill(s) per 30 day(s) retail	<i>aspirin CHEW</i>	1	2 max fill(s) per 30 day(s) retail
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	1	2 max fill(s) per 30 day(s) retail	<i>aspirin TABS 325 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	2 max fill(s) per 30 day(s) retail	<i>aspirin TBEC 81 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	2	2 max fill(s) per 30 day(s) retail	<i>diflunisal TABS</i>	4	2 max fill(s) per 30 day(s) retail
<i>acetaminophen SUSP 160 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail	DOLOBID TABS	4	2 max fill(s) per 30 day(s) retail; PA
<i>acetaminophen TABS 325 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail	ECOTRIN TBEC (<i>Use aspirin</i>)	9	2 max fill(s) per 30 day(s) retail
<i>acetaminophen TBCR</i>	1	2 max fill(s) per 30 day(s) retail	<i>salsalate</i>	4	2 max fill(s) per 30 day(s) retail
FEVERALL JUNIOR STRENGTH SUPP	1	2 max fill(s) per 30 day(s) retail	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail	Opioid Agonists		
TYLENOL 8 HOUR TBCR (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail	ACTIQ LPOP 400 MCG (<i>Use fentanyl citrate</i>)	NF	
TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail	<i>codeine sulfate TABS 30 MG</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail	CODEINE SULFATE TABS	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail	CONZIP CP24 (<i>Use tramadol hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
TYLENOL EXTRA STRENGTH TABS (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail	DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF	
			DILAUDID LIQD (<i>Use hydromorphone hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS (<i>Use hydromorphone hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>levorphanol tartrate TABS</i>	4	4 max fill(s) per 30 day(s) retail
DSUVIA SUBL	8		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	4	4 max fill(s) per 30 day(s) retail
<i>fentanyl citrate LPOP 200 MCG, 1200 MCG</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>meperidine hcl TABS 50 MG</i>	4	4 max fill(s) per 30 day(s) retail
<i>fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	NP		<i>methadone hcl CONC</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	4	4 max fill(s) per 30 day(s) retail; PA	METHADONE HCL POWD	NP	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	4 max fill(s) per 30 day(s) retail	<i>methadone hcl SOLN PO</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	4	4 max fill(s) per 30 day(s) retail	<i>methadone hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA
FENTORA TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>Use fentanyl citrate</i>)	9	4 max fill(s) per 30 day(s) retail	<i>methadone hcl TBSO</i>	4	4 max fill(s) per 30 day(s) retail; PA
FENTORA TABS 100 MCG (<i>Use fentanyl citrate</i>)	NF		METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocodone bitartrate CP12</i>	4	4 max fill(s) per 30 day(s) retail	METHADOSE CONC (<i>Use methadone hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocodone bitartrate T24A</i>	4	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate beads</i>	4	4 max fill(s) per 30 day(s) retail
<i>hydromorphone hcl LIQD</i>	4	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	4	4 max fill(s) per 30 day(s) retail
HYDROMORPHONE HCL SUPP	1	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML</i>	4	4 max fill(s) per 30 day(s) retail
<i>hydromorphone hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate SUPP</i>	1	4 max fill(s) per 30 day(s) retail
<i>hydromorphone hcl TB24</i>	4	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail
HYSINGLA ER T24A	4	4 max fill(s) per 30 day(s) retail; PA	<i>morphine sulfate TBCR</i>	1	4 max fill(s) per 30 day(s) retail
			MS CONTIN TBCR (<i>Use morphine sulfate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
			<i>oxycodone hcl CAPS</i>	4	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl CONC 100 MG/5ML</i>	4	4 max fill(s) per 30 day(s) retail
<i>oxycodone hcl SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>oxycodone hcl T12A 20 MG, 40 MG</i>	4	4 max fill(s) per 30 day(s) retail
<i>oxycodone hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
OXYCONTIN T12A	4	4 max fill(s) per 30 day(s) retail; PA
<i>oxymorphone hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail
<i>oxymorphone hcl TB12</i>	4	4 max fill(s) per 30 day(s) retail
QDOLO SOLN (Use <i>tramadol hcl</i>)	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
ROXICODONE TABS 15 MG, 30 MG (Use <i>oxycodone hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
ROXYBOND TABA	4	4 max fill(s) per 30 day(s) retail; PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	4	4 max fill(s) per 30 day(s) retail
<i>tramadol hcl SOLN</i>	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
TRAMADOL HCL SOLN (Use <i>tramadol hcl</i>)	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
<i>tramadol hcl TABS 75 MG</i>	2	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<i>tramadol hcl TABS 100 MG</i>	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<i>tramadol hcl TABS 25 MG</i>	4	2 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TABS 50 MG</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<i>tramadol hcl TB24</i>	1	4 max fill(s) per 30 day(s) retail
<i>tramadol hcl TB24</i>	4	4 max fill(s) per 30 day(s) retail
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	4	4 max fill(s) per 30 day(s) retail
APADAZ	4	4 max fill(s) per 30 day(s) retail; PA
BENZHYDROCODONE-ACETAMINOPHEN	4	4 max fill(s) per 30 day(s) retail
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	4 max fill(s) per 30 day(s) retail
<i>butalbital-aspirin-caffeine w/cod</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocodone-acetaminophen SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>	2	4 max fill(s) per 30 day(s) retail	<i>tramadol-acetaminophen</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 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-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	4 max fill(s) per 30 day(s) retail	Opioid Partial Agonists		
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	4 max fill(s) per 30 day(s) retail	BELBUCA FILM	2	2 max fill(s) per 30 day(s) retail; PA
NALOCET TABS	4	4 max fill(s) per 30 day(s) retail; PA	BRIXADI (WEEKLY) SOSY	2	4 max fill(s) per 30 day(s) retail
<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	4 max fill(s) per 30 day(s) retail	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	2	2 max fill(s) per 30 day(s) retail
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	4	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail; PA
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	4	4 max fill(s) per 30 day(s) retail; PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	4	5 max fill(s) per 30 day(s) retail; PA
PROLATE SOLN	4	4 max fill(s) per 30 day(s) retail; PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail
PROLATE TABS	4	4 max fill(s) per 30 day(s) retail; PA	<i>buprenorphine hcl SOLN</i>	NP	
SEGLENTIS	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(6 EA daily); 5 max fill(s) per 30 day(s) retail
			<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(24 EA daily); 5 max fill(s) per 30 day(s) retail
			<i>buprenorphine PTWK</i>	1	2 max fill(s) per 30 day(s) retail
			<i>butorphanol tartrate NA 10 MG/ML</i>	4	4 max fill(s) per 30 day(s) retail
			BUTRANS PTWK (Use buprenorphine)	2	2 max fill(s) per 30 day(s) retail
			SUBLOCADE SOSY	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL (Use buprenorphine hcl- naloxone hcl dihydrate)	2	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail	testosterone cypionate SOLN IM	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZUBSOLV SUBL	4	5 max fill(s) per 30 day(s) retail; PA	testosterone enanthate SOLN IM	4	2 max fill(s) per 30 day(s) retail; ST; MP
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			testosterone GEL TD 1 %	2	2 max fill(s) per 30 day(s) retail; MP; PA
Androgens			testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	4	2 max fill(s) per 30 day(s) retail; ST; MP
ANDROGEL PUMP GEL TD (Use testosterone)	4	QL(150 GM per 28 day(s) retail; 450 GM per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	testosterone GEL TD 1 %, 50 MG/5GM	1	2 max fill(s) per 30 day(s) retail; MP; PA
AVEED SOLN	4	2 max fill(s) per 30 day(s) retail; ST; MP	testosterone GEL TD 1.62 %, 1.62 %	1	QL(150 GM per 28 day(s) retail; 450 GM per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
AZMIRO SOSY	4	2 max fill(s) per 30 day(s) retail; ST; MP	testosterone SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
danazol CAPS	1	2 max fill(s) per 30 day(s) retail	TLANDO CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
FORTESTA GEL TD (Use testosterone)	9	2 max fill(s) per 30 day(s) retail; MP	UNDECATREX CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
JATENZO CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA	VOGELXO PUMP GEL TD (Use testosterone)	4	2 max fill(s) per 30 day(s) retail; MP; PA
methyltestosterone CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA	VOGELXO GEL TD (Use testosterone)	4	2 max fill(s) per 30 day(s) retail; MP; PA
methyltestosterone TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA	XYOSTED SOAJ	4	2 max fill(s) per 30 day(s) retail; ST; MP
NATESTO GEL NA	4	2 max fill(s) per 30 day(s) retail; MP; PA	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
TESTIM GEL TD (Use testosterone)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Intrarectal Steroids		
testosterone cypionate SOLN IM	1	2 max fill(s) per 30 day(s) retail; MP; PA	budesonide (intrarectal)	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA (Use hydrocortisone (intrarectal))	4	4 max fill(s) per 30 day(s) retail; PA
CORTIFOAM EX 10 %	4	4 max fill(s) per 30 day(s) retail
hydrocortisone (intrarectal)	1	4 max fill(s) per 30 day(s) retail
Rectal Combinations		
hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %	1	4 max fill(s) per 30 day(s) retail
PROCTOFOAM HC FOAM EX	2	4 max fill(s) per 30 day(s) retail
Rectal Steroids		
hydrocortisone (rectal) EX	1	4 max fill(s) per 30 day(s) retail; RX/OTC
hydrocortisone (rectal) EX 2.5 %	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone acetate (rectal)	1	4 max fill(s) per 30 day(s) retail
Vasodilating Agents		
nitroglycerin (intra-anal)	1	2 max fill(s) per 30 day(s) retail; PA
RECTIV (Use nitroglycerin (intra-anal))	4	2 max fill(s) per 30 day(s) retail; PA
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	1	2 max fill(s) per 30 day(s) retail; MP
aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML	2	2 max fill(s) per 30 day(s) retail; MP
MAG-AL LIQD	2	2 max fill(s) per 30 day(s) retail; MP
Antacids - Calcium Salts		

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARBONATE ANTACID SUSP	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARBONATE ANTACID TABS	1	2 max fill(s) per 30 day(s) retail; MP
TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	9	2 max fill(s) per 30 day(s) retail; MP
TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	9	2 max fill(s) per 30 day(s) retail; MP
TUMS EXTRA STRENGTH CHEW (Use calcium carbonate (antacid))	9	2 max fill(s) per 30 day(s) retail; MP
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	9	2 max fill(s) per 30 day(s) retail; MP
TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))	9	2 max fill(s) per 30 day(s) retail; MP
TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	9	2 max fill(s) per 30 day(s) retail; MP
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	2 max fill(s) per 30 day(s) retail
BENZNIDAZOLE	4	2 max fill(s) per 30 day(s) retail; PA
BILTRICIDE (Use praziquantel)	4	2 max fill(s) per 30 day(s) retail; PA
EMVERM CHEW	4	2 max fill(s) per 30 day(s) retail; PA
ivermectin	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>nitroglycerin CPCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>praziquantel</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>nitroglycerin PT24</i>	1	2 max fill(s) per 30 day(s) retail; MP
STROMEKTOL (Use <i>ivermectin</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			NITROGLYCERIN SOLN IV	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antianginals-Other			<i>nitroglycerin SUBL</i>	1	2 max fill(s) per 30 day(s) retail; MP
ASPRUZYO SPRINKLE PACK	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	NITROLINGUAL SOLN TL (Use <i>nitroglycerin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>ranolazine TB12 1000 MG</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	NITROSTAT SUBL 0.3 MG (Use <i>nitroglycerin</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>ranolazine TB12 500 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	NITROSTAT SUBL (Use <i>nitroglycerin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			Antianxiety Agents - Misc.		
Nitrates			BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	4	2 max fill(s) per 30 day(s) retail; PA
<i>isosorbide dinitrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>buspirone hcl</i>	1	2 max fill(s) per 30 day(s) retail
<i>isosorbide mononitrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>droperidol SOLN 2.5 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
ISOSORBIDE MONONITRATE TABS	1	2 max fill(s) per 30 day(s) retail; MP	<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>isosorbide mononitrate TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>hydroxyzine hcl SYRP</i>	1	2 max fill(s) per 30 day(s) retail
NITRO-BID OINT	1	2 max fill(s) per 30 day(s) retail; MP	<i>hydroxyzine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
NITRO-DUR PT24	2	2 max fill(s) per 30 day(s) retail; MP	<i>hydroxyzine pamoate CAPS</i>	1	2 max fill(s) per 30 day(s) retail
NITRO-DUR PT24 (Use <i>nitroglycerin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>meprobamate</i>	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	9	2 max fill(s) per 30 day(s) retail	XANAX XR TB24 0.5 MG, 2 MG, 3 MG (Use alprazolam)	9	2 max fill(s) per 30 day(s) retail
Benzodiazepines			XANAX TABS (Use alprazolam)	4	2 max fill(s) per 30 day(s) retail; PA
ALPRAZOLAM INTENSOL CONC	4	2 max fill(s) per 30 day(s) retail	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
alprazolam TABS	1	2 max fill(s) per 30 day(s) retail	Antiarrhythmics - Misc.		
alprazolam TB24	4	2 max fill(s) per 30 day(s) retail	adenosine SOLN	1	PA
alprazolam TBDP	4	2 max fill(s) per 30 day(s) retail	Antiarrhythmics Type I-A		
ATIVAN SOLN (Use lorazepam)	4	2 max fill(s) per 30 day(s) retail; PA	disopyramide phosphate CAPS	1	2 max fill(s) per 30 day(s) retail; MP
chlordiazepoxide hcl CAPS	1	2 max fill(s) per 30 day(s) retail	NORPACE CR CP12	4	2 max fill(s) per 30 day(s) retail; MP
clorazepate dipotassium TABS	4	2 max fill(s) per 30 day(s) retail	NORPACE CAPS (Use disopyramide phosphate)	4	2 max fill(s) per 30 day(s) retail; MP; PA
diazepam CONC	1	2 max fill(s) per 30 day(s) retail	quinidine gluconate TBCR	1	2 max fill(s) per 30 day(s) retail; MP
diazepam SOLN PO 5 MG/5ML	1	2 max fill(s) per 30 day(s) retail	quinidine sulfate TABS	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	1	2 max fill(s) per 30 day(s) retail; PA	Antiarrhythmics Type I-B		
diazepam TABS	1	2 max fill(s) per 30 day(s) retail	mexiletine hcl	1	2 max fill(s) per 30 day(s) retail; MP
lorazepam CONC	1	2 max fill(s) per 30 day(s) retail	Antiarrhythmics Type I-C		
lorazepam CONC	4	2 max fill(s) per 30 day(s) retail; PA	flecainide acetate	1	2 max fill(s) per 30 day(s) retail; MP
lorazepam SOLN	1	2 max fill(s) per 30 day(s) retail; PA	propafenone hcl CP12	1	2 max fill(s) per 30 day(s) retail; MP
lorazepam TABS	1	2 max fill(s) per 30 day(s) retail	propafenone hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
LOREEV XR CS24	4	2 max fill(s) per 30 day(s) retail; PA	RYTHMOL SR CP12 (Use propafenone hcl)	9	2 max fill(s) per 30 day(s) retail; MP
oxazepam CAPS	4	2 max fill(s) per 30 day(s) retail			
XANAX XR TB24 (Use alprazolam)	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amiodarone hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
CORVERT (<i>Use ibutilide fumarate</i>)	2	PA
<i>dofetilide</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>ibutilide fumarate</i>	1	PA
MULTAQ	4	2 max fill(s) per 30 day(s) retail; MP
TIKOSYN (<i>Use dofetilide</i>)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TIKOSYN (<i>Use dofetilide</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	2	2 max fill(s) per 30 day(s) retail; SP; PA
FASENRA PEN SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
FASENRA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TEZSPIRE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
TEZSPIRE SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
XOLAIR SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
XOLAIR SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
XOLAIR SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	4 max fill(s) per 30 day(s) retail; MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	4 max fill(s) per 30 day(s) retail; MP
INCRUSE ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP
<i>ipratropium bromide SOLN 0.02 %</i>	1	4 max fill(s) per 30 day(s) retail; MP
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	2	2 max fill(s) per 30 day(s) retail; MP
SPIRIVA RESPIMAT AERS IN	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tiotropium bromide CAPS IN 18 MCG</i>	1	2 max fill(s) per 30 day(s) retail; MP
TUDORZA PRESSAIR	4	2 max fill(s) per 30 day(s) retail; MP
YUPELRI	4	2 max fill(s) per 30 day(s) retail; MP
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE (<i>Use zafirlukast</i>)	9	2 max fill(s) per 30 day(s) retail; MP
ACCOLATE (<i>Use zafirlukast</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
montelukast sodium CHEW	1	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium PACK	1	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SINGULAIR PACK (<i>Use montelukast sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SINGULAIR TABS (<i>Use montelukast sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>zafirlukast</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>zileuton TB12</i>	4	2 max fill(s) per 30 day(s) retail; MP
ZYFLO TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	4	2 max fill(s) per 30 day(s) retail; MP; PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>Use roflumilast</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>roflumilast</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
Steroid Inhalants		
ALVESCO	4	2 max fill(s) per 30 day(s) retail; MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX (120 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (14 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (30 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (60 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX HFA AERO	4	2 max fill(s) per 30 day(s) retail; MP
<i>budesonide (inhalation) SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP
FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	9	2 max fill(s) per 30 day(s) retail; MP
FLOVENT HFA (<i>Use fluticasone propionate hfa</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>fluticasone propionate (inhalation) AEPB</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>fluticasone propionate hfa</i>	2	2 max fill(s) per 30 day(s) retail; MP
PULMICORT FLEXHALER AEPB	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>Use umeclidinium-vilanterol</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA
QVAR REDHALER	4	2 max fill(s) per 30 day(s) retail; MP	<i>arformoterol tartrate</i>	4	4 max fill(s) per 30 day(s) retail; MP
Sympathomimetics			BEVESPI AEROSPHERE	4	2 max fill(s) per 30 day(s) retail; MP
ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT (<i>Use fluticasone-salmeterol</i>)	9	2 max fill(s) per 30 day(s) retail; MP	BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	BREO ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP; PA
ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	BREZTRI AEROSPHERE	4	2 max fill(s) per 30 day(s) retail; MP
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	BROVANA (<i>Use arformoterol tartrate</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	BROVANA (<i>Use arformoterol tartrate</i>)	9	4 max fill(s) per 30 day(s) retail; MP
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>budesonide-formoterol fumarate dihydrate</i>	1	2 max fill(s) per 30 day(s) retail; MP
AIRSUPRA	4	2 max fill(s) per 30 day(s) retail; MP; PA	COMBIVENT RESPIMAT AERS	2	4 max fill(s) per 30 day(s) retail; MP
<i>albuterol sulfate AERS</i>	2	4 max fill(s) per 30 day(s) retail; MP	DUAKLIR PRESSAIR	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>albuterol sulfate AERS</i>	1	4 max fill(s) per 30 day(s) retail; MP	DULERA	2	2 max fill(s) per 30 day(s) retail; MP
<i>albuterol sulfate NEBU</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>fluticasone furoate-vilanterol</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>albuterol sulfate SYRP</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>albuterol sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>fluticasone-salmeterol AEPB</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol</i> AERO	2	2 max fill(s) per 30 day(s) retail; MP	VENTOLIN HFA AERS (Use albuterol sulfate)	4	4 max fill(s) per 30 day(s) retail; MP; PA
<i>formoterol fumarate</i> NEBU	4	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (Use levalbuterol tartrate)	9	4 max fill(s) per 30 day(s) retail; MP
<i>ipratropium-albuterol</i> SOLN	1	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (Use levalbuterol tartrate)	4	4 max fill(s) per 30 day(s) retail; MP; PA
<i>levalbuterol hcl</i>	4	4 max fill(s) per 30 day(s) retail; MP	Xanthines		
<i>levalbuterol tartrate</i>	4	4 max fill(s) per 30 day(s) retail; MP	AMINOPHYLLINE SOLN 25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
PERFOROMIST NEBU (Use formoterol fumarate)	4	4 max fill(s) per 30 day(s) retail; MP; PA	THEO-24 CP24	2	2 max fill(s) per 30 day(s) retail; MP
PROAIR RESPICLIK AEPB	4	4 max fill(s) per 30 day(s) retail; MP	<i>theophylline</i> ELIX	1	2 max fill(s) per 30 day(s) retail; MP
PROVENTIL HFA AERS (Use albuterol sulfate)	9	4 max fill(s) per 30 day(s) retail; MP	<i>theophylline</i> SOLN	1	2 max fill(s) per 30 day(s) retail; MP
SEREVENT DISKUS	2	4 max fill(s) per 30 day(s) retail; MP	<i>theophylline</i> TB12 300 MG, 450 MG	1	2 max fill(s) per 30 day(s) retail; MP
STIOLTO RESPIMAT	2	2 max fill(s) per 30 day(s) retail; MP	<i>theophylline</i> TB24	1	2 max fill(s) per 30 day(s) retail; MP
STRIVERDI RESPIMAT	4	4 max fill(s) per 30 day(s) retail; MP	ANTICOAGULANTS - Blood Thinners		
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	2	2 max fill(s) per 30 day(s) retail; MP	Coumarin Anticoagulants		
<i>terbutaline sulfate</i> SOLN	1	4 max fill(s) per 30 day(s) retail; MP; PA	<i>warfarin sodium</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP
<i>terbutaline sulfate</i> TABS	4	4 max fill(s) per 30 day(s) retail; MP	Direct Factor Xa Inhibitors		
TRELEGY ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP	ELIQUIS (1.5 MG PACK) TBSO PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>umeclidinium-vilanterol</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA	ELIQUIS (2 MG PACK) TBSO PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
			ELIQUIS DVT/PE STARTER PACK TBPk	2	2 max fill(s) per 30 day(s) retail; MP
			ELIQUIS CPSP PO 0.15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABS	2	2 max fill(s) per 30 day(s) retail; MP	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.9 %-2000 UNIT/L (<i>Use heparin (porcine) in sodium chloride</i>)	2	2 max fill(s) per 30 day(s) retail; PA
ELIQUIS TBSO PO 0.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L (<i>Use heparin (porcine) in sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; PA
<i>rivaroxaban SUSR 1 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.9 %-2000 UNIT/L	2	2 max fill(s) per 30 day(s) retail; PA
<i>rivaroxaban TABS 2.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	2 max fill(s) per 30 day(s) retail; PA
SAVAYSA	4	2 max fill(s) per 30 day(s) retail; MP	HEPARIN SOD (PORCINE) IN D5W	1	2 max fill(s) per 30 day(s) retail; PA
XARELTO STARTER PACK TBPk	2	2 max fill(s) per 30 day(s) retail; MP	<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
XARELTO SUSR 1 MG/ML (<i>Use rivaroxaban</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	HEPARIN SODIUM (PORCINE) PF SOLN IJ	2	2 max fill(s) per 30 day(s) retail; PA
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>Use rivaroxaban</i>)	2	2 max fill(s) per 30 day(s) retail; MP	<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
XARELTO TABS	2	2 max fill(s) per 30 day(s) retail; MP	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	2 max fill(s) per 30 day(s) retail; PA
Heparins And Heparinoid-Like Agents			HEPARIN SODIUM (PORCINE) SOSY IJ	2	2 max fill(s) per 30 day(s) retail; PA
ARIXTRA (<i>Use fondaparinux sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA	LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	2 max fill(s) per 30 day(s) retail	LOVENOX SOSY (<i>Use enoxaparin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>enoxaparin sodium SOSY</i>	1	2 max fill(s) per 30 day(s) retail			
<i>fondaparinux sodium</i>	4	2 max fill(s) per 30 day(s) retail			
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	4	2 max fill(s) per 30 day(s) retail			
FRAGMIN SOSY	4	2 max fill(s) per 30 day(s) retail			
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors			DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>dabigatran etexilate mesylate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS 75 MG (<i>Use dabigatran etexilate mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	KLONOPIN TABS (<i>Use clonazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	2	2 max fill(s) per 30 day(s) retail; MP	KLONOPIN TABS 1 MG (<i>Use clonazepam</i>)	9	2 max fill(s) per 30 day(s) retail
PRADAXA PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA	LIBERVANT FILM	4	2 max fill(s) per 30 day(s) retail; 10 day(s) max supply per 28 day(s) retail; 10 day(s) max supply per 28 day(s) mail; MP
ANTICONVULSANTS - Drugs to Treat Seizures			NAYZILAM	4	2 max fill(s) per 30 day(s) retail; MP
AMPA Glutamate Receptor Antagonists			ONFI SUSP (<i>Use clobazam</i>)	4	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
FYCOMPA SUSP	2	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ONFI TABS (<i>Use clobazam</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SYMPAZAN FILM	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	VALTOCO 10 MG DOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP
Anticonvulsants - Benzodiazepines			VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	2 max fill(s) per 30 day(s) retail; MP
<i>clobazam SUSP</i>	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	2 max fill(s) per 30 day(s) retail; MP
<i>clobazam TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	VALTOCO 5 MG DOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP
<i>clonazepam TABS</i>	1	2 max fill(s) per 30 day(s) retail	Anticonvulsants - Misc.		
<i>clonazepam TBDP</i>	4	2 max fill(s) per 30 day(s) retail; PA			
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	9	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use <i>eslicarbazepine acetate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ELEPSIA XR TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
BANZEL SUSP (Use <i>rufinamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPIDIOLEX	4	2 max fill(s) per 30 day(s) retail; MP; PA
BANZEL TABS (Use <i>rufinamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPRONTIA SOLN 25 MG/ML (Use <i>topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT SOLN PO 10 MG/ML	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	2 max fill(s) per 30 day(s) retail; MP; PA	FINTEPLA	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>gabapentin CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbamazepine CHEW</i> 200 MG	2	2 max fill(s) per 30 day(s) retail; MP	<i>gabapentin SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbamazepine CHEW</i> 100 MG	1	2 max fill(s) per 30 day(s) retail; MP	<i>gabapentin TABS</i> 600 MG, 800 MG	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbamazepine CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP	GABARONE TABS 100 MG, 400 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbamazepine SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP	KEPPRA XR TB24 (Use <i>levetiracetam</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbamazepine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	KEPPRA SOLN PO 100 MG/ML (Use <i>levetiracetam</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbamazepine TB12</i>	1	2 max fill(s) per 30 day(s) retail; MP	KEPPRA TABS (Use <i>levetiracetam</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
CARBATROL CP12 (Use <i>carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP	<i>lacosamide SOLN IV</i> 200 MG/20ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
DIACOMIT CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lacosamide SOLN PO</i> 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP
DIACOMIT PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lacosamide TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL STARTER KIT 25 MG (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS 500 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL XR KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
LAMICTAL CHEW (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LEVETIRACETAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL TABS (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA CAPS (<i>Use pregabalin</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP	LYRICA SOLN (<i>Use pregabalin</i>)	4	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine KIT 25 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA SOLN (<i>Use pregabalin</i>)	9	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	MOTPOLY XR CP24	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	NEURONTIN CAPS (<i>Use gabapentin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	NEURONTIN SOLN (<i>Use gabapentin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TBDP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	NEURONTIN SOLN (<i>Use gabapentin</i>)	9	2 max fill(s) per 30 day(s) retail; MP
LEVETIRACETAM IN NACL	2	2 max fill(s) per 30 day(s) retail; MP; PA	NEURONTIN TABS (<i>Use gabapentin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
LEVETIRACETAM IN NACL (<i>Use levetiracetam in sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA			
<i>levetiracetam in sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP	TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>oxcarbazepine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>oxcarbazepine TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TOPAMAX TABS (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>topiramate CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>pregabalin CAPS</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>topiramate CPSP 50 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>pregabalin SOLN</i>	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>topiramate CPSP</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>primidone 125 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>topiramate CS24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>primidone 50 MG, 250 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>topiramate SOLN 25 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
QUDEXY XR CS24 (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>topiramate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>rufinamide SUSP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>rufinamide TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	9	2 max fill(s) per 30 day(s) retail; MP
SPRITAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SPRITAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP	TROKENDI XR CP24 (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP	VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	4	QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIMPAT SOLN IV 200 MG/20ML (<i>Use lacosamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	XCOPRI TABS	4	2 max fill(s) per 30 day(s) retail; MP
VIMPAT TABS (<i>Use lacosamide</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XCOPRI TBPk	4	2 max fill(s) per 30 day(s) retail; MP
ZONISADE SUSP	2	2 max fill(s) per 30 day(s) retail; MP	GABA Modulators		
<i>zonisamide CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	SABRIL PACK (<i>Use vigabatrin</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZTALMY	CO		SABRIL TABS (<i>Use vigabatrin</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Carbamates			<i>tiagabine hcl 2 MG, 4 MG, 12 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>felbamate SUSP</i>	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>tiagabine hcl 16 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>felbamate TABS 600 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>vigabatrin PACK</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>felbamate TABS 400 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>vigabatrin TABS</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FELBATOL SUSP (<i>Use felbamate</i>)	9	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	VIGAFYDE SOLN	4	2 max fill(s) per 30 day(s) retail; MP
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Hydantoins		
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEREBYX (<i>Use fosphenytoin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
XCOPRI (250 MG DAILY DOSE) TBPk	4	2 max fill(s) per 30 day(s) retail; MP	DILANTIN 30 MG	2	2 max fill(s) per 30 day(s) retail; MP
XCOPRI (350 MG DAILY DOSE) TBPk	4	2 max fill(s) per 30 day(s) retail; MP	DILANTIN (<i>Use phenytoin sodium extended</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
			DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN-125 SUSP (Use phenytoin)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN SUSP (Use phenytoin)	4	2 max fill(s) per 30 day(s) retail; MP; PA
fosphenytoin sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
phenytoin sodium extended 200 MG, 300 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP
phenytoin sodium SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
phenytoin CHEW	1	2 max fill(s) per 30 day(s) retail; MP
phenytoin SUSP 125 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP
Succinimides		
CELONTIN (Use methsuximide)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ethosuximide CAPS	1	2 max fill(s) per 30 day(s) retail; MP
ethosuximide SOLN	1	2 max fill(s) per 30 day(s) retail; MP
methsuximide	4	2 max fill(s) per 30 day(s) retail; MP
ZARONTIN CAPS (Use ethosuximide)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZARONTIN SOLN (Use ethosuximide)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Valproic Acid		
DEPAKOTE ER TB24 (Use divalproex sodium)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	9	2 max fill(s) per 30 day(s) retail; MP
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	9	2 max fill(s) per 30 day(s) retail; MP
DEPAKOTE TBEC (Use divalproex sodium)	4	2 max fill(s) per 30 day(s) retail; MP; PA
divalproex sodium CSDR	1	2 max fill(s) per 30 day(s) retail; MP
divalproex sodium TB24	1	2 max fill(s) per 30 day(s) retail; MP
divalproex sodium TBEC	1	2 max fill(s) per 30 day(s) retail; MP
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP
valproic acid CAPS	1	2 max fill(s) per 30 day(s) retail; MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	2 max fill(s) per 30 day(s) retail; MP
mirtazapine TBDP	1	2 max fill(s) per 30 day(s) retail; MP
REMERON SOLTAB TBDP (Use mirtazapine)	4	2 max fill(s) per 30 day(s) retail; MP; PA
REMERON TABS 15 MG, 30 MG (Use mirtazapine)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidepressant Combinations		
AUVELITY	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidepressants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	CELEXA TABS (<i>Use citalopram hydrobromide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bupropion hcl TB12</i>	1	2 max fill(s) per 30 day(s) retail; MP	CITALOPRAM HYDROBROMIDE CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bupropion hcl TB24 450 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>citalopram hydrobromide SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>citalopram hydrobromide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ESCITALOPRAM OXALATE CAPS PO 15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>escitalopram oxalate SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>escitalopram oxalate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZURZUVAE 20 MG, 25 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>fluoxetine hcl CPDR</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZURZUVAE 30 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>fluoxetine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
EMSAM	2	2 max fill(s) per 30 day(s) retail; MP	FLUOXETINE HCL TABS (<i>Use fluoxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
MARPLAN	2	2 max fill(s) per 30 day(s) retail; MP	<i>fluvoxamine maleate CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
NARDIL (<i>Use phenelzine sulfate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fluvoxamine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>phenelzine sulfate</i>	1	2 max fill(s) per 30 day(s) retail; MP	LEXAPRO TABS (<i>Use escitalopram oxalate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tranylcypromine sulfate</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>paroxetine hcl SUSP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nefazodone hcl 200 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>paroxetine hcl TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nefazodone hcl 50 MG, 100 MG, 150 MG, 250 MG</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	RALDESY SOLN PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL SUSP (<i>Use paroxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>trazodone hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PAXIL TABS (<i>Use paroxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	TRINTELLIX	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PROZAC CAPS (<i>Use fluoxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>vilazodone hcl TABS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>Use sertraline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>sertraline hcl CONC</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>sertraline hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	DESVENLAFAXINE ER	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZOLOFT CONC (<i>Use sertraline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>desvenlafaxine succinate</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZOLOFT TABS (<i>Use sertraline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	DRIZALMA SPRINKLE CSDR	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZOLOFT TABS 25 MG (<i>Use sertraline hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>duloxetine hcl CPEP</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Serotonin Modulators					
EXXUA TITRATION PACK TB24 PO 18.2 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA			
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>clomipramine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>desipramine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
FETZIMA TITRATION C4PK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>doxepin hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
FETZIMA CP24	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>doxepin hcl CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP
PRISTIQ (<i>Use desvenlafaxine succinate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>imipramine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PRISTIQ 50 MG (<i>Use desvenlafaxine succinate</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>imipramine pamoate</i>	4	2 max fill(s) per 30 day(s) retail; MP
VENLAFAXINE BESYLATE ER	4	2 max fill(s) per 30 day(s) retail; MP; PA	NORPRAMIN TABS 10 MG, 25 MG (<i>Use desipramine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>venlafaxine hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nortriptyline hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>venlafaxine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nortriptyline hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>venlafaxine hcl TB24 225 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>protriptyline hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP
Tricyclic Agents			<i>trimipramine maleate CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>amitriptyline hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>amoxapine</i>	4	2 max fill(s) per 30 day(s) retail; MP	Alpha-Glucosidase Inhibitors		
ANAFRANIL (<i>Use clomipramine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>acarbose</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>miglitol</i>	4	2 max fill(s) per 30 day(s) retail; MP
			Antidiabetic - Amylin Analogs		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 120 SOPN	2	QL(10.8 ML per 28 day(s) retail; 32 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>glyburide-metformin</i>	1	2 max fill(s) per 30 day(s) retail; MP
SYMLINPEN 60 SOPN	2	QL(6 ML per 28 day(s) retail; 18 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	GLYXAMBI	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Antidiabetic - Cellular Therapy			INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LANTIDRA	CO	2 max fill(s) per 30 day(s) retail; SP	INVOKAMET XR TB24 500 MG-50 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antidiabetic Combinations			INVOKAMET TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>alogliptin-metformin hcl</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JANUMET XR TB24 1000 MG-50 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JANUMET TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JENTADUETO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JENTADUETO TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	KAZANO (<i>Use alogliptin-metformin hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>glipizide-metformin hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG, 1000 MG-5 MG-10 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>pioglitazone hcl-glimepiride</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRIJARDY XR 1000 MG-5 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>pioglitazone hcl-metformin hcl TABS</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
QTERN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR (<i>Use dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEGLUROMET	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR (<i>Use dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SITAGLIPT BASE-METFORM HCL ER TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA	XULTOPHY	4	2 max fill(s) per 30 day(s) retail; PA
SITAGLIPTIN BASE-METFORMIN HCL TABS	2	2 max fill(s) per 30 day(s) retail; MP	ZITUVIMET XR TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
SOLIQUA	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZITUVIMET TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
STEGLUJAN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Antidiabetic-Antibodies		
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	TZIELD	CO	
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Biguanides		
SYNJARDY TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>metformin hcl SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>metformin hcl TABS 500 MG, 750 MG, 850 MG, 1000 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>metformin hcl TABS 625 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	GVOKE HYPOPEN 1-PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>metformin hcl TB24 500 MG, 1000 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	GVOKE HYPOPEN 2-PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
RIOMET SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	GVOKE KIT SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
Diabetic Other			GVOKE PFS SOSY 1 MG/0.2ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
BAQSIMI ONE PACK POWD	2	2 max fill(s) per 30 day(s) retail; MP; PA	KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
BAQSIMI TWO PACK POWD	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>mifepristone (hyperglycemia)</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CVS GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP	PROGLYCEM (<i>Use diazoxide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
CVS SOFT GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP	PX GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
DEX4	1	2 max fill(s) per 30 day(s) retail; MP	RA GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
DEX4 NATURALS	1	2 max fill(s) per 30 day(s) retail; MP	TRUEPLUS GLUCOSE CHEW	2	2 max fill(s) per 30 day(s) retail; MP
<i>diazoxide</i>	1	2 max fill(s) per 30 day(s) retail; MP	WALGREENS GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GLUCAGON EMERGENCY	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZEGALOGUE SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	2	2 max fill(s) per 30 day(s) retail; MP	ZEGALOGUE SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>glucagon SOLR IJ 1 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP	<i>alogliptin benzoate</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
GLUCOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP			
GNP GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRYNOVIN SOLN PO 25 MG/ML	4	QL(4 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	2	2 max fill(s) per 30 day(s) retail; PA
JANUVIA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	1	2 max fill(s) per 30 day(s) retail; PA
NESINA (Use alogliptin benzoate)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	liraglutide	1	2 max fill(s) per 30 day(s) retail; PA
ONGLYZA (Use saxagliptin hcl)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	MOUNJARO	4	2 max fill(s) per 30 day(s) retail; PA
saxagliptin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	2 max fill(s) per 30 day(s) retail; PA
SITAGLIPTIN	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	2 max fill(s) per 30 day(s) retail; PA
TRADJENTA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	OZEMPIC (2 MG/DOSE) SOPN	4	2 max fill(s) per 30 day(s) retail; PA
ZITUVIO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RYBELSUS TABS	4	2 max fill(s) per 30 day(s) retail; PA
Dopamine Receptor Agonists - Antidiabetic			TRULICITY	4	2 max fill(s) per 30 day(s) retail; PA
CYCLOSET	4	2 max fill(s) per 30 day(s) retail; MP; PA	VICTOZA (Use liraglutide)	4	2 max fill(s) per 30 day(s) retail; PA
Incretin Mimetic Agents			Insulin		
BYDUREON BCISE AUIJ	2	QL(3.4 ML per 28 day(s) retail; 10 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA	ADMELOG SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	2	2 max fill(s) per 30 day(s) retail; PA	ADMELOG SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
			AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
			APIDRA SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP
			APIDRA SOLN	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BASAGLAR KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	2 max fill(s) per 30 day(s) retail; MP
FIASP FLEXTouch SOPN	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R U-500 KWIKPEN SOPN SC	2	2 max fill(s) per 30 day(s) retail; MP
FIASP PENFILL SOCT	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
FIASP SOLN	4	2 max fill(s) per 30 day(s) retail; MP	INSULIN ASP PROT & ASP FLEXPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG JUNIOR KWIKPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN ASPART FLEXPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN ASPART PENFILL SOCT	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG MIX 50/50 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN ASPART PROT & ASPART SUSP	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG MIX 75/25 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN ASPART SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG MIX 75/25 SUSP	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN DEGLUDEC FLEXTouch SOPN	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG TEMPO PEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN DEGLUDEC SOLN	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG SOCT	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP
HUMULIN 70/30 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN GLARGINE-YFGN SOLN	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN 70/30 SUSP	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN GLARGINE-YFGN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN N KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN LISPRO (1 UNIT DIAL) SOPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN N SUSP	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROT & LISPRO SUPN	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP
INSULIN LISPRO SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP
KIRSTY SOLN IJ 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N RELION SUSP	4	2 max fill(s) per 30 day(s) retail; MP
KIRSTY SOPN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N SUSP	4	2 max fill(s) per 30 day(s) retail; MP
LANTUS SOLOSTAR SOPN	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R FLEXPEN RELION SOPN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
LANTUS SOLN	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R FLEXPEN SOPN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
LEVEMIR SOLN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R RELION SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV TEMPO PEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
LYUMJEV SOLN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG FLEXPEN RELION SOPN	2	2 max fill(s) per 30 day(s) retail; MP
MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG FLEXPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
MERIOLOG SOLN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
NOVOLIN 70/30 FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG MIX 70/30 RELION SUSP	2	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG MIX 70/30 SUSP	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 RELION SUSP	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG PENFILL SOCT	2	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 SUSP	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG RELION SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP	FARXIGA (<i>Use dapagliflozin propanediol</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
REZVOGLAR KWIKPEN	4	2 max fill(s) per 30 day(s) retail; MP; PA	INVOKANA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEMGLEE (YFGN) SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	JARDIANCE	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEMGLEE (YFGN) SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA	STEGLATRO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TOUJEO MAX SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP	Sulfonylureas		
TOUJEO SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP	<i>glimepiride 3 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
TRESIBA FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRESIBA SOLN	4	2 max fill(s) per 30 day(s) retail; MP	<i>glipizide TABS 2.5 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
Insulin Sensitizing Agents			<i>glipizide TABS 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
ACTOS (<i>Use pioglitazone hcl</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>glipizide TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>pioglitazone hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	GLUCOTROL XL TB24 (<i>Use glipizide</i>)	9	2 max fill(s) per 30 day(s) retail; MP
Meglitinide Analogues			GLUCOTROL XL TB24 5 MG, 10 MG (<i>Use glipizide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nateglinide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>repaglinide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>glyburide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			GLYNASE (<i>Use glyburide micronized</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs		

Drug Name	Drug Tier	Requirements/ Limits
to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	2	2 max fill(s) per 30 day(s) retail; PA
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>bismuth subsalicylate SUSP 525 MG/30ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>bismuth subsalicylate TABS</i>	1	2 max fill(s) per 30 day(s) retail
PEPTO BISMOL SUSP 525 MG/30ML (<i>Use bismuth subsalicylate</i>)	9	2 max fill(s) per 30 day(s) retail
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	4	2 max fill(s) per 30 day(s) retail
<i>diphenoxylate w/ atropine TABS</i>	4	2 max fill(s) per 30 day(s) retail
IMODIUM A-D CAPS (<i>Use loperamide hcl</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
IMODIUM A-D TABS (<i>Use loperamide hcl</i>)	9	2 max fill(s) per 30 day(s) retail
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>loperamide hcl CAPS</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>loperamide hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
MOTOFEN	4	2 max fill(s) per 30 day(s) retail
<i>opium tincture</i>	4	2 max fill(s) per 30 day(s) retail; PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox PACK</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferasirox TABS</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferasirox TBSO</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferiprone TABS</i>	4	2 max fill(s) per 30 day(s) retail; SP; PA
EXJADE TBSO (<i>Use deferasirox</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TWICE-A-DAY TABS	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TABS (<i>Use deferiprone</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU TABS (<i>Use deferasirox</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate</i>	1	SP
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NF	SP
VISTOGARD	2	
Cholinesterase Inhibitors		
PYRIDOSTIGMINE BROMIDE ER TB24 PO 105 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
Opioid Antagonists		
KLOXXADO LIQD	2	2 max fill(s) per 30 day(s) retail
<i>naloxone hcl LIQD</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl SOCT</i>	1	2 max fill(s) per 30 day(s) retail	PALONOSETRON HCL SOLN	4	2 max fill(s) per 30 day(s) retail; PA
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail	<i>palonosetron hcl SOSY</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>naloxone hcl SOSY</i>	1	2 max fill(s) per 30 day(s) retail	POSFREA SOLN	4	2 max fill(s) per 30 day(s) retail; PA
<i>naltrexone hcl</i>	1	2 max fill(s) per 30 day(s) retail	SANCUSO PTCH	4	2 max fill(s) per 30 day(s) retail
NARCAN LIQD (Use <i>naloxone hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	SUSTOL PRSY	4	2 max fill(s) per 30 day(s) retail
OPVEE NA	2	2 max fill(s) per 30 day(s) retail	Antiemetics - Anticholinergic		
REXTOVY LIQD	4	2 max fill(s) per 30 day(s) retail; PA	ANTIVERT CHEW (Use <i>meclizine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
VIVITROL	2	2 max fill(s) per 30 day(s) retail	ANTIVERT TABS 50 MG (Use <i>meclizine hcl</i>)	2	2 max fill(s) per 30 day(s) retail
ZIMHI SOSY	2	2 max fill(s) per 30 day(s) retail	DIMENHYDRINATE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
ZURNAI IJ 1.5 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail	<i>meclizine hcl CHEW</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
5-HT3 Receptor Antagonists			<i>meclizine hcl TABS 50 MG</i>	2	2 max fill(s) per 30 day(s) retail
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>scopolamine</i>	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail
<i>granisetron hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail	TIGAN SOLN	4	2 max fill(s) per 30 day(s) retail; PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail	TRANSDERM SCOP 1 MG/3DAYS (Use <i>scopolamine</i>)	4	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
<i>ondansetron hcl SOSY</i>	1	2 max fill(s) per 30 day(s) retail			
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	2 max fill(s) per 30 day(s) retail			
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	2 max fill(s) per 30 day(s) retail			
<i>ondansetron TBDP 16 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA			
<i>palonosetron hcl SOLN</i>	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM-SCOP (Use scopolamine)	4	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	APONVIE EMUL	4	2 max fill(s) per 30 day(s) retail; PA
trimethobenzamide hcl CAPS	1	2 max fill(s) per 30 day(s) retail	aprepitant CAPS	1	2 max fill(s) per 30 day(s) retail
Antiemetics - Miscellaneous			aprepitant CAPS	4	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO	4	2 max fill(s) per 30 day(s) retail; PA	CINVANTI EMUL	4	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO (READY-TO-USE) SOLN	2	2 max fill(s) per 30 day(s) retail; PA	EMEND BIPACK CAPS 80 MG (Use aprepitant)	4	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO (TO-BE-DILUTED) SOLN	2	2 max fill(s) per 30 day(s) retail; PA	EMEND TRIPACK CAPS (Use aprepitant)	4	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO SOLR	2	2 max fill(s) per 30 day(s) retail; PA	EMEND SOLR (Use fosaprepitant dimeglumine)	4	2 max fill(s) per 30 day(s) retail; PA
BONJESTA TBCR	4	2 max fill(s) per 30 day(s) retail; PA	EMEND SUSR	4	2 max fill(s) per 30 day(s) retail; PA
DICLEGIS TBEC (Use doxylamine-pyridoxine)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FOCINVEZ SOLN	4	2 max fill(s) per 30 day(s) retail; PA
doxylamine-pyridoxine TBEC	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	fosaprepitant dimeglumine SOLR	4	2 max fill(s) per 30 day(s) retail; PA
dronabinol CAPS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ANTIFUNGALS - Drugs to Treat Fungal Infections		
MARINOL CAPS 2.5 MG (Use dronabinol)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Antifungal - Glucan Synthesis Inhibitors		
MARINOL CAPS 5 MG, 10 MG (Use dronabinol)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	BREXAFEMME	4	2 max fill(s) per 30 day(s) retail; PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			CANCIDAS (Use caspofungin acetate)	4	4 max fill(s) per 30 day(s) retail; PA
			caspofungin acetate	1	4 max fill(s) per 30 day(s) retail; PA
			CASPOFUNGIN ACETATE	1	4 max fill(s) per 30 day(s) retail; PA
			ERAXIS	2	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA	DIFLUCAN SUSR 10 MG/ML (<i>Use fluconazole</i>)	9	2 max fill(s) per 30 day(s) retail
MICAFUNGIN SODIUM	1	4 max fill(s) per 30 day(s) retail; PA	DIFLUCAN TABS 100 MG, 150 MG, 200 MG (<i>Use fluconazole</i>)	9	2 max fill(s) per 30 day(s) retail
MICAFUNGIN SODIUM-NACL	2	2 max fill(s) per 30 day(s) retail; PA	<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	1	4 max fill(s) per 30 day(s) retail; PA
MYCAMINE	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluconazole SUSR</i>	1	2 max fill(s) per 30 day(s) retail
REZZAYO	2	2 max fill(s) per 30 day(s) retail; PA	<i>fluconazole TABS</i>	1	2 max fill(s) per 30 day(s) retail
Antifungals			<i>itraconazole CAPS</i>	1	2 max fill(s) per 30 day(s) retail
AMBISOME (<i>Use amphotericin b liposome</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>itraconazole SOLN</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>amphotericin b IV</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>ketoconazole</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>amphotericin b liposome</i>	1	4 max fill(s) per 30 day(s) retail; PA	NOXAFIL PACK	4	2 max fill(s) per 30 day(s) retail; PA
<i>flucytosine</i>	4	2 max fill(s) per 30 day(s) retail	NOXAFIL SOLN (<i>Use posaconazole</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>griseofulvin microsize SUSP</i>	1	2 max fill(s) per 30 day(s) retail	NOXAFIL SUSP (<i>Use posaconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>griseofulvin microsize TABS</i>	4	2 max fill(s) per 30 day(s) retail	NOXAFIL TBEC (<i>Use posaconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>griseofulvin ultramicrosize</i>	4	2 max fill(s) per 30 day(s) retail	<i>posaconazole SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>nystatin TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>posaconazole SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>terbinafine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>posaconazole TBEC</i>	4	2 max fill(s) per 30 day(s) retail
Imidazole-Related Antifungals			SPORANOX CAPS (<i>Use itraconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA
CRESEMBA CAPS	4	2 max fill(s) per 30 day(s) retail; PA	SPORANOX SOLN (<i>Use itraconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA
CRESEMBA SOLR	2	4 max fill(s) per 30 day(s) retail; PA	TOLSURA CAPS	4	2 max fill(s) per 30 day(s) retail; PA
DIFLUCAN SUSR 40 MG/ML (<i>Use fluconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VFEND IV SOLR (<i>Use voriconazole</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>carbinoxamine maleate SOLN</i>	4	2 max fill(s) per 30 day(s) retail
VFEND IV SOLR (<i>Use voriconazole</i>)	9	4 max fill(s) per 30 day(s) retail	<i>carbinoxamine maleate SUER</i>	4	2 max fill(s) per 30 day(s) retail
VFEND SUSR (<i>Use voriconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>carbinoxamine maleate TABS</i>	4	2 max fill(s) per 30 day(s) retail
VFEND TABS 200 MG (<i>Use voriconazole</i>)	9	2 max fill(s) per 30 day(s) retail	<i>carbinoxamine maleate TABS 6 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
VIVJOA	4	2 max fill(s) per 30 day(s) retail; PA	<i>clemastine fumarate SYRP</i>	4	2 max fill(s) per 30 day(s) retail
<i>voriconazole SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>clemastine fumarate TABS 2.68 MG</i>	4	2 max fill(s) per 30 day(s) retail
VORICONAZOLE SOLR	2	4 max fill(s) per 30 day(s) retail; PA	CLEMSZA TABS 2.68 MG (<i>Use clemastine fumarate</i>)	4	2 max fill(s) per 30 day(s) retail
VORICONAZOLE SOLR	1	4 max fill(s) per 30 day(s) retail; PA	<i>diphenhydramine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail
<i>voriconazole SUSR</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>voriconazole TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail
ANTIHISTAMINES - Drugs to Treat Allergies			<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
Antihistamines - Alkylamines			<i>diphenhydramine hcl TABS 25 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>chlorpheniramine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail	KARBINAL ER SUER (<i>Use carbinoxamine maleate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>dexchlorpheniramine maleate SOLN</i>	4	2 max fill(s) per 30 day(s) retail; PA	Antihistamines - Non-Sedating		
Antihistamines - Ethanolamines			<i>cetirizine hcl SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	9	2 max fill(s) per 30 day(s) retail	<i>cetirizine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	9	2 max fill(s) per 30 day(s) retail	CLARINEX TABS (<i>Use desloratadine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	9	2 max fill(s) per 30 day(s) retail	CLARINEX TABS (<i>Use desloratadine</i>)	9	2 max fill(s) per 30 day(s) retail
			CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN SOLN (<i>Use loratadine</i>)	9	2 max fill(s) per 30 day(s) retail
CLARITIN TABS (<i>Use loratadine</i>)	9	2 max fill(s) per 30 day(s) retail
<i>desloratadine TABS</i>	4	2 max fill(s) per 30 day(s) retail
<i>desloratadine TBDP</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>levocetirizine dihydrochloride SOLN</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>loratadine SOLN</i>	1	2 max fill(s) per 30 day(s) retail
<i>loratadine TABS</i>	1	2 max fill(s) per 30 day(s) retail
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	9	2 max fill(s) per 30 day(s) retail
ZYRTEC CHILDRENS ALLERGY SOLN PO (<i>Use cetirizine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ (<i>Use promethazine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>promethazine hcl SUPP</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>promethazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	2 max fill(s) per 30 day(s) retail
<i>cyproheptadine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Angiopietin-like Protein Inhibitors		
EVKEEZA	CO	SP
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEXLIZET	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>icosapent ethyl 0.5 GM</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LOVAZA (<i>Use omega-3-acid ethyl esters</i>)	9	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>omega-3-acid ethyl esters</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light PACK</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	QUESTRAN PACK (<i>Use cholestyramine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine light POWD</i>	1	2 max fill(s) per 30 day(s) retail; MP	QUESTRAN POWD (<i>Use cholestyramine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine light POWD</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	WELCHOL PACK (<i>Use colesevelam hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP	WELCHOL TABS (<i>Use colesevelam hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine POWD</i>	1	2 max fill(s) per 30 day(s) retail; MP	Fibric Acid Derivatives		
<i>colesevelam hcl PACK</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>choline fenofibrate</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>colesevelam hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>fenofibrate CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP
COLESTID FLAVORED PACK (<i>Use colestipol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
COLESTID GRAN (<i>Use colestipol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fenofibrate TABS 40 MG, 120 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID PACK (<i>Use colestipol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>fenofibrate TABS 40 MG, 120 MG</i>	8	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID TABS (<i>Use colestipol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fenofibric acid</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>colestipol hcl GRAN</i>	1	2 max fill(s) per 30 day(s) retail; MP	FIBRICOR (<i>Use fenofibric acid</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>colestipol hcl PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>gemfibrozil TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>colestipol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	LIPOFEN CAPS (<i>Use fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LOPID TABS (<i>Use gemfibrozil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
			TRICOR TABS (<i>Use fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRILIPIX (<i>Use choline fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>pitavastatin calcium</i>	4	2 max fill(s) per 30 day(s) retail; MP
HMG CoA Reductase Inhibitors			<i>pravastatin sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP
ALTOPREV TB24 20 MG, 40 MG, 60 MG	4	2 max fill(s) per 30 day(s) retail; MP	<i>rosuvastatin calcium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
ATORVALIQ SUSP	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>simvastatin TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZYPITAMAG 2 MG, 4 MG	4	2 max fill(s) per 30 day(s) retail; MP
EZALLOR SPRINKLE CPSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	Intestinal Cholesterol Absorption Inhibitors		
<i>fluvastatin sodium CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>ezetimibe</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>fluvastatin sodium TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP	ZETIA (<i>Use ezetimibe</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	9	2 max fill(s) per 30 day(s) retail; MP	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	JUXTAPID 5 MG, 10 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JUXTAPID 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Nicotinic Acid Derivatives		
LIVALO (<i>Use pitavastatin calcium</i>)	4	2 max fill(s) per 30 day(s) retail; MP	<i>niacin (antihyperlipidemic) TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lovastatin TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEQVIO	4	QL(4.5 ML per 365 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	<i>enalapril maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PRALUENT SOAJ	4	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	<i>enalaprilat SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(7 ML per 28 day(s) retail; 7 ML per days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>EPANED SOLN (Use enalapril maleate)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
REPATHA SURECLICK SOAJ	2	QL(7 ML per 28 day(s) retail; 7 ML per 90 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>fosinopril sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP
REPATHA SOSY	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
ACE Inhibitors			<i>moexipril hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>ACCUPRIL (Use quinapril hcl)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>perindopril erbumine</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>QBRELIS SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>benazepril hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>quinapril hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>captopril</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>ramipril CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>enalapril maleate SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>trandolapril</i>	4	2 max fill(s) per 30 day(s) retail; MP
			<i>ZESTRIL TABS (Use lisinopril)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
			Agents for Pheochromocytoma		
			<i>metyrosine</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>phenoxybenzamine hcl</i>	1	2 max fill(s) per 30 day(s) retail
			Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARBLI PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>valsartan SOLN</i>	2	2 max fill(s) per 30 day(s) retail; MP
ATACAND (Use <i>candesartan cilexetil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>valsartan TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
AVAPRO 150 MG, 300 MG (Use <i>irbesartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Antiadrenergic Antihypertensives		
BENICAR (Use <i>olmesartan medoxomil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	CARDURA (Use <i>doxazosin mesylate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>candesartan cilexetil</i>	4	2 max fill(s) per 30 day(s) retail; MP	CARDURA 8 MG (Use <i>doxazosin mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
COZAAR 50 MG, 100 MG (Use <i>losartan potassium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>clonidine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
COZAAR 25 MG (Use <i>losartan potassium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>clonidine PTWK</i>	1	2 max fill(s) per 30 day(s) retail; MP
DIOVAN TABS (Use <i>valsartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>clonidine TB24</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA
EDARBI	4	2 max fill(s) per 30 day(s) retail; MP	<i>doxazosin mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>irbesartan</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>guanfacine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>losartan potassium 50 MG, 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>methyldopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>losartan potassium 25 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	MINIPRESS CAPS (Use <i>prazosin hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
MICARDIS (Use <i>telmisartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	NEXICLON XR TB24 (Use <i>clonidine</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>olmesartan medoxomil</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>prazosin hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>telmisartan</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>terazosin hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>valsartan SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	TEZRULY PO 1 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
			Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	EDARBYCLOR	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine besylate-benazepril hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>enalapril maleate & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amlodipine besylate-olmesartan medoxomil</i>	1	2 max fill(s) per 30 day(s) retail; MP	EXFORGE (<i>Use amlodipine besylate-valsartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine besylate-valsartan</i>	1	2 max fill(s) per 30 day(s) retail; MP	EXFORGE HCT (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine-valsartan-hydrochlorothiazide</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fosinopril sodium & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	HYZAAR (<i>Use losartan potassium & hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>atenolol & chlorthalidone</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>irbesartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lisinopril & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>losartan potassium & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>benazepril & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>Use benazepril & hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>Use amlodipine besylate-benazepril hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bisoprolol & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>metoprolol & hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	MICARDIS HCT (<i>Use telmisartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>captopril & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>quinapril-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>telmisartan-amlodipine</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>telmisartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
TENORETIC 100 (<i>Use atenolol & chlorthalidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
TENORETIC 100 (<i>Use atenolol & chlorthalidone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
TENORETIC 50 (<i>Use atenolol & chlorthalidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
TENORETIC 50 (<i>Use atenolol & chlorthalidone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>trandolapril-verapamil hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
TRIBENZOR (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>valsartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZESTORETIC (<i>Use lisinopril & hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
TEKTURN (<i>Use aliskiren fumarate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Endothelin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
TRYVIO	2	2 max fill(s) per 30 day(s) retail; MP; PA
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	2 max fill(s) per 30 day(s) retail; MP
INSPIRA (<i>Use eplerenone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
INSPIRA (<i>Use eplerenone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Vasodilators		
<i>hydralazine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydralazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
NIPRIDE RTU (<i>Use nitroprusside sodium-sodium chloride</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nitroprusside sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nitroprusside sodium-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>Use metronidazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA
LIKMEZ SUSP	4	2 max fill(s) per 30 day(s) retail; PA
<i>metronidazole CAPS</i>	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole TABS 250 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail	UROGESIC-BLUE TABS (Use <i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>metronidazole TABS 125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA	XACDURO	2	2 max fill(s) per 30 day(s) retail; PA
NEBUPENT IN (Use <i>pentamidine isethionate</i>)	2	4 max fill(s) per 30 day(s) retail; PA	Antiprotozoal Agents		
PENTAM IJ (Use <i>pentamidine isethionate</i>)	NF	PA	<i>atovaquone</i>	1	4 max fill(s) per 30 day(s) retail
<i>pentamidine isethionate IN</i>	1	4 max fill(s) per 30 day(s) retail; PA	LAMPIT	2	4 max fill(s) per 30 day(s) retail; PA
<i>tinidazole</i>	1	2 max fill(s) per 30 day(s) retail	MEPRON (Use <i>atovaquone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>trimethoprim TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>nitazoxanide TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA
Anti-infective Misc. - Combinations			Carbapenems		
BACTRIM DS TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>ertapenem sodium IJ</i>	1	SP; PA
BACTRIM TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	4	2 max fill(s) per 30 day(s) retail; PA	Glycopeptides		
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	4	4 max fill(s) per 30 day(s) retail	FIRVANQ SOLR PO (Use <i>vancomycin hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	4	4 max fill(s) per 30 day(s) retail	VANCOCIN CAPS (Use <i>vancomycin hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG</i>	4	4 max fill(s) per 30 day(s) retail	<i>vancomycin hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail
<i>sulfamethoxazole-trimethoprim SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	2 max fill(s) per 30 day(s) retail	<i>vancomycin hcl SOLR PO 25 MG/ML</i>	2	2 max fill(s) per 30 day(s) retail
<i>sulfamethoxazole-trimethoprim SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>sulfamethoxazole-trimethoprim TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(14 EA per 30 day(s) retail)
URIBEL	4	4 max fill(s) per 30 day(s) retail	VANCOMYCIN HCL SOLR IV 500 MG	2	QL(14 EA per 30 day(s) retail)
			VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
			Leprostatics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
dapsone	1	4 max fill(s) per 30 day(s) retail	ZYVOX TABS (Use linezolid)	4	2 max fill(s) per 30 day(s) retail; PA
Lincosamides			Penems		
CLEOCIN (Use clindamycin palmitate hydrochloride)	4	4 max fill(s) per 30 day(s) retail; PA	ORLYNVAH TABS PO	4	2 max fill(s) per 30 day(s) retail; PA
CLEOCIN (Use clindamycin hcl)	4	4 max fill(s) per 30 day(s) retail; PA	Urinary Anti-infectives		
clindamycin hcl	1	4 max fill(s) per 30 day(s) retail	BLUJEPA TABS PO 750 MG	4	4 max fill(s) per 30 day(s) retail
clindamycin palmitate hydrochloride	1	4 max fill(s) per 30 day(s) retail	fosfomycin tromethamine	4	4 max fill(s) per 30 day(s) retail
LINCOCIN (Use lincomycin hcl)	NF	PA	HIPREX (Use methenamine hippurate)	9	4 max fill(s) per 30 day(s) retail
lincomycin hcl	1	PA	MACROBID (Use nitrofurantoin monohyd macro)	4	4 max fill(s) per 30 day(s) retail; PA
Monobactams			MACRODANTIN (Use nitrofurantoin macrocrystal)	9	4 max fill(s) per 30 day(s) retail
CAYSTON	2	QL(3 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA	methenamine hippurate	1	4 max fill(s) per 30 day(s) retail
Oxazolidinones			methenamine mandelate	1	4 max fill(s) per 30 day(s) retail
LINEZOLID IN SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA	MONUROL (Use fosfomycin tromethamine)	9	4 max fill(s) per 30 day(s) retail
linezolid SOLN	1	2 max fill(s) per 30 day(s) retail; PA	nitrofurantoin	1	4 max fill(s) per 30 day(s) retail
linezolid SUSR	1	2 max fill(s) per 30 day(s) retail	NITROFURANTOIN	2	
linezolid TABS	1	2 max fill(s) per 30 day(s) retail	nitrofurantoin macrocrystal 25 MG	4	4 max fill(s) per 30 day(s) retail
SIVEXTRO SOLR	2	2 max fill(s) per 30 day(s) retail; PA	nitrofurantoin macrocrystal 50 MG, 100 MG	1	4 max fill(s) per 30 day(s) retail
SIVEXTRO TABS	4	2 max fill(s) per 30 day(s) retail	nitrofurantoin monohyd macro	1	4 max fill(s) per 30 day(s) retail
ZYVOX SOLN (Use linezolid)	2	2 max fill(s) per 30 day(s) retail; PA	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
ZYVOX SOLN	2	2 max fill(s) per 30 day(s) retail; PA	Antimalarial Combinations		
ZYVOX SUSR (Use linezolid)	4	2 max fill(s) per 30 day(s) retail; PA	atovaquone-proguanil hcl	1	4 max fill(s) per 30 day(s) retail
			COARTEM	2	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MALARONE (<i>Use atovaquone-proguanil hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	BLOXIVERZ SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antimalarials			FIRDAPSE	CO	SP; MP
<i>chloroquine phosphate TABS</i>	1	4 max fill(s) per 30 day(s) retail	NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
DARAPRIM (<i>Use pyrimethamine</i>)	CO	4 max fill(s) per 30 day(s) retail; MP	NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>Use neostigmine methylsulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydroxychloroquine sulfate 300 MG</i>	1	2 max fill(s) per 30 day(s) retail	<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG</i>	1	4 max fill(s) per 30 day(s) retail	NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
KRINTAFEL	4	4 max fill(s) per 30 day(s) retail; PA	<i>neostigmine methylsulfate SOSY</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>mefloquine hcl</i>	1	4 max fill(s) per 30 day(s) retail	NEOSTIGMINE METHYLSULFATE SOSY (<i>Use neostigmine methylsulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>primaquine phosphate TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>pyridostigmine bromide SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail; MP
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	2	4 max fill(s) per 30 day(s) retail	<i>pyridostigmine bromide TABS 60 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>pyrimethamine</i>	CO	4 max fill(s) per 30 day(s) retail; MP	<i>pyridostigmine bromide TABS 30 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>pyridostigmine bromide TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>quinine sulfate CAPS 324 MG</i>	1	4 max fill(s) per 30 day(s) retail	REGONOL SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA
SOVUNA 300 MG	4	2 max fill(s) per 30 day(s) retail; PA	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
SOVUNA 200 MG	4	4 max fill(s) per 30 day(s) retail; PA	Antimycobacterial Agents		
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>cycloserine</i>	1	4 max fill(s) per 30 day(s) retail
Antimyasthenic/Cholinergic Agents					
BLOXIVERZ SOLN IV (<i>Use neostigmine methylsulfate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ethambutol hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail	JYLAMVO SOLN PO	4	2 max fill(s) per 30 day(s) retail; PA
<i>isoniazid SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>mercaptopurine SUSP 2000 MG/100ML</i>	CO	
<i>isoniazid SYRP</i>	1	4 max fill(s) per 30 day(s) retail	<i>mercaptopurine TABS</i>	CO	
<i>isoniazid TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	2 max fill(s) per 30 day(s) retail
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	9	4 max fill(s) per 30 day(s) retail	<i>methotrexate sodium SOLR</i>	1	2 max fill(s) per 30 day(s) retail
MYCOBUTIN (<i>Use rifabutin</i>)	9	4 max fill(s) per 30 day(s) retail	<i>methotrexate sodium TABS 2.5 MG</i>	1	2 max fill(s) per 30 day(s) retail
PRETOMANID	2	4 max fill(s) per 30 day(s) retail	ONUREG TABS	CO	SP
PRIFTIN	2	4 max fill(s) per 30 day(s) retail	PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	CO	
<i>pyrazinamide</i>	1	4 max fill(s) per 30 day(s) retail	TABLOID	CO	SP
<i>rifabutin</i>	1	4 max fill(s) per 30 day(s) retail	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	2 max fill(s) per 30 day(s) retail
RIFADIN SOLR (<i>Use rifampin</i>)	2	2 max fill(s) per 30 day(s) retail; PA	XATMEP SOLN PO	2	2 max fill(s) per 30 day(s) retail
<i>rifampin CAPS</i>	1	4 max fill(s) per 30 day(s) retail	XELODA (<i>Use capecitabine</i>)	CO	
<i>rifampin SOLR</i>	1	2 max fill(s) per 30 day(s) retail; PA	Antineoplastic - Angiogenesis Inhibitors		
SIRTURO	2	4 max fill(s) per 30 day(s) retail	FRUZAQLA	CO	SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			INLYTA	CO	SP
Alkylating Agents			LENVIMA (10 MG DAILY DOSE)	CO	SP
<i>cyclophosphamide CAPS</i>	1	4 max fill(s) per 30 day(s) retail	LENVIMA (12 MG DAILY DOSE)	CO	SP
CYCLOPHOSPHAMIDE TABS	2	4 max fill(s) per 30 day(s) retail	LENVIMA (14 MG DAILY DOSE)	CO	SP
GLEOSTINE 10 MG, 40 MG, 100 MG	CO	SP	LENVIMA (18 MG DAILY DOSE)	CO	SP
<i>temozolomide CAPS</i>	1	4 max fill(s) per 30 day(s) retail; PA	LENVIMA (20 MG DAILY DOSE)	CO	SP
Antimetabolites			LENVIMA (24 MG DAILY DOSE)	CO	SP
<i>capecitabine</i>	CO		LENVIMA (4 MG DAILY DOSE)	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (8 MG DAILY DOSE)	CO	SP	DAURISMO	CO	SP
Antineoplastic - Anti-HER2 Agents			ERIVEDGE	CO	SP
HERNEXEOS TABS PO 60 MG	CO		ODOMZO	CO	SP
TUKYSA	CO	SP	Antineoplastic - Hormonal and Related Agents		
Antineoplastic - BCL-2 Inhibitors			<i>abiraterone acetate</i>	CO	SP
VENCLEXTA STARTING PACK TBPK	CO	SP	AKEEGA	CO	SP
VENCLEXTA TABS	CO	SP	<i>anastrozole</i>	CO	
Antineoplastic - Cellular Immunotherapy			ARIMIDEX (<i>Use anastrozole</i>)	CO	
ABECMA	CO	SP	AROMASIN (<i>Use exemestane</i>)	CO	
AMTAGVI	CO	SP	<i>bicalutamide</i>	CO	
AUCATZYL	CO	SP	CAMCEVI	2	4 max fill(s) per 30 day(s) retail; SP; PA
BREYANZI	CO	SP	CASODEX (<i>Use bicalutamide</i>)	CO	
CARVYKTI	CO	SP	ELIGARD SC	2	4 max fill(s) per 30 day(s) retail; SP; PA
KYMRIAH	CO	SP	EMCYT	CO	
OMISIRGE	CO	SP	ERLEADA	CO	SP
PROVENGE	CO	SP	EULEXIN	CO	
TECARTUS	CO	SP	<i>exemestane</i>	CO	
TECELRA	CO	SP	FARESTON (<i>Use toremifene citrate</i>)	CO	
YESCARTA	CO	SP	FEMARA (<i>Use letrozole</i>)	CO	
Antineoplastic - EGFR Inhibitors			INLURIYO TABS PO 200 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
<i>erlotinib hcl</i>	CO		<i>letrozole</i>	CO	
EXKIVITY	CO	SP	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	2	4 max fill(s) per 30 day(s) retail; SP; PA
<i>gefitinib</i>	CO	SP	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	4 max fill(s) per 30 day(s) retail; SP; PA
GILOTRIF	CO	SP	LUPRON DEPOT (1-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
IRESSA (<i>Use gefitinib</i>)	CO	SP			
LAZCLUZE	CO	SP			
TAGRISO	CO	SP			
TARCEVA (<i>Use erlotinib hcl</i>)	CO				
VIZIMPRO	CO	SP			
Antineoplastic - Gene Therapy Agents					
ADSTILADRIN	CO	SP			
Antineoplastic - Hedgehog Pathway Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (3-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	AYVAKIT	CO	SP
LUPRON DEPOT (4-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - Protease Activators		
LUPRON DEPOT (6-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	MODEYSO CAPS PO 125 MG	CO	
LUTRATE DEPOT INJ 22.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - XPO1 Inhibitors		
LYSODREN	CO	SP	XPOVIO (100 MG ONCE WEEKLY) 50 MG	CO	SP
<i>megestrol acetate SUSP</i>	1	4 max fill(s) per 30 day(s) retail	XPOVIO (40 MG ONCE WEEKLY)	CO	SP
NILANDRON (<i>Use nilutamide</i>)	CO		XPOVIO (40 MG TWICE WEEKLY) 40 MG	CO	SP
<i>nilutamide</i>	CO		XPOVIO (60 MG ONCE WEEKLY) 60 MG	CO	SP
NUBEQA	CO	SP	XPOVIO (60 MG TWICE WEEKLY)	CO	SP
ORGOVYX	CO	SP	XPOVIO (80 MG ONCE WEEKLY) 40 MG	CO	SP
ORSERDU	CO		XPOVIO (80 MG TWICE WEEKLY)	CO	SP
SOLTAMOX SOLN	CO		Antineoplastic Combinations		
<i>tamoxifen citrate TABS</i>	CO		AVMAPKI FAKZYNJA CO-PACK THPK PO	CO	SP
<i>toremifene citrate</i>	CO		INQOVI	CO	SP
TRELSTAR MIXJECT	2	4 max fill(s) per 30 day(s) retail; SP; PA	KISQALI FEMARA (200 MG DOSE)	CO	SP
XTANDI CAPS	CO	SP	KISQALI FEMARA (400 MG DOSE)	CO	SP
XTANDI TABS	CO	SP	KISQALI FEMARA (600 MG DOSE)	CO	SP
YONSA	CO	SP	LONSURF	CO	SP
ZYTIGA (<i>Use abiraterone acetate</i>)	CO	SP	Antineoplastic Enzyme Inhibitors		
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
WELIREG	CO	SP	AFINITOR TABS (<i>Use everolimus</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
Antineoplastic - Immunomodulators			ALECENSA	CO	SP
POMALYST	CO	SP			
Antineoplastic - Menin Inhibitors					
REVUFORJ	CO	SP			
Antineoplastic - PDGFR-alpha Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS	CO	SP	GOMEKLI CAPS PO 1 MG, 2 MG	CO	SP
ALUNBRIG TBPk	CO	SP	GOMEKLI TBSO PO 1 MG	CO	SP
AUGTYRO 160 MG	CO	SP	IBRANCE CAPS	CO	SP
AUGTYRO 40 MG	CO		IBRANCE TABS	CO	SP
BALVERSA	CO	SP	IBTROZI CAPS PO 200 MG	CO	
BELEODAQ	CO	SP	ICLUSIG	CO	SP
BOSULIF CAPS	CO	SP	IDHIFA	CO	SP
BOSULIF TABS	CO	SP	<i>imatinib mesylate</i> TABS	CO	SP
BRAFTOVI 75 MG	CO	SP	IMBRUVICA CAPS	CO	SP
BRUKINSA PO 160 MG	CO		IMBRUVICA SUSP	CO	SP
BRUKINSA	CO	SP	IMBRUVICA TABS	CO	SP
CABOMETYX TABS	CO	SP	IMKELDI SOLN	CO	SP
CALQUENCE	CO	SP	INREBIC	CO	SP
CAPRELSA	CO	SP	ISTODAX SOLR (<i>Use romidepsin</i>)	CO	SP
COMETRIQ (100 MG DAILY DOSE) KIT	CO	SP	ITOVEBI	CO	SP
COMETRIQ (140 MG DAILY DOSE) KIT	CO	SP	JAKAFI	CO	SP
COMETRIQ (60 MG DAILY DOSE) KIT	CO	SP	JAYPIRCA	CO	
COPIKTRA	CO	SP	KISQALI (200 MG DOSE)	CO	SP
COTELLIC	CO	SP	KISQALI (400 MG DOSE)	CO	SP
DANZITEN	CO	SP	KISQALI (600 MG DOSE)	CO	SP
<i>dasatinib</i>	CO	SP	KOSELUGO PO 5 MG, 7.5 MG	CO	
ENSACOVE CAPS PO 25 MG, 100 MG	CO	SP	KOSELUGO	CO	SP
<i>everolimus</i> TABS	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	KRAZATI	CO	SP
<i>everolimus</i> TBSO	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	<i>lapatinib ditosylate</i>	CO	SP
FOTIVDA	CO	SP	LORBRENA	CO	SP
FYARRO	CO	SP	LUMAKRAS	CO	SP
GAVRETO	CO	SP	LYNPARZA TABS	CO	SP
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	CO	SP	LYTGOBI (12 MG DAILY DOSE)	CO	SP
			LYTGOBI (16 MG DAILY DOSE)	CO	SP
			LYTGOBI (20 MG DAILY DOSE)	CO	SP
			MEKINIST SOLR	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS	CO	SP	SCEMBLIX	CO	SP
MEKTOVI	CO	SP	<i>sorafenib tosylate</i>	CO	SP
NERLYNX	CO	SP	SPRYCEL (<i>Use dasatinib</i>)	CO	SP
NEXAVAR (<i>Use sorafenib tosylate</i>)	CO	SP	STIVARGA	CO	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	CO		<i>sunitinib malate</i>	CO	SP
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	CO	SP	SUTENT (<i>Use sunitinib malate</i>)	CO	SP
NINLARO	CO	SP	TABRECTA	CO	SP
OGSIVEO	CO	SP	TAFINLAR CAPS	CO	SP
OJEMDA SUSR	CO	SP	TAFINLAR TBSO	CO	SP
OJEMDA TABS	CO	SP	TALZENNA	CO	SP
OJJAARA	CO	SP	TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	CO	SP
<i>pazopanib hcl</i>	CO	SP	TAZVERIK	CO	
PAZOPANIB HCL 400 MG	CO		TEPMETKO	CO	SP
PEMAZYRE	CO	SP	TIBSOVO	CO	SP
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	CO	SP	TRUQAP TABS	CO	SP
PIQRAY (200 MG DAILY DOSE)	CO	SP	TRUQAP TBPk	CO	SP
PIQRAY (250 MG DAILY DOSE)	CO	SP	TURALIO 125 MG	CO	SP
PIQRAY (300 MG DAILY DOSE)	CO	SP	TYKERB (<i>Use lapatinib ditosylate</i>)	CO	SP
QINLOCK	CO	SP	VANFLYTA	CO	SP
RETEVMO CAPS	CO	SP	VERZENIO	CO	SP
RETEVMO TABS	CO	SP	VITRAKVI CAPS	CO	SP
REZLIDHIA	CO	SP	VITRAKVI SOLN	CO	SP
ROMIDEPSIN SOLN	CO	SP	VONJO	CO	SP
<i>romidepsin SOLR</i>	CO	SP	VORANIGO	CO	SP
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	CO	SP	VOTRIENT (<i>Use pazopanib hcl</i>)	CO	SP
ROZLYTREK CAPS	CO	SP	XALKORI CAPS	CO	SP
ROZLYTREK PACK	CO	SP	XALKORI CPSP	CO	SP
RUBRACA	CO	SP	XOSPATA	CO	SP
RYDAPT	CO	SP	ZEJULA CAPS	CO	SP
			ZEJULA TABS	CO	SP
			ZELBORAF	CO	SP
			ZOLINZA	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ZYDELIG	CO	SP
ZYKADIA TABS	CO	SP
Antineoplastic Radiopharmaceuticals		
LUTATHERA	CO	SP
PLUVICTO	CO	SP
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP
BESREMI	2	SP; PA
<i>bexarotene</i>	CO	SP
HYDREA (<i>Use hydroxyurea</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydroxyurea</i>	1	4 max fill(s) per 30 day(s) retail
MATULANE	4	4 max fill(s) per 30 day(s) retail; PA
TARGRETIN (<i>Use bexarotene</i>)	CO	SP
<i>tretinoin (chemotherapy)</i>	CO	SP
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	CO	SP
<i>leucovorin calcium TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>mesna TABS</i>	1	4 max fill(s) per 30 day(s) retail
MESNEX TABS	4	4 max fill(s) per 30 day(s) retail; PA
Mitotic Inhibitors		
<i>etoposide CAPS</i>	CO	
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	CO	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa</i>	1	2 max fill(s) per 30 day(s) retail; MP
NOURIANZ	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>benztropine mesylate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>trihexyphenidyl hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>trihexyphenidyl hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>Use entacapone</i>)	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>entacapone</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ONGENTYS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>tolcapone</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amantadine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amantadine hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APOKYN SOCT	4	2 max fill(s) per 30 day(s) retail; MP; PA	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 4.5 MG (Use pramipexole dihydrochloride)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
apomorphine hydrochloride SOCT	4	2 max fill(s) per 30 day(s) retail; MP	NEUPRO	4	2 max fill(s) per 30 day(s) retail; MP
bromocriptine mesylate CAPS	4	2 max fill(s) per 30 day(s) retail; MP	ONAPGO SOCT 98 MG/20ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
bromocriptine mesylate TABS 2.5 MG	4	2 max fill(s) per 30 day(s) retail; MP	OSMOLEX ER TB24 129 MG, 193 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
carbidopa-levodopa CPCR	4	2 max fill(s) per 30 day(s) retail; MP; PA	PARLODEL CAPS (Use bromocriptine mesylate)	9	2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa-entacapone	4	2 max fill(s) per 30 day(s) retail; MP; PA	PARLODEL TABS (Use bromocriptine mesylate)	9	2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa TABS	1	2 max fill(s) per 30 day(s) retail; MP	pramipexole dihydrochloride TABS	1	2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa TBCR	1	2 max fill(s) per 30 day(s) retail; MP	pramipexole dihydrochloride TB24	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa TBDP	1	2 max fill(s) per 30 day(s) retail; MP	ropinirole hydrochloride TABS	1	2 max fill(s) per 30 day(s) retail; MP
CREXONT CPCR	4	2 max fill(s) per 30 day(s) retail; MP; PA	ropinirole hydrochloride TB24	1	2 max fill(s) per 30 day(s) retail; MP
DHIVY TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA	RYTARY CPCR	4	2 max fill(s) per 30 day(s) retail; MP; PA
DUOPA SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	4	2 max fill(s) per 30 day(s) retail; MP; PA
GOCOVRI CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA	STALEVO 100 (Use carbidopa-levodopa-entacapone)	9	2 max fill(s) per 30 day(s) retail; MP
INBRIJA CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA	STALEVO 125 (Use carbidopa-levodopa-entacapone)	9	2 max fill(s) per 30 day(s) retail; MP
MIRAPEX ER TB24 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (Use pramipexole dihydrochloride)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	STALEVO 150 (Use carbidopa-levodopa-entacapone)	9	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STALEVO 200 (<i>Use carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>lithium carbonate TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
STALEVO 50 (<i>Use carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP	LITHOBID TBCR (<i>Use lithium carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
STALEVO 75 (<i>Use carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP	Antipsychotics - Misc.		
VYALEV SOLN SC	4	2 max fill(s) per 30 day(s) retail; PA	CAPLYTA	4	2 max fill(s) per 30 day(s) retail; MP
Antiparkinson Monoamine Oxidase Inhibitors			EQUETRO	2	2 max fill(s) per 30 day(s) retail; MP; PA
AZILECT (<i>Use rasagiline mesylate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	GEODON (<i>Use ziprasidone hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>rasagiline mesylate</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	GEODON (<i>Use ziprasidone mesylate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	GEODON (<i>Use ziprasidone mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>selegiline hcl TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	GEODON 40 MG, 60 MG (<i>Use ziprasidone hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
XADAGO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	LATUDA (<i>Use lurasidone hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>lurasidone hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antimanic Agents			NUPLAZID CAPS	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>lithium</i>	1	2 max fill(s) per 30 day(s) retail; MP	NUPLAZID TABS 10 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>lithium carbonate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	VRAYLAR CAPS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lithium carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>ziprasidone hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>ziprasidone mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP
			Benzisoxazoles		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>risperidone TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
FANAPT	4	2 max fill(s) per 30 day(s) retail; MP	<i>risperidone TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
FANAPT TITRATION PACK A	4	2 max fill(s) per 30 day(s) retail; MP; PA	RYKINDO SRER	2	3 max fill(s) per 30 day(s) retail; MP
FANAPT TITRATION PACK B	4	2 max fill(s) per 30 day(s) retail; MP; PA	UZEDY SUSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
FANAPT TITRATION PACK C	4	2 max fill(s) per 30 day(s) retail; MP; PA	Butyrophenones		
INVEGA 3 MG, 6 MG, 9 MG (<i>Use paliperidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	HALDOL DECANOATE (<i>Use haloperidol decanoate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA HAFYERA	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>haloperidol decanoate</i>	1	2 max fill(s) per 30 day(s) retail; MP
INVEGA SUSTENNA	2	2 max fill(s) per 30 day(s) retail; MP	<i>haloperidol lactate CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP
INVEGA TRINZA	2	2 max fill(s) per 30 day(s) retail; MP	<i>haloperidol lactate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>paliperidone</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>haloperidol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PERSERIS PRSY	4	2 max fill(s) per 30 day(s) retail; MP; PA	Dibenzapines		
RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	2	3 max fill(s) per 30 day(s) retail; MP	ADASUVE	4	2 max fill(s) per 30 day(s) retail; MP; PA
RISPERDAL SOLN (<i>Use risperidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>asenapine maleate</i>	4	2 max fill(s) per 30 day(s) retail; MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>clozapine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>risperidone microspheres</i>	1	3 max fill(s) per 30 day(s) retail; MP	<i>clozapine TBDP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>risperidone SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	CLOZARIL TABS (<i>Use clozapine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>loxapine succinate</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine SOLR</i>	1	2 max fill(s) per 30 day(s) retail; MP	ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (<i>Use olanzapine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>olanzapine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ZYPREXA TABS (<i>Use olanzapine</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>olanzapine TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP	Dihydroindolones		
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>molindone hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>quetiapine fumarate TABS 150 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	Muscarinic Agents		
<i>quetiapine fumarate TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP	COBENFY STARTER PACK CPPK	2	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
SAPHRIS 5 MG, 10 MG (<i>Use asenapine maleate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	COBENFY CAPS	2	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
SAPHRIS (<i>Use asenapine maleate</i>)	4	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	Phenothiazines		
SECUADO	4	2 max fill(s) per 30 day(s) retail; MP	<i>chlorpromazine hcl CONC</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>chlorpromazine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
SEROQUEL TABS (<i>Use quetiapine fumarate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>chlorpromazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
VERSACLOZ SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fluphenazine decanoate</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZYPREXA RELPREVV	4	2 max fill(s) per 30 day(s) retail; MP	<i>fluphenazine hcl CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>fluphenazine hcl ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZYPREXA SOLR (<i>Use olanzapine</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>fluphenazine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>fluphenazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ARISTADA INITIO	4	2 max fill(s) per 30 day(s) retail; MP
<i>prochlorperazine</i>	4	2 max fill(s) per 30 day(s) retail; PA	OPIPZA FILM	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	REXULTI	4	2 max fill(s) per 30 day(s) retail; MP
<i>prochlorperazine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail	Thioxanthenes		
<i>thioridazine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>thiothixene</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>trifluoperazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ANTISEPTICS & DISINFECTANTS		
Quinololinone Derivatives			Antiseptics & Disinfectants		
ABILIFY ASIMTUFII PRSY	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>formaldehyde SOLN 10 %</i>	1	QL(90 ML per fill retail)
ABILIFY MAINTENA PRSY	2	2 max fill(s) per 30 day(s) retail; MP	ANTIVIRALS - Drugs to Treat Viral Infections		
ABILIFY MAINTENA SRER	2	2 max fill(s) per 30 day(s) retail; MP	Antiretrovirals		
ABILIFY MYCITE MAINTENANCE KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>abacavir sulfate-lamivudine</i>	CO	
ABILIFY MYCITE STARTER KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>abacavir sulfate SOLN</i>	CO	
ABILIFY TABS (<i>Use aripiprazole</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>abacavir sulfate TABS</i>	CO	
<i>aripiprazole SOLN PO</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	APRETUDE	CO	
<i>aripiprazole TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	APTIVUS CAPS	CO	
<i>aripiprazole TBDP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>atazanavir sulfate CAPS</i>	CO	
ARISTADA	2	2 max fill(s) per 30 day(s) retail; MP	BIKTARVY	CO	
			CABENUVA	CO	
			CIMDUO	CO	
			COMBIVIR (<i>Use lamivudine-zidovudine</i>)	CO	
			COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	CO	
			<i>darunavir TABS</i>	CO	
			DELSTRIGO	CO	
			DESCOVY	CO	
			DOVATO	CO	
			EDURANT	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDURANT PED PO 2.5 MG	CO		KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	CO	
<i>efavirenz CAPS</i>	CO		<i>lamivudine SOLN</i>	CO	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	CO		<i>lamivudine TABS</i>	CO	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	CO		<i>lamivudine-zidovudine</i>	CO	
<i>efavirenz TABS</i>	CO		LEXIVA SUSP	CO	
<i>emtricitabine CAPS</i>	CO		LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	CO	
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	CO		<i>lopinavir-ritonavir SOLN</i>	CO	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	CO		<i>lopinavir-ritonavir TABS</i>	CO	
EMTRIVA CAPS (<i>Use emtricitabine</i>)	CO		<i>maraviroc TABS</i>	CO	
EMTRIVA SOLN	CO		<i>nevirapine SUSP</i>	CO	
EPIVIR SOLN (<i>Use lamivudine</i>)	CO		<i>nevirapine TABS</i>	CO	
EPIVIR TABS (<i>Use lamivudine</i>)	CO		<i>nevirapine TB24 400 MG</i>	CO	
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	CO		NORVIR CAPS	CO	
<i>etravirine</i>	CO		NORVIR PACK	CO	
EVOTAZ	CO		NORVIR TABS (<i>Use ritonavir</i>)	CO	
<i>fosamprenavir calcium TABS</i>	CO		ODEFSEY	CO	
FUZEON SOLR	CO		PIFELTRO	CO	
GENVOYA	CO		PREZCOBIX	CO	
INTELENCE	CO		PREZISTA SUSP	CO	
INTELENCE (<i>Use etravirine</i>)	CO		PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	CO	
ISENTRESS HD TABS	CO		PREZISTA TABS (<i>Use darunavir</i>)	CO	
ISENTRESS CHEW	CO		RETROVIR CAPS (<i>Use zidovudine</i>)	CO	
ISENTRESS PACK	CO		RETROVIR SOLN	CO	
ISENTRESS TABS	CO		RETROVIR SYRP (<i>Use zidovudine</i>)	CO	
JULUCA	CO		REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	CO	
KALETRA SOLN	CO		REYATAZ PACK	CO	
			<i>ritonavir TABS</i>	CO	
			RUKOBIA	CO	
			SELZENTRY SOLN	CO	
			SELZENTRY TABS	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABS (<i>Use maraviroc</i>)	CO		ZIAGEN TABS (<i>Use abacavir sulfate</i>)	CO	
STRIBILD	CO		zidovudine CAPS	CO	
SUNLENCA SOLN	CO		zidovudine SYRP	CO	
SUNLENCA TABS PO 300 MG	CO		zidovudine TABS	CO	
SUNLENCA TBPk 300 MG	CO		Antiviral Combinations		
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	CO		PAXLOVID (150/100)	2	2 max fill(s) per 30 day(s) retail
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	CO		PAXLOVID (300/100 & 150/100)	2	2 max fill(s) per 30 day(s) retail
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	CO		PAXLOVID (300/100)	2	2 max fill(s) per 30 day(s) retail
SYMTUZA	CO		CMV Agents		
<i>tenofovir disoproxil fumarate TABS</i>	CO		cidofovir	1	4 max fill(s) per 30 day(s) retail; PA
TIVICAY PD TBSO	CO		foscarnet sodium 6000 MG/250ML	1	4 max fill(s) per 30 day(s) retail; PA
TIVICAY TABS	CO		GANCICLOVIR SODIUM SOLN	4	4 max fill(s) per 30 day(s) retail; PA
TRIUMEQ PD TBSO	CO		<i>ganciclovir sodium SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA
TRIUMEQ TABS	CO		LIVTENCITY	4	4 max fill(s) per 30 day(s) retail; PA
TRIZIVIR	CO		PREVYMIS PACK	2	4 max fill(s) per 30 day(s) retail; PA
TROGARZO	CO		PREVYMIS SOLN	2	4 max fill(s) per 30 day(s) retail; PA
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	CO		PREVYMIS TABS	2	4 max fill(s) per 30 day(s) retail; PA
TYBOST	CO		VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
VIRACEPT TABS	CO		VALCYTE TABS (<i>Use valganciclovir hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
VIREAD POWD	CO		<i>valganciclovir hcl SOLR</i>	1	4 max fill(s) per 30 day(s) retail
VIREAD TABS	CO				
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	CO				
YEZTUGO SOLN 463.5 MG/1.5ML	CO				
YEZTUGO TABS PO 300 MG	CO				
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	CO				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valganciclovir hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail	LEDIPASVIR-SOFOSBUVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Hepatitis Agents			MAVYRET PACK	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP
<i>adefovir dipivoxil</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	MAVYRET TABS	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP
BARACLUDE SOLN	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA	PEGASYS SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
BARACLUDE TABS (<i>Use entecavir</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	PEGASYS SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>entecavir TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>ribavirin (hepatitis c) CAPS</i>	1	2 max fill(s) per 30 day(s) retail; SP
EPCLUSA PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; SP
EPCLUSA TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SOFOSBUVIR-VELPATASVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
EPCLUSA TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SOVALDI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SOVALDI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VEMLIDY	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VOSEVI	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>lamivudine (hbv) TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	ZEPATIER	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
			Herpes Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	4	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir CAPS</i>	1	2 max fill(s) per 30 day(s) retail	XOFLUZA (40 MG DOSE) 40 MG	4	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA	XOFLUZA (80 MG DOSE) 80 MG	4	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir SUSP</i>	1	2 max fill(s) per 30 day(s) retail	Misc. Antivirals		
<i>acyclovir TABS PO</i>	1	2 max fill(s) per 30 day(s) retail	LAGEVRIO	4	2 max fill(s) per 30 day(s) retail
<i>famciclovir</i>	1	2 max fill(s) per 30 day(s) retail	Respiratory Syncytial Virus (RSV) Agents		
<i>valacyclovir hcl</i>	1	2 max fill(s) per 30 day(s) retail	<i>ribavirin</i>	1	2 max fill(s) per 30 day(s) retail; PA
VALTREX (<i>Use valacyclovir hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	VIRAZOLE (<i>Use ribavirin</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Human Papillomavirus (HPV) Agents			BETA BLOCKERS - Drugs to Treat High Blood Pressure		
PAPZIMEOS SUSP SC	CO	SP	Alpha-Beta Blockers		
Influenza Agents			<i>carvedilol</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>oseltamivir phosphate CAPS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>carvedilol phosphate</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>oseltamivir phosphate SUSR</i>	1	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail	COREG (<i>Use carvedilol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
RAPIVAB	2	2 max fill(s) per 30 day(s) retail; PA	COREG CR (<i>Use carvedilol phosphate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
RELENZA DISKHALER	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>labetalol hcl SOLN</i>	1	PA
<i>rimantadine hydrochloride TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	LABETALOL HCL SOLN	2	PA
TAMIFLU CAPS 45 MG (<i>Use oseltamivir phosphate</i>)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail			
TAMIFLU CAPS 30 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LABETALOL HCL SOSY 10 MG/2ML	2	PA	ESMOLOL HCL SOLN	2	PA
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	KAPSPARGO SPRINKLE CS24	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>labetalol hcl TABS 400 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	LOPRESSOR SOLN PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
Beta Blockers Cardio-Selective			LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>acebutolol hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>metoprolol succinate TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>atenolol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	PA
<i>betaxolol hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>metoprolol tartrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>bisoprolol fumarate</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nebivolol hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>bisoprolol fumarate 2.5 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TENORMIN TABS (<i>Use atenolol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BREVIBLOC IN NACL (<i>Use esmolol hcl-sodium chloride</i>)	NF		TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BREVIBLOC PREMIXED (<i>Use esmolol hcl-sodium chloride</i>)	NF		Beta Blockers Non-Selective		
BREVIBLOC PREMIXED DS (<i>Use esmolol hcl-sodium chloride</i>)	NF		BETAPACE AF (<i>Use sotalol hcl (afib/afll)</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BREVIBLOC SOLN 100 MG/10ML (<i>Use esmolol hcl</i>)	NF	PA	BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BYSTOLIC (<i>Use nebivolol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
BYSTOLIC (<i>Use nebivolol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	HEMANGEOL SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP
<i>esmolol hcl-sodium chloride</i>	1		INDERAL LA CP24 (<i>Use propranolol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>esmolol hcl SOLN 100 MG/10ML</i>	1	PA	INDERAL XL	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INNOPRAN XL	4	2 max fill(s) per 30 day(s) retail; MP; PA	CLEVIPREX 25 MG/50ML, 50 MG/100ML	2	2 max fill(s) per 30 day(s) retail; PA
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>pindolol TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>diltiazem hcl coated beads CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propranolol hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propranolol hcl SOLN IV 1 MG/ML</i>	1	PA	<i>diltiazem hcl extended release beads</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>diltiazem hcl CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propranolol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>diltiazem hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>sotalol hcl (afib/af)</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>diltiazem hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>sotalol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	DILTIAZEM HCL-SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA
SOTYLIZE SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>diltiazem hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>timolol maleate TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP	DILTIAZEM HCL SOLR	1	2 max fill(s) per 30 day(s) retail; PA
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>diltiazem hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Calcium Channel Blockers			<i>diltiazem hcl TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>amlodipine besylate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>felodipine</i>	1	2 max fill(s) per 30 day(s) retail; MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML (<i>Use nicardipine hcl in sodium chloride</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>isradipine CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	4	2 max fill(s) per 30 day(s) retail; PA	KATERZIA	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levamlodipine maleate</i>	4	2 max fill(s) per 30 day(s) retail; MP	PROCARDIA XL TB24 (Use <i>nifedipine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
NICARDIPINE HCL IN NACL SOLN (Use <i>nicardipine hcl in sodium chloride</i>)	2	2 max fill(s) per 30 day(s) retail; PA	SULAR 8.5 MG, 17 MG, 34 MG (Use <i>nisoldipine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nicardipine hcl in sodium chloride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP
<i>nicardipine hcl CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>verapamil hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>nicardipine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
NICARDIPINE HCL SOLN (Use <i>nicardipine hcl</i>)	9	2 max fill(s) per 30 day(s) retail	<i>verapamil hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
NICARDIPINE HCL SOLN (Use <i>nicardipine hcl</i>)	1	2 max fill(s) per 30 day(s) retail; PA	<i>verapamil hcl TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>nifedipine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	VERELAN PM CP24 (Use <i>verapamil hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nifedipine TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP	VERELAN CP24 (Use <i>verapamil hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>nimodipine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nimodipine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	Cardiac Glycosides		
<i>nisoldipine</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>digoxin SOLN IJ 0.25 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
NORLIQVA SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>digoxin SOLN PO 0.05 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
NORVASC TABS 5 MG, 10 MG (Use <i>amlodipine besylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	2 max fill(s) per 30 day(s) retail; MP
NORVASC TABS (Use <i>amlodipine besylate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LANOXIN PEDIATRIC SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
NYMALIZE SOLN 6 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP	LANOXIN SOLN IJ (Use <i>digoxin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
			Inotropes		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use <i>sacubitril-valsartan</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DOBUTAMINE-DEXTROSE	2	PA	<i>isosorbide dinitrate-hydralazine hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>dopamine hcl 40 MG/ML</i>	1	PA	OPSYNVI 20 MG-10 MG	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA
DOPAMINE HCL (Use <i>dopamine hcl</i>)	NF	PA	OPSYNVI 40 MG-10 MG	4	2 max fill(s) per 30 day(s) retail; PA
DOPAMINE-DEXTROSE	2	PA	<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>milrinone lactate</i>	1	2 max fill(s) per 30 day(s) retail; PA	Cardiovascular Anti-inflammatory/Immune Modulators		
<i>milrinone lactate in dextrose</i>	1	2 max fill(s) per 30 day(s) retail; PA	LODOCO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
Cardiac Myosin Inhibitors			INPEFA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
CAMZYOS	2	4 max fill(s) per 30 day(s) retail; PA	Impotence Agents		
Cardiovascular Agents Misc. - Combinations			CIALIS 2.5 MG (Use <i>tadalafil</i>)	9	
<i>amlodipine besylate-atorvastatin calcium</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CIALIS 5 MG (Use <i>tadalafil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BIDIL (Use <i>isosorbide dinitrate-hydralazine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>tadalafil 5 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
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 (Use <i>amlodipine besylate-atorvastatin calcium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Prostaglandin Vasodilators		
CADUET 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 (Use <i>amlodipine besylate-atorvastatin calcium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ORENITRAM TBCR	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
ENTRESTO CPSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	TYVASO DPI INSTITUTIONAL KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>bosentan TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO DPI TITRATION KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>bosentan TBSO 32 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO REFILL KIT SOLN IN	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA	LETAIRIS (<i>Use ambrisentan</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO STARTER KIT SOLN IN	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA	OPSUMIT	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO SOLN IN	2	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	TRACLEER TABS (<i>Use bosentan</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
VENTAVIS IN 20 MCG/ML	2	QL(2.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	TRACLEER TBSO 32 MG (<i>Use bosentan</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
VENTAVIS IN 10 MCG/ML	2	QL(4.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA	ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor			LIQREV SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
WINREVAIR	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA	REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	9	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP
Pulmonary Hypertension - Endothelin Receptor Antagonists			REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>ambrisentan</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ivabradine hcl TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Transthyretin Stabilizers		
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ATTRUBY	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
TADLIQ SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	VYNDAMAX	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist			VYNDAQEL	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
UPTRAVI TITRATION TBPk	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA	Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
UPTRAVI SOLR	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	VERQUVO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
UPTRAVI TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			Cephalosporins - 1st Generation		
ADEMPAS	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>cefadroxil CAPS</i>	1	4 max fill(s) per 30 day(s) retail
Sinus Node Inhibitors			<i>cefadroxil SUSR</i>	1	4 max fill(s) per 30 day(s) retail
CORLANOR SOLN	2	QL(15 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>cefadroxil TABS</i>	1	4 max fill(s) per 30 day(s) retail
CORLANOR TABS (<i>Use ivabradine hcl</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML	2	4 max fill(s) per 30 day(s) retail; PA
			CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML	1	4 max fill(s) per 30 day(s) retail; PA
			CEFAZOLIN SODIUM-DEXTROSE SOLR	1	4 max fill(s) per 30 day(s) retail; PA
			CEFAZOLIN SODIUM-DEXTROSE SOLR	2	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin sodium SOLR IJ 2 GM</i>	2	4 max fill(s) per 30 day(s) retail; PA	<i>cefixime CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>cefixime SUSR</i>	1	4 max fill(s) per 30 day(s) retail
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	2	4 max fill(s) per 30 day(s) retail; PA	<i>cefpodoxime proxetil SUSR</i>	1	4 max fill(s) per 30 day(s) retail
<i>cephalexin CAPS</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefpodoxime proxetil SUSR</i>	2	4 max fill(s) per 30 day(s) retail
<i>cephalexin SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefpodoxime proxetil TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>cephalexin TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>ceftazidime IJ 1 GM, 6 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - 2nd Generation			<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA
CEFACTOR ER TB12	4	4 max fill(s) per 30 day(s) retail; PA	<i>ceftriaxone sodium in dextrose</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>cefaclor CAPS</i>	1	4 max fill(s) per 30 day(s) retail	CEFTRIAZONE SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA
CEFOTAN IJ (<i>Use cefotetan disodium</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Cephalosporins - 4th Generation		
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA	CEFEPIME HCL SOLN	1	4 max fill(s) per 30 day(s) retail; PA
<i>cefoxitin sodium IV</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>cefepime hcl SOLR IJ 1 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
CEFOXITIN SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA	CEFEPIME-DEXTROSE	2	4 max fill(s) per 30 day(s) retail; PA
<i>cefprozil SUSR</i>	1	4 max fill(s) per 30 day(s) retail	Cephalosporins - Siderophores		
<i>cefprozil TABS</i>	1	4 max fill(s) per 30 day(s) retail	FETROJA	2	PA
<i>cefuroxime axetil TABS</i>	1	4 max fill(s) per 30 day(s) retail	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefuroxime sodium IJ 750 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	Combination Contraceptives - Oral		
Cephalosporins - 3rd Generation			AVERI TABS PO	2	2 max fill(s) per 30 day(s) retail; MP
<i>cefdinir CAPS</i>	1	4 max fill(s) per 30 day(s) retail	BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>cefdinir SUSR</i>	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	2	2 max fill(s) per 30 day(s) retail; MP	NATAZIA	2	2 max fill(s) per 30 day(s) retail; MP
desogestrel & ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP	NEXTSTELLIS	2	2 max fill(s) per 30 day(s) retail; MP
desogestrel-ethinyl estradiol (biphasic)	1	2 max fill(s) per 30 day(s) retail; MP	norethin acet & estrad-fe CAPS	1	2 max fill(s) per 30 day(s) retail; MP
desogestrel-ethinyl estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP	norethin acet & estrad-fe CHEW	1	2 max fill(s) per 30 day(s) retail; MP
drospirenone-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	2	2 max fill(s) per 30 day(s) retail; MP
drospirenone-ethinyl estradiol-levomefolate calcium	1	2 max fill(s) per 30 day(s) retail; MP	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	2 max fill(s) per 30 day(s) retail; MP
ethynodiol diacet & eth estrad	1	2 max fill(s) per 30 day(s) retail; MP	norethindrone & eth estradiol	1	2 max fill(s) per 30 day(s) retail; MP
FEMLYV TBDP	2	2 max fill(s) per 30 day(s) retail; MP	norethindrone & ethinyl estradiol-fe	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel & eth estradiol TABS	1	2 max fill(s) per 30 day(s) retail; MP	norethindrone acet & eth estra TABS	2	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-eth estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP	norethindrone acet & eth estra TABS	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1	2 max fill(s) per 30 day(s) retail; MP	norethindrone acetate-ethinyl estradiol-fe	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-ethinyl estradiol (continuous)	1	2 max fill(s) per 30 day(s) retail; MP	norethindrone-eth estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-ethinyl estradiol-iron	1	2 max fill(s) per 30 day(s) retail; MP	norgestimate-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
LO LOESTRIN FE TABS	2	2 max fill(s) per 30 day(s) retail; MP	norgestimate-ethinyl estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	9	2 max fill(s) per 30 day(s) retail; MP	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	2 max fill(s) per 30 day(s) retail; MP	PLAN B ONE-STEP (<i>Use levonorgestrel (emergency oc)</i>)	2	4 max fill(s) per 30 day(s) retail
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	2	2 max fill(s) per 30 day(s) retail; MP	Progestin Contraceptives - Implants		
TYBLUME CHEW	2	2 max fill(s) per 30 day(s) retail; MP	NEXPLANON	2	2 max fill(s) per 30 day(s) retail; SP
YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	Progestin Contraceptives - Injectable		
YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	DEPO-PROVERA SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Transdermal			DEPO-PROVERA SUSY IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>norelgestromin-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	DEPO-SUBQ PROVERA 104 SUSY SC	2	2 max fill(s) per 30 day(s) retail; MP
TWIRLA	2	2 max fill(s) per 30 day(s) retail; MP	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Vaginal			<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
ANNOVERA	2	2 max fill(s) per 30 day(s) retail; MP	Progestin Contraceptives - IUD		
<i>etonogestrel-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	KYLEENA	2	2 max fill(s) per 30 day(s) retail; SP
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	LILETTA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	9	2 max fill(s) per 30 day(s) retail; MP	MIRENA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
Copper Contraceptives - IUD			SKYLA	2	2 max fill(s) per 30 day(s) retail; SP
PARAGARD INTRAUTERINE COPPER	2	2 max fill(s) per 30 day(s) retail; SP	Progestin Contraceptives - Oral		
Emergency Contraceptives			<i>norethindrone (contraceptive)</i>	1	2 max fill(s) per 30 day(s) retail; MP
ELLA	2	4 max fill(s) per 30 day(s) retail	OPILL	2	2 max fill(s) per 30 day(s) retail; MP
<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SLYND	2	2 max fill(s) per 30 day(s) retail; MP	DEXAMETHASONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>dexamethasone sodium phosphate SOLN IJ</i>	1	4 max fill(s) per 30 day(s) retail; PA
Glucocorticosteroids			<i>dexamethasone sodium phosphate SOSY IJ</i>	1	4 max fill(s) per 30 day(s) retail; PA
AGAMREE	4	2 max fill(s) per 30 day(s) retail; PA	<i>dexamethasone ELIX</i>	1	4 max fill(s) per 30 day(s) retail
ALKINDI SPRINKLE CPSP	4	4 max fill(s) per 30 day(s) retail; PA	<i>dexamethasone SOLN</i>	1	4 max fill(s) per 30 day(s) retail
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	2	PA	<i>dexamethasone TABS</i>	1	4 max fill(s) per 30 day(s) retail
BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML	2	PA	<i>dexamethasone TBPk</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA	EMFLAZA SUSP (<i>Use deflazacort</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>budesonide CPEP</i>	1	4 max fill(s) per 30 day(s) retail	EMFLAZA TABS (<i>Use deflazacort</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>budesonide TB24</i>	1	4 max fill(s) per 30 day(s) retail	EOHILIA SUSP	2	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; PA
CELESTONE SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	PA	HEMADY TABS	4	4 max fill(s) per 30 day(s) retail; PA
CORTEF TABS (<i>Use hydrocortisone</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone sod succinate 100 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA
CORTISONE ACETATE TABS	1	4 max fill(s) per 30 day(s) retail	<i>hydrocortisone TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>deflazacort SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA	KENALOG-10 SUSP (<i>Use triamcinolone acetonide</i>)	2	4 max fill(s) per 30 day(s) retail; PA
<i>deflazacort TABS</i>	4	2 max fill(s) per 30 day(s) retail; PA	KENALOG-40 SUSP (<i>Use triamcinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP (<i>Use methylprednisolone acetate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	KENALOG-80 SUSP	2	4 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP	2	4 max fill(s) per 30 day(s) retail; PA	KHINDIVI SOLN PO 1 MG/ML	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS (<i>Use methylprednisolone</i>)	4	4 max fill(s) per 30 day(s) retail; PA	RAYOS TBEC	4	4 max fill(s) per 30 day(s) retail; PA
MEDROL TABS	4	4 max fill(s) per 30 day(s) retail; PA	SOLU-CORTEF	2	4 max fill(s) per 30 day(s) retail; PA
MEDROL TBPB (<i>Use methylprednisolone</i>)	4	4 max fill(s) per 30 day(s) retail; PA	SOLU-CORTEF (<i>Use hydrocortisone sod succinate</i>)	2	4 max fill(s) per 30 day(s) retail; PA
<i>methylprednisolone acetate SUSP</i>	1	4 max fill(s) per 30 day(s) retail; PA	SOLU-CORTEF (<i>Use hydrocortisone sod succinate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	SOLU-MEDROL	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylprednisolone TABS</i>	1	4 max fill(s) per 30 day(s) retail	SOLU-MEDROL 2 GM, 500 MG, 1000 MG (<i>Use methylprednisolone sod succ</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylprednisolone TBPB</i>	1	4 max fill(s) per 30 day(s) retail	SOLU-MEDROL (PF)	4	4 max fill(s) per 30 day(s) retail; PA
ORAPRED ODT TBPB (<i>Use prednisolone sodium phosphate</i>)	9	4 max fill(s) per 30 day(s) retail	TARPEYO CPDR	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide SUSP</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1	4 max fill(s) per 30 day(s) retail	ZILRETTA SRER	4	4 max fill(s) per 30 day(s) retail; PA
PREDNISOLONE SODIUM PHOSPHATE TBPB 10 MG, 15 MG, 30 MG	1	4 max fill(s) per 30 day(s) retail	Mineralocorticoids		
<i>prednisolone SOLN</i>	1	4 max fill(s) per 30 day(s) retail	<i>fludrocortisone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>prednisolone TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA	COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
PREDNISONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail	Antitussives		
<i>prednisone SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	9	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
<i>prednisone TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>dextromethorphan hbr CAPS</i>	1	2 max fill(s) per 30 day(s) retail
<i>prednisone TBPB</i>	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan hbr LIQD 15 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail	<i>guaifenesin TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>dextromethorphan polistirex SUER</i>	2	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail	<i>guaifenesin TB12 1200 MG</i>	2	2 max fill(s) per 30 day(s) retail
<i>dextromethorphan polistirex SUER</i>	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail	<i>guaifenesin TB12</i>	1	2 max fill(s) per 30 day(s) retail
TRIAMINIC LONG ACTING COUGH LIQD (Use <i>dextromethorphan hbr</i>)	NF		MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	9	2 max fill(s) per 30 day(s) retail
Cough/Cold/Allergy Combinations			Misc. Respiratory Inhalants		
<i>cetirizine-pseudoephedrine</i>	1	2 max fill(s) per 30 day(s) retail	HYPERSAL NEBU	4	2 max fill(s) per 30 day(s) retail; MP; PA
CLARINEX-D 12 HOUR TB12	4	2 max fill(s) per 30 day(s) retail	HYPERSAL NEBU (Use <i>sodium chloride (inhalant)</i>)	NF	
CLARITIN-D 12 HOUR TB12 (Use <i>loratadine & pseudoephedrine</i>)	9	2 max fill(s) per 30 day(s) retail	NEBUSAL NEBU	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML</i>	1	1 max fill(s) per 30 day(s) retail	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	1 max fill(s) per 30 day(s) retail	Mucolytics		
<i>loratadine & pseudoephedrine TB12</i>	1	2 max fill(s) per 30 day(s) retail	<i>acetylcysteine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>loratadine & pseudoephedrine TB24</i>	1	2 max fill(s) per 30 day(s) retail	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Expectorants			Acne Products		
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	1	2 max fill(s) per 30 day(s) retail	ABSORICA (Use <i>isotretinoin</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML</i>	2	2 max fill(s) per 30 day(s) retail	ABSORICA LD	4	2 max fill(s) per 30 day(s) retail; PA
			ACZONE 7.5 % (Use <i>dapsone (topical)</i>)	9	4 max fill(s) per 30 day(s) retail
			<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
			<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene CREA</i>	1	4 max fill(s) per 30 day(s) retail	<i>clindamycin phosphate-tretinoin</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>adapalene GEL</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC	<i>dapsone (topical) 7.5 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
AKLIEF	4	4 max fill(s) per 30 day(s) retail	<i>dapsone (topical) 5 %</i>	4	4 max fill(s) per 30 day(s) retail
AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	4	4 max fill(s) per 30 day(s) retail; PA	DIFFERIN CREA (<i>Use adapalene</i>)	2	4 max fill(s) per 30 day(s) retail
AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	9	4 max fill(s) per 30 day(s) retail	DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	9	4 max fill(s) per 30 day(s) retail; RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1	4 max fill(s) per 30 day(s) retail	DIFFERIN GEL (<i>Use adapalene</i>)	2	4 max fill(s) per 30 day(s) retail; RX/OTC
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	DIFFERIN LOTN	2	4 max fill(s) per 30 day(s) retail
<i>clindamycin phosphate (topical) FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA	EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>clindamycin phosphate (topical) GEL</i>	1	4 max fill(s) per 30 day(s) retail	EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>clindamycin phosphate (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail	EPSOLAY CREA	4	2 max fill(s) per 30 day(s) retail; PA
<i>clindamycin phosphate (topical) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	<i>erythromycin (acne aid) GEL</i>	4	4 max fill(s) per 30 day(s) retail
<i>clindamycin phosphate (topical) SWAB</i>	1	4 max fill(s) per 30 day(s) retail	<i>erythromycin (acne aid) PADS</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>clindamycin phosphate (topical) SWAB</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>erythromycin (acne aid) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	4 max fill(s) per 30 day(s) retail	FABIOR FOAM	4	4 max fill(s) per 30 day(s) retail; PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>isotretinoin</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	PLEXION CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	9	4 max fill(s) per 30 day(s) retail
<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	4 max fill(s) per 30 day(s) retail	PLEXION CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PLEXION LOTN (Use sulfacetamide sodium w/ sulfur)	9	4 max fill(s) per 30 day(s) retail	<i>tretinoin GEL 0.05 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium (acne)</i>	4	4 max fill(s) per 30 day(s) retail	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	4	4 max fill(s) per 30 day(s) retail	TWYNEO	4	4 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	4	4 max fill(s) per 30 day(s) retail	WINLEVI	4	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA	ZMA CLEAR SUSP	4	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %</i>	1	4 max fill(s) per 30 day(s) retail	Agents for External Genital and Perianal Warts		
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	VEREGEN	4	2 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	4	4 max fill(s) per 30 day(s) retail	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>bacitracin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	4	4 max fill(s) per 30 day(s) retail	<i>bacitracin zinc OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur SUSP</i>	4	4 max fill(s) per 30 day(s) retail	<i>bacitracin-polymyxin b OINT</i>	2	4 max fill(s) per 30 day(s) retail
SULFACETAMIDE SODIUM-SULFUR SUSP	4	4 max fill(s) per 30 day(s) retail	<i>bacitracin-polymyxin b OINT</i>	1	4 max fill(s) per 30 day(s) retail
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	4	4 max fill(s) per 30 day(s) retail; PA	CENTANY AT KIT	4	4 max fill(s) per 30 day(s) retail; PA
SUMAXIN PADS	4	4 max fill(s) per 30 day(s) retail; PA	<i>gentamicin sulfate (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail
TAZAROTENE FOAM	4	4 max fill(s) per 30 day(s) retail	<i>gentamicin sulfate (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>tretinoin microsphere</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>mupirocin calcium (topical)</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	4 max fill(s) per 30 day(s) retail	<i>mupirocin OINT</i>	1	4 max fill(s) per 30 day(s) retail
			NEO-SYNALAR	4	4 max fill(s) per 30 day(s) retail
			NEO-SYNALAR	4	4 max fill(s) per 30 day(s) retail
			POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use <i>bacitracin-polymyxin b</i>)	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XEPI	4	4 max fill(s) per 30 day(s) retail	KETODAN	4	4 max fill(s) per 30 day(s) retail; PA
Antifungals - Topical			LOTIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	9	4 max fill(s) per 30 day(s) retail; RX/OTC
ciclopirox olamine CREA	1	4 max fill(s) per 30 day(s) retail	MICATIN CREA (Use miconazole nitrate (topical))	9	4 max fill(s) per 30 day(s) retail
ciclopirox olamine SUSP	1	4 max fill(s) per 30 day(s) retail	miconazole nitrate (topical) CREA	1	4 max fill(s) per 30 day(s) retail
ciclopirox GEL	4	4 max fill(s) per 30 day(s) retail	miconazole-zinc oxide-white petrolatum	4	4 max fill(s) per 30 day(s) retail; PA
ciclopirox KIT	4	4 max fill(s) per 30 day(s) retail; PA	naftifine hcl CREA	4	4 max fill(s) per 30 day(s) retail
ciclopirox SHAM	1	4 max fill(s) per 30 day(s) retail	naftifine hcl GEL 2 %	4	4 max fill(s) per 30 day(s) retail
ciclopirox SOLN	4	4 max fill(s) per 30 day(s) retail; PA	NAFTIN GEL 2 % (Use naftifine hcl)	4	4 max fill(s) per 30 day(s) retail; PA
clotrimazole (topical) CREA	1	4 max fill(s) per 30 day(s) retail; RX/OTC	nystatin (topical) CREA	1	4 max fill(s) per 30 day(s) retail
clotrimazole (topical) SOLN	1	4 max fill(s) per 30 day(s) retail; RX/OTC	nystatin (topical) OINT	1	4 max fill(s) per 30 day(s) retail
clotrimazole w/ betamethasone CREA	1	4 max fill(s) per 30 day(s) retail	nystatin (topical) POWD EX	1	4 max fill(s) per 30 day(s) retail
clotrimazole w/ betamethasone LOTN	4	4 max fill(s) per 30 day(s) retail; PA	nystatin (topical) POWD EX	4	4 max fill(s) per 30 day(s) retail; PA
econazole nitrate CREA	4	4 max fill(s) per 30 day(s) retail	nystatin-triamcinolone CREA	1	4 max fill(s) per 30 day(s) retail
ECONAZOLE NITRATE FOAM 1 %	4	4 max fill(s) per 30 day(s) retail	nystatin-triamcinolone OINT	1	4 max fill(s) per 30 day(s) retail
ECOZA FOAM	8	4 max fill(s) per 30 day(s) retail; PA	oxiconazole nitrate CREA	4	4 max fill(s) per 30 day(s) retail
ERTACZO	4	4 max fill(s) per 30 day(s) retail; PA	OXISTAT CREA (Use oxiconazole nitrate)	9	4 max fill(s) per 30 day(s) retail
KERYDIN (Use tavaborole)	9	4 max fill(s) per 30 day(s) retail	OXISTAT LOTN	4	4 max fill(s) per 30 day(s) retail; PA
ketoconazole (topical) CREA	1	4 max fill(s) per 30 day(s) retail	tavaborole	4	4 max fill(s) per 30 day(s) retail; PA
ketoconazole (topical) FOAM	4	4 max fill(s) per 30 day(s) retail; PA	TINACTIN CREA (Use tolnaftate)	9	4 max fill(s) per 30 day(s) retail
ketoconazole (topical) SHAM 2 %	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits
<i>tolnaftate CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>VUSION (Use miconazole-zinc oxide-white petrolatum)</i>	4	4 max fill(s) per 30 day(s) retail; PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac sodium (topical) GEL EX</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>diclofenac sodium (topical) GEL EX</i>	8	RX/OTC
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac sodium-capsaicin (topical)</i>	4	2 max fill(s) per 30 day(s) retail; PA
DICLOGEN	4	2 max fill(s) per 30 day(s) retail; PA
LEXITRAL PHARMAPAK II <i>(Use diclofenac sodium-capsaicin (topical))</i>	9	2 max fill(s) per 30 day(s) retail
LIXOFEN KIT	4	2 max fill(s) per 30 day(s) retail; PA
PENNSAID SOLN EX 2 % <i>(Use diclofenac sodium (topical))</i>	4	2 max fill(s) per 30 day(s) retail; PA
VOLTAREN ARTHRITIS PAIN GEL EX <i>(Use diclofenac sodium (topical))</i>	8	RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX <i>(Use diclofenac sodium (topical))</i>	9	2 max fill(s) per 30 day(s) retail; RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
AMELUZ GEL	2	2 max fill(s) per 30 day(s) retail; PA
<i>bexarotene (topical)</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>fluorouracil (topical) CREA 5 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>fluorouracil (topical) CREA 0.5 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>fluorouracil (topical) SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
LEVULAN KERASTICK SOLR	2	2 max fill(s) per 30 day(s) retail; PA
TOLAK CREA	2	2 max fill(s) per 30 day(s) retail; PA
VALCHLOR	2	2 max fill(s) per 30 day(s) retail; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	4	2 max fill(s) per 30 day(s) retail; PA
PRUDOXIN <i>(Use doxepin hcl (antipruritic))</i>	4	2 max fill(s) per 30 day(s) retail; PA
ZONALON <i>(Use doxepin hcl (antipruritic))</i>	4	2 max fill(s) per 30 day(s) retail; PA
Antipsoriatics		
<i>acitretin</i>	1	2 max fill(s) per 30 day(s) retail
BIMZELX SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
BIMZELX SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>calcipotriene CREA</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIPOTRIENE FOAM	4	4 max fill(s) per 30 day(s) retail; PA	SELARSDI SOLN SC 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>calcipotriene OINT</i>	1	4 max fill(s) per 30 day(s) retail	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>calcipotriene SOLN</i>	1	4 max fill(s) per 30 day(s) retail	SKYRIZI PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>calcitriol (topical)</i>	4	4 max fill(s) per 30 day(s) retail	SKYRIZI SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX (300 MG DOSE) SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	SORILUX FOAM	4	4 max fill(s) per 30 day(s) retail; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	SOTYKTU	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	SPEVIGO SOLN	4	2 max fill(s) per 30 day(s) retail; PA
COSENTYX UNOREADY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	SPEVIGO SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	STELARA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ILUMYA	4	2 max fill(s) per 30 day(s) retail; SP; PA	STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	TALTZ SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>methoxsalen rapid</i>	1	2 max fill(s) per 30 day(s) retail	TALTZ SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
OTULFI SOLN SC 45 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>tazarotene CREA</i>	4	4 max fill(s) per 30 day(s) retail
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>tazarotene GEL</i>	4	4 max fill(s) per 30 day(s) retail
PYZCHIVA SC 45 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB-TTWE	4	2 max fill(s) per 30 day(s) retail; SP; PA
VECTICAL (<i>Use calcitriol (topical)</i>)	4	4 max fill(s) per 30 day(s) retail; PA
VTAMA	4	4 max fill(s) per 30 day(s) retail
YESINTEK SOLN 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
YESINTEK SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
Antiseborrheic Products		
OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>selenium sulfide</i> LOTN 2.5 %	1	2 max fill(s) per 30 day(s) retail
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	9	
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	9	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	9	
<i>sulfacetamide sodium</i> GEL	4	2 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium</i> GEL	8	2 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium</i> LIQD	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium</i> LIQD	1	2 max fill(s) per 30 day(s) retail
Antivirals - Topical		
<i>acyclovir topical</i> CREA	4	2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir topical</i> OINT	4	2 max fill(s) per 30 day(s) retail; PA
DENAVIR (<i>Use penciclovir</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>penciclovir</i>	4	2 max fill(s) per 30 day(s) retail; PA
ZELSUVMI GEL EX 10.3 %	2	2 max fill(s) per 30 day(s) retail; PA
Burn Products		
<i>mafenide acetate</i> PACK	1	4 max fill(s) per 30 day(s) retail; PA
SILVADENE (<i>Use silver sulfadiazine</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>silver sulfadiazine</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>silver sulfadiazine</i>	1	4 max fill(s) per 30 day(s) retail
SULFAMYLON CREA	2	4 max fill(s) per 30 day(s) retail; PA
SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>)	9	4 max fill(s) per 30 day(s) retail
Corticosteroids - Topical		
<i>alclometasone dipropionate</i> CREA	4	2 max fill(s) per 30 day(s) retail
<i>alclometasone dipropionate</i> OINT	4	2 max fill(s) per 30 day(s) retail
<i>amcinonide</i> CREA	4	4 max fill(s) per 30 day(s) retail; PA
APEXICON E CREA	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail	<i>clobetasol propionate CREA 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate augmented CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate GEL 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate LIQD</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate augmented LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate augmented OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate OINT 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone valerate CREA</i>	1	4 max fill(s) per 30 day(s) retail	<i>clobetasol propionate SHAM</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone valerate FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate SOLN 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone valerate LOTN</i>	1	4 max fill(s) per 30 day(s) retail	CLOBEX SPRAY LIQD (Use <i>clobetasol propionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone valerate OINT</i>	1	4 max fill(s) per 30 day(s) retail	CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	4 max fill(s) per 30 day(s) retail	CLOBEX SHAM (Use <i>clobetasol propionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>calcipotriene-betamethasone dipropionate SUSP</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>clocortolone pivalate</i>	4	4 max fill(s) per 30 day(s) retail; PA
CAPEX SHAM	4	4 max fill(s) per 30 day(s) retail; PA	CLODAN	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate emollient base 0.05 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	CLODERM (Use <i>clocortolone pivalate</i>)	9	4 max fill(s) per 30 day(s) retail
<i>clobetasol propionate emulsion</i>	4	4 max fill(s) per 30 day(s) retail; PA	DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
			DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desonide CREA</i>	1	2 max fill(s) per 30 day(s) retail	<i>fluocinonide CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>desonide LOTN</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>fluocinonide GEL</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>desonide OINT</i>	1	2 max fill(s) per 30 day(s) retail	<i>fluocinonide OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>desoximetasone CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluocinonide SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>desoximetasone GEL</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>flurandrenolide CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>desoximetasone LIQD</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>flurandrenolide LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>desoximetasone OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluticasone propionate CREA 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>diflorasone diacetate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluticasone propionate LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>diflorasone diacetate OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluticasone propionate OINT</i>	1	4 max fill(s) per 30 day(s) retail
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>halcinonide CREA</i>	4	4 max fill(s) per 30 day(s) retail
ENSTILAR FOAM	4	4 max fill(s) per 30 day(s) retail; PA	<i>halcinonide SOLN 0.1 %</i>	4	4 max fill(s) per 30 day(s) retail
EPIFOAM FOAM	4	2 max fill(s) per 30 day(s) retail; PA	<i>halobetasol propionate CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>fluocinolone acetonide CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>halobetasol propionate FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>fluocinolone acetonide OIL</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>halobetasol propionate OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>fluocinolone acetonide OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	HALOG CREA (<i>Use halcinonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>fluocinolone acetonide SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone (topical) CREA</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>fluocinonide emulsified base</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone (topical) LOTN 2.5 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
			<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) SOLN 2.5 %</i>	4	2 max fill(s) per 30 day(s) retail; PA	SYNALAR (OINTMENT)	4	4 max fill(s) per 30 day(s) retail; PA
HYDROCORTISONE ACETATE CREA	1	2 max fill(s) per 30 day(s) retail	SYNALAR TS	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	9	4 max fill(s) per 30 day(s) retail
<i>hydrocortisone valerate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone valerate OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	TOPICORT CREA (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	9	4 max fill(s) per 30 day(s) retail	TOPICORT GEL (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	TOPICORT OINT (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>mometasone furoate CREA</i>	1	4 max fill(s) per 30 day(s) retail	TOVET	4	4 max fill(s) per 30 day(s) retail; PA
<i>mometasone furoate OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (topical) AERS</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>mometasone furoate SOLN</i>	1	4 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail
PANDEL	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail
SYNALAR (CREAM)	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE LOTN	4	4 max fill(s) per 30 day(s) retail; PA
Eczema Agents		
ADBRY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADBRY SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ANZUPGO CREA EX 20 MG/GM	4	2 max fill(s) per 30 day(s) retail; SP; PA
CIBINQO	4	2 max fill(s) per 30 day(s) retail; SP; PA
DUPIXENT SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
EBGLYSS SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
EBGLYSS SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
OPZELURA	4	2 max fill(s) per 30 day(s) retail; SP; PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Hair Growth Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>finasteride (alopecia)</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LEQSELVI TABS PO 8 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA
LITFULO	4	2 max fill(s) per 30 day(s) retail; PA
PROPECIA (<i>Use finasteride (alopecia)</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Immunomodulating Agents - Systemic		
NEMLUVIO	4	2 max fill(s) per 30 day(s) retail; SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>imiquimod 3.75 %</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Immunosuppressive Agents - Topical		
HYFTOR	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>pimecrolimus</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>tacrolimus (topical) OINT</i>	1	2 max fill(s) per 30 day(s) retail; PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>salicylic acid LIQD 27.5 %</i>	1	2 max fill(s) per 30 day(s) retail; PA
SALICYLIC ACID OINT	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SALYCIM CREA	1	2 max fill(s) per 30 day(s) retail; PA	PLIAGLIS CREA	4	2 max fill(s) per 30 day(s) retail; PA
YCANATH SOLN	2	2 max fill(s) per 30 day(s) retail; PA	QUTENZA	4	2 max fill(s) per 30 day(s) retail; PA
Local Anesthetics - Topical			QUTENZA (2 PATCH)	4	2 max fill(s) per 30 day(s) retail; PA
ALOCANE EMERGENCY BURN MAX STR AERS 4 %	8		QUTENZA (4 PATCH)	4	2 max fill(s) per 30 day(s) retail; PA
ASTERO GEL	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	XYLIDERM	4	2 max fill(s) per 30 day(s) retail; PA
ETHYL CHLORIDE	4	2 max fill(s) per 30 day(s) retail; PA	ZTLIDO PTCH	4	2 max fill(s) per 30 day(s) retail; PA
LDO PLUS GEL	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	Misc. Dermatological Products		
<i>lidocaine hcl CREA 3 %</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	LEVICYN GEL	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
<i>lidocaine hcl GEL 2 %</i>	1	2 max fill(s) per 30 day(s) retail	Misc. Topical		
<i>lidocaine hcl PRSY</i>	4	2 max fill(s) per 30 day(s) retail; PA	QC CALAMINE LOTN	8	
<i>lidocaine hcl PRSY</i>	1	2 max fill(s) per 30 day(s) retail	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>lidocaine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail	EUCRISA	2	2 max fill(s) per 30 day(s) retail
<i>lidocaine OINT 5 %</i>	1	2 max fill(s) per 30 day(s) retail	ZORYVE CREA EX	4	2 max fill(s) per 30 day(s) retail; PA
LIDOCAINE OINT (Use <i>lidocaine</i>)	9		ZORYVE FOAM EX	4	2 max fill(s) per 30 day(s) retail; PA
<i>lidocaine-prilocaine CREA</i>	1	2 max fill(s) per 30 day(s) retail	Protectives Against UV Radiation		
<i>lidocaine-prilocaine KIT</i>	4	2 max fill(s) per 30 day(s) retail	SCENESSE	CO	SP
<i>lidocaine PTCH 5 %</i>	1	2 max fill(s) per 30 day(s) retail	Rosacea Agents		
LIDODERM PTCH (Use <i>lidocaine</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>azelaic acid GEL</i>	1	2 max fill(s) per 30 day(s) retail
LIDOTRAL CREA	4	2 max fill(s) per 30 day(s) retail; PA	<i>brimonidine tartrate (topical)</i>	4	2 max fill(s) per 30 day(s) retail; PA
			<i>doxycycline (rosacea)</i>	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FINACEA FOAM	4	2 max fill(s) per 30 day(s) retail; PA	<i>permethrin AERO</i>	1	2 max fill(s) per 30 day(s) retail
FINACEA GEL (<i>Use azelaic acid</i>)	9	2 max fill(s) per 30 day(s) retail	<i>permethrin CREA</i>	1	2 max fill(s) per 30 day(s) retail
<i>ivermectin (rosacea)</i>	1	2 max fill(s) per 30 day(s) retail	<i>permethrin LIQD EX</i>	1	2 max fill(s) per 30 day(s) retail
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	2 max fill(s) per 30 day(s) retail
METROGEL GEL 1 % (<i>Use metronidazole (topical)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>spinosad</i>	1	2 max fill(s) per 30 day(s) retail
<i>metronidazole (topical) CREA</i>	1	2 max fill(s) per 30 day(s) retail	Wound Care Products		
<i>metronidazole (topical) GEL</i>	1	2 max fill(s) per 30 day(s) retail	FILSUVEZ	CO	2 max fill(s) per 30 day(s) retail; SP
<i>metronidazole (topical) LOTN</i>	1	2 max fill(s) per 30 day(s) retail	VYJUVEK	CO	2 max fill(s) per 30 day(s) retail; SP
MIRVASO (<i>Use brimonidine tartrate (topical)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ZEVASKYN (UP TO 12 SHEETS) SHEE EX	CO	SP
ORACEA (<i>Use doxycycline (rosacea)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	DIAGNOSTIC PRODUCTS		
RHOFADE	4	2 max fill(s) per 30 day(s) retail; PA	Diagnostic Tests		
SOOLANTRA (<i>Use ivermectin (rosacea)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ADVIN COVID-19 ANTIGEN TEST KIT	2	
Scabicides & Pediculicides			BINAXNOW COVID-19 AG HOME TEST KIT	2	
<i>crotamiton LOTN</i>	4	2 max fill(s) per 30 day(s) retail	BINAXNOW COVID-19 ANTIGEN SELF KIT	2	
ELIMITE CREA (<i>Use permethrin</i>)	4	2 max fill(s) per 30 day(s) retail; PA	CARESTART COVID-19 HOME TEST KIT	2	
<i>malathion</i>	4	2 max fill(s) per 30 day(s) retail	CLEARDETECT COVID-19 AG HOME KIT	2	
NATROBA (<i>Use spinosad</i>)	4	2 max fill(s) per 30 day(s) retail; PA	CLINITEST RAPID COVID-19 TEST KIT	2	
NIX LICE KILLING SPRAY LIQD XX	2	2 max fill(s) per 30 day(s) retail	COVID-19 AT HOME ANTIGEN TEST KIT	2	
OVIDE (<i>Use malathion</i>)	4	2 max fill(s) per 30 day(s) retail	COVID-19 AT-HOME TEST KIT	2	
			COVID-19 OTC ANTIGEN 1-PACK KIT	2	
			COVID-19 OTC ANTIGEN 2-PACK KIT	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COVID-19 SPECIMEN COLLECTION	2		PIXEL COVID-19 PCR HOME TEST	2	
COVID-19 TESTING BY PHARMACIST	2		QUICKVUE AT-HOME COVID-19 TEST KIT	2	
CVS COVID-19 AT HOME TEST KIT KIT	2		RELION TRUE METRIX TEST STRIPS STRP	2	MP; RX/OTC
DIATRUST COVID-19 HOME TEST KIT	2		SIMPLICITY COVID-19 AT-HOME	2	
DXTERITY COVID-19 HOME TEST	2		SPEEDY SWAB COVID-19 ANTIGEN KIT	2	
ELLUME COVID-19 HOME TEST KIT	2		TRUE METRIX BLOOD GLUCOSE TEST STRP	4	MP; PA; RX/OTC
EVERLYWELL COVID-19 HOME TEST	2		TRUE METRIX BLOOD GLUCOSE TEST STRP	2	MP; RX/OTC
FASTEP COVID-19 ANTIGEN TEST KIT	2		TRUETRACK TEST STRP	4	MP; PA; RX/OTC
FLOWFLEX COVID-19 AG HOME TEST KIT	2		DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
GENABIO COVID-19 RAPID TEST KIT	2		Nutritional Supplements		
GNP TRUETRACK TEST STRIPS STRP	4	MP; PA; RX/OTC	KATE FARMS STANDARD 1.0 LIQD PO	8	RX/OTC
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	2		DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
IHEALTH COVID-19 RAPID TEST KIT	2		Digestive Enzymes		
INDICAID COVID-19 RAPID TEST KIT	2		CREON CPEP	2	2 max fill(s) per 30 day(s) retail
INTELISWAB COVID-19 RAPID TEST KIT	2		PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT	4	2 max fill(s) per 30 day(s) retail
LUCIRA CHECK IT COVID-19 TEST KIT	2	RX/OTC	PERTZYE CPEP	4	2 max fill(s) per 30 day(s) retail
LUCIRA COVID-19 ALL-IN-ONE KIT	2	RX/OTC	VIOKACE TABS	4	2 max fill(s) per 30 day(s) retail
OHC COVID-19 ANTIGEN SELF TEST KIT	2				
ON/GO COVID-19 ANTIGEN TEST KIT	2				
ON/GO ONE COVID-19 HOME TEST KIT	2				
PILOT COVID-19 AT-HOME TEST KIT	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	2	2 max fill(s) per 30 day(s) retail	<i>spironolactone & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>triamterene & hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide SOLN 0.25 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>acetazolamide sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>bumetanide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>acetazolamide CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP	BUMEX TABS 0.5 MG (Use bumetanide)	9	2 max fill(s) per 30 day(s) retail; MP
<i>acetazolamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>ethacrynate sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>dichlorphenamide</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>ethacrynic acid</i>	4	2 max fill(s) per 30 day(s) retail; MP
KEVEYIS (Use dichlorphenamide)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	FUROSCIX CTKT	4	2 max fill(s) per 30 day(s) retail; PA
<i>methazolamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>furosemide SOLN IJ 10 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
Diuretic Combinations			<i>furosemide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amiloride & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	LASIX TABS (Use furosemide)	4	2 max fill(s) per 30 day(s) retail; MP; PA
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	9	2 max fill(s) per 30 day(s) retail; MP	SODIUM EDECRIN (Use ethacrynate sodium)	9	2 max fill(s) per 30 day(s) retail; MP
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	9	2 max fill(s) per 30 day(s) retail; MP	<i>torseamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
			Potassium Sparing Diuretics		

Drug Name	Drug Tier	Requirements/ Limits
ALDACTONE TABS (<i>Use spironolactone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amiloride hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
CAROSPIR SUSP (<i>Use spironolactone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>spironolactone SUSP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>spironolactone TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>triamterene CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
HEMICLOR 12.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydrochlorothiazide CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
INZIRQO SUSR PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>metolazone</i>	1	2 max fill(s) per 30 day(s) retail; MP
THALITONE	2	2 max fill(s) per 30 day(s) retail; MP

ENDOCRINE AND METABOLIC AGENTS - MISC.
- Drugs to Treat Bone Disease and Regulate

Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 5 MG	CO	QL(12 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ISTURISA 1 MG	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
RECORLEV	CO	2 max fill(s) per 30 day(s) retail; SP
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>alendronate sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
ATELVIA TBEC (<i>Use risedronate sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BILDYOS SOSY SC 60 MG/ML	2	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BILPREVDA SOLN SC 120 MG/1.7ML	2	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BINOSTO TBEF	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOMYNTRA SOLN SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	FORTEO SOPN (<i>Use teriparatide</i>)	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
BOMYNTRA SOSY SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	FOSAMAX PLUS D	4	2 max fill(s) per 30 day(s) retail; MP; PA
BONSITY SOPN 560 MCG/2.24ML	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA	FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>calcitonin (salmon) IJ</i>	1	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ibandronate sodium SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>calcitonin (salmon) NA</i>	1	QL(3.7 ML per 28 day(s) retail; 11 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ibandronate sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
CONEXXENCE SOSY SC 60 MG/ML	4	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	JUBBONTI SOSY SC 60 MG/ML	2	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EVENITY	4	QL(2.34 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; 2 max fill(s) per 30 day(s) mail; SP; PA	MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	4	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
			LOSENVELT SOLN SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
			<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
			PAMIDRONATE DISODIUM SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROLIA SOSY	2	QL(1 ML per 168 day(s) retail; 1 ML per 168 days mail); 2 max fill(s) per 30 day(s) retail; PA	XGEVA SOLN	2	QL(5.1 ML per 28 day(s) retail; 5 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>zoledronic acid CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>risedronate sodium TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>zoledronic acid SOLN 5 MG/100ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>risedronate sodium TBEC</i>	4	2 max fill(s) per 30 day(s) retail; MP	ZOLEDRONIC ACID SOLN	2	2 max fill(s) per 30 day(s) retail; MP; PA
STOBOCLO SOSY SC 60 MG/ML	4	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	Corticotropin		
<i>teriparatide SOPN</i>	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA	ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
TERIPARATIDE SOPN	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA	ACTHAR GEL	2	2 max fill(s) per 30 day(s) retail; SP; PA
TYMLOS	4	QL(1.56 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA	CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
WYOST SOLN SC 120 MG/1.7ML	2	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	CORTROPHIN GEL	2	2 max fill(s) per 30 day(s) retail; SP; PA
			Corticotropin-Releasing Factor (CRF) Receptor Antagonists		
			CRENESSITY CAPS	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
			CRENESSITY SOLN	CO	QL(4 ML daily); 2 max fill(s) per 30 day(s) retail; SP
			GnRH/LHRH Antagonists		
			ORILISSA	2	2 max fill(s) per 30 day(s) retail; SP; PA
			Growth Hormone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOMAVERT	2	2 max fill(s) per 30 day(s) retail; SP; PA	SOGROYA	4	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Releasing Hormones (GHRH)			ZOMACTON SOLR SC	4	2 max fill(s) per 30 day(s) retail; SP; PA
EGRIFTA SV	2	2 max fill(s) per 30 day(s) retail; SP; PA	Hormone Receptor Modulators		
EGRIFTA WR SC 11.6 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA	EVISTA (Use raloxifene hcl)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Growth Hormones			OSPHENA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
GENOTROPIN MINIQUICK PRSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	raloxifene hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
GENOTROPIN CART SC	2	2 max fill(s) per 30 day(s) retail; SP; PA	Insulin-Like Growth Factor Receptor Inhibitors		
HUMATROPE CART IJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	TEPEZZA	CO	2 max fill(s) per 30 day(s) retail; SP
NGENLA	4	2 max fill(s) per 30 day(s) retail; SP; PA	Insulin-Like Growth Factors (Somatomedins)		
NORDITROPIN FLEXPROM	2	2 max fill(s) per 30 day(s) retail; SP; PA	INCRELEX	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
NUTROPIN AQ NUSPIN 20 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA	FENSOLVI (6 MONTH) SC	2	4 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA	LUPRON DEPOT-PED (1-MONTH)	2	2 max fill(s) per 30 day(s) retail; SP; PA
OMNITROPE SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA	LUPRON DEPOT-PED (3-MONTH)	2	2 max fill(s) per 30 day(s) retail; SP; PA
OMNITROPE SOLR SC	4	2 max fill(s) per 30 day(s) retail; SP; PA	LUPRON DEPOT-PED (6-MONTH) IM	2	2 max fill(s) per 30 day(s) retail; SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA	SUPPRELIN LA	2	2 max fill(s) per 30 day(s) retail; SP; PA
SKYTROFA	4	2 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNAREL	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
TRIPTODUR	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>cinacalcet hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Menopausal Symptoms Suppressants			CITRULLINE EASY	CO	
VEOZAH	4	2 max fill(s) per 30 day(s) retail; PA	CRYSVITA	CO	2 max fill(s) per 30 day(s) retail; SP
Metabolic Modifiers			CYSTADANE (<i>Use betaine</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
ALDURAZYME	CO	SP	<i>doxercalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>betaine</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA	ELAPRASE	CO	SP
BRINEURA	CO	2 max fill(s) per 30 day(s) retail; SP	ELFABRIO	CO	2 max fill(s) per 30 day(s) retail; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	FABRAZYME	CO	2 max fill(s) per 30 day(s) retail; SP
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	FORZINITY SOLN SC 280 MG/3.5ML	CO	QL(0.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP
<i>calcitriol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	GALAFOLD	CO	2 max fill(s) per 30 day(s) retail; SP
<i>calcitriol SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>glycerol phenylbutyrate 1.1 GM/ML</i>	CO	2 max fill(s) per 30 day(s) retail; SP
CARBAGLU (<i>Use carglumic acid</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	HARLIKU TABS PO 2 MG	CO	2 max fill(s) per 30 day(s) retail; SP
<i>carglumic acid</i>	CO	2 max fill(s) per 30 day(s) retail; SP	IMCIVREE SOLN SC	CO	2 max fill(s) per 30 day(s) retail; SP
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	KANUMA	CO	SP
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	KEBILIDI	CO	SP
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	9	2 max fill(s) per 30 day(s) retail	KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>Use nitisinone</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
LAMZEDE	CO	SP	ORFADIN CAPS 20 MG (<i>Use nitisinone</i>)	CO	
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	2 max fill(s) per 30 day(s) retail	ORFADIN SUSP	CO	2 max fill(s) per 30 day(s) retail; SP
<i>levocarnitine (metabolic modifiers) TABS</i>	1	2 max fill(s) per 30 day(s) retail	PALYNZIQ 10 MG/0.5ML	CO	QL(3 ML daily); 2 max fill(s) per 30 day(s) retail; SP
LUMIZYME	CO	SP	PALYNZIQ 20 MG/ML	CO	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
MEPSEVII	CO	SP	PALYNZIQ 2.5 MG/0.5ML	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
MYALEPT	CO	2 max fill(s) per 30 day(s) retail; SP	<i>paricalcitol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
NAGLAZYME	CO	SP	PHEBURANE PLLT	CO	2 max fill(s) per 30 day(s) retail; SP
NEXVIAZYME	CO	SP	POMBILITI	CO	SP
<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	CO	2 max fill(s) per 30 day(s) retail; SP	RAVICTI 1.1 GM/ML (<i>Use glycerol phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
<i>nitisinone CAPS 20 MG</i>	CO		RAYALDEE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NITYR TABS	CO	2 max fill(s) per 30 day(s) retail; SP	REVCovi	CO	2 max fill(s) per 30 day(s) retail; SP
NULIBRY	CO	2 max fill(s) per 30 day(s) retail; SP	ROCALtrol CAPS (<i>Use calcitriol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
OLPRUVA (2 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sapropterin dihydrochloride PACK</i>	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (3 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP			
OLPRUVA (4 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP			
OLPRUVA (5 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP			
OLPRUVA (6 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP			
OLPRUVA (6.67 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP			
OPFOLDA	CO	2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits
<i>sapropterin dihydrochloride TABS</i>	CO	2 max fill(s) per 30 day(s) retail; SP
SENSIPAR (Use <i>cinacalcet hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SEPHIENCE PACK PO 250 MG, 1000 MG	CO	2 max fill(s) per 30 day(s) retail; SP
<i>sodium phenylbutyrate POWD</i>	CO	2 max fill(s) per 30 day(s) retail; SP
<i>sodium phenylbutyrate TABS</i>	CO	2 max fill(s) per 30 day(s) retail; SP
STRENSIQ	CO	2 max fill(s) per 30 day(s) retail; SP
TRYNGOLZA	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
VIMIZIM	CO	SP
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	CO	2 max fill(s) per 30 day(s) retail; SP
XENPOZYME	CO	SP
XPHOZAH	2	2 max fill(s) per 30 day(s) retail; SP; PA
YORVIPATH	2	2 max fill(s) per 30 day(s) retail; SP; PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Natriuretic Peptides		
VOXZOGO	CO	2 max fill(s) per 30 day(s) retail; SP
Posterior Pituitary Hormones		

Drug Name	Drug Tier	Requirements/ Limits
DDAVP PF SOLN IJ (Use <i>desmopressin acetate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
DDAVP TABS (Use <i>desmopressin acetate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>desmopressin acetate spray</i>	1	2 max fill(s) per 30 day(s) retail
<i>desmopressin acetate SOLN IJ</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>desmopressin acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail
NOC DURNA SUBL	4	2 max fill(s) per 30 day(s) retail; PA
Progesterone Receptor Antagonists		
MIFEPREX (Use <i>mifepristone</i>)	CO	
<i>mifepristone</i>	CO	
Prolactin Inhibitors		
<i>cabergoline</i>	1	2 max fill(s) per 30 day(s) retail
Somatostatic Agents		
BYNFEZIA PEN SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>lanreotide acetate</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA
LANREOTIDE ACETATE	2	2 max fill(s) per 30 day(s) retail; SP; PA
MYCAPSSA CPDR	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>octreotide acetate KIT</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA
<i>octreotide acetate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate SOSY</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA	<i>tolvaptan TABS 15 MG</i>	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
PALSONIFY TABS PO 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>tolvaptan TABS 30 MG</i>	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>tolvaptan TBPK 15 MG</i>	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
SIGNIFOR	2	2 max fill(s) per 30 day(s) retail; SP; PA	Estrogen Combinations		
SIGNIFOR LAR	2	2 max fill(s) per 30 day(s) retail; SP; PA	ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML	2	2 max fill(s) per 30 day(s) retail; SP; PA	ANGELIQ	2	2 max fill(s) per 30 day(s) retail; MP
SOMATULINE DEPOT 120 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	BIJUVA	4	2 max fill(s) per 30 day(s) retail; MP; PA
Vasopressin Receptor Antagonists			CLIMARA PRO	2	2 max fill(s) per 30 day(s) retail; MP
JYNARQUE TABS 15 MG (<i>Use tolvaptan</i>)	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	COMBIPATCH PTTW	2	2 max fill(s) per 30 day(s) retail; MP
JYNARQUE TABS 30 MG (<i>Use tolvaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	DUAVEE	4	2 max fill(s) per 30 day(s) retail; MP; PA
JYNARQUE TBPK 15 MG (<i>Use tolvaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
SAMSCA TABS 15 MG (<i>Use tolvaptan</i>)	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
SAMSCA TABS 30 MG (<i>Use tolvaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>estradiol & norethindrone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>estradiol & norethindrone acetate TABS 1 MG-0.5 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYFEMBREE	2	2 max fill(s) per 30 day(s) retail; PA	<i>estradiol PTTW</i>	1	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
<i>norethindrone acetate-ethinyl estradiol</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>estradiol PTWK</i>	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
<i>norethindrone acetate-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>estradiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
ORIAHNN	2	2 max fill(s) per 30 day(s) retail; PA	<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
PREMPHASE	2	2 max fill(s) per 30 day(s) retail; MP	EVAMIST SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
PREMPRO	2	2 max fill(s) per 30 day(s) retail; MP	MENEST 2.5 MG	2	2 max fill(s) per 30 day(s) retail; MP
Estrogens			MENOSTAR PTWK	4	2 max fill(s) per 30 day(s) retail; MP; PA
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>Use estradiol</i>)	4	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	MINIVELLE PTTW (<i>Use estradiol</i>)	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
DELESTROGEN (<i>Use estradiol valerate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	PREMARIN SOLR	4	2 max fill(s) per 30 day(s) retail; PA
DEPO-ESTRADIOL	2	2 max fill(s) per 30 day(s) retail	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	2	2 max fill(s) per 30 day(s) retail; MP
DIVIGEL GEL (<i>Use estradiol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA			
ELESTRIN GEL	4	2 max fill(s) per 30 day(s) retail; MP; PA			
ESTRACE TABS (<i>Use estradiol</i>)	9	2 max fill(s) per 30 day(s) retail; MP			
<i>estradiol valerate 10 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA			
<i>estradiol valerate 20 MG/ML, 40 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail			
<i>estradiol GEL</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW (Use estradiol)	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP	<i>prucalopride succinate</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VIVELLE-DOT PTTW (Use estradiol)	9	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP	Antiflatulents		
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			MYLICON INFANTS GAS RELIEF SUSP (Use <i>simethicone</i>)	9	2 max fill(s) per 30 day(s) retail
Fluoroquinolones			PHAZYME MAXIMUM STRENGTH CAPS (Use <i>simethicone</i>)	9	
BAXDELA TABS	4	4 max fill(s) per 30 day(s) retail; PA	PHAZYME ULTRA STRENGTH CAPS (Use <i>simethicone</i>)	9	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	4 max fill(s) per 30 day(s) retail	<i>simethicone CAPS 125 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>ciprofloxacin hcl TABS 100 MG</i>	2	4 max fill(s) per 30 day(s) retail	<i>simethicone CHEW</i>	1	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	4 max fill(s) per 30 day(s) retail	<i>simethicone SUSP 20 MG/0.3ML</i>	1	2 max fill(s) per 30 day(s) retail
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Bile Acid Synthesis Disorder Agents		
<i>levofloxacin SOLN PO</i>	4	4 max fill(s) per 30 day(s) retail	CHOLBAM	CO	
<i>levofloxacin TABS</i>	1	4 max fill(s) per 30 day(s) retail	CTEXLI TABS PO 250 MG	CO	
<i>moxifloxacin hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail	Farnesoid X Receptor (FXR) Agonists		
<i>ofloxacin 300 MG, 400 MG</i>	4	4 max fill(s) per 30 day(s) retail	OCALIVA	CO	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			Gallstone Solubilizing Agents		
5-HT4 Receptor Agonists			<i>chenodiol</i>	CO	
MOTEGRITY (Use <i>prucalopride succinate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RELTONE CAPS	CO	
			URSO 250 TABS (Use <i>ursodiol</i>)	CO	
			URSO FORTE TABS (Use <i>ursodiol</i>)	CO	
			<i>ursodiol CAPS</i>	CO	
			URSODIOL CAPS	CO	
			<i>ursodiol TABS</i>	CO	
			Gastrointestinal Antiallergy Agents		
			<i>cromolyn sodium (mastocytosis)</i>	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	Inflammatory Bowel Agents		
Gastrointestinal Chloride Channel Activators			AVSOLA	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMITIZA (<i>Use lubiprostone</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>lubiprostone</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Gastrointestinal Stimulants			AZULFIDINE TABS (<i>Use sulfasalazine</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
GIMOTI SOLN NA	4	2 max fill(s) per 30 day(s) retail; PA	<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	CANASA SUPP (<i>Use mesalamine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>metoclopramide hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail	CIMZIA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
REGLAN TABS (<i>Use metoclopramide hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	CIMZIA KIT	4	2 max fill(s) per 30 day(s) retail; SP; PA
Hepatotropics			CIMZIA-STARTER PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
REZDIFFRA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	DELZICOL CPDR (<i>Use mesalamine</i>)	9	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Ileal Bile Acid Transporter (IBAT) Inhibitors			DIPENTUM	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
BYLVAY (PELLETS) CPSP	CO	2 max fill(s) per 30 day(s) retail; SP	ENTYVIO PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
BYLVAY CAPS	CO	2 max fill(s) per 30 day(s) retail; SP			
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	CO	2 max fill(s) per 30 day(s) retail; SP			
LIVMARLI	CO	2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA	OMVOH SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
IMULDOSA SOLN IV 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	OMVOH SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
INFLECTRA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA	OMVOH SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
INFLIXIMAB	4	2 max fill(s) per 30 day(s) retail; SP; PA	PENTASA CPCR 250 MG	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LIALDA TBEC (<i>Use mesalamine</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	PENTASA CPCR (<i>Use mesalamine</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine w/ cleanser</i>	4	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	REMICADE	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine CP24</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	RENFLEXIS	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine CPCR</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ROWASA (<i>Use mesalamine w/ cleanser</i>)	4	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine CPDR</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SFROWASA ENEM	4	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine ENEM</i>	4	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SKYRIZI SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine SUPP</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SKYRIZI SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine TBEC 800 MG</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	STARJEMZA SOLN IV 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	STELARA 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
			STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfasalazine TABS</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>alosetron hcl</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	IBSRELA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	LINZESS	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	LOTIRONEX (<i>Use alosetron hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA SOLN IV	4	2 max fill(s) per 30 day(s) retail; SP; PA	VIBERZI	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA SOSY SC	4	2 max fill(s) per 30 day(s) retail; SP; PA	Live Fecal Microbiota		
USTEKINUMAB 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	VOWST	2	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB-TTWE	4	2 max fill(s) per 30 day(s) retail; SP; PA	Peripheral Opioid Receptor Antagonists		
VELSIPITY	4	2 max fill(s) per 30 day(s) retail; PA	MOVANTIK	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZYMFENTRA (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	SYMPROIC	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZYMFENTRA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
ZYMFENTRA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	IQIRVO	CO	
Intestinal Acidifiers			LIVDELZI	CO	
<i>lactulose (encephalopathy)</i>	1	2 max fill(s) per 30 day(s) retail	Phosphate Binder Agents		
<i>lactulose (encephalopathy)</i>	4	2 max fill(s) per 30 day(s) retail; PA	AURYXIA 210 MG (<i>Use ferric citrate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Irritable Bowel Syndrome (IBS) Agents			<i>calcium acetate (phosphate binder) CAPS</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) TABS</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>ferric citrate</i>	4	2 max fill(s) per 30 day(s) retail; PA
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
FOSRENOL PACK	4	2 max fill(s) per 30 day(s) retail; PA
<i>lanthanum carbonate CHEW</i>	4	2 max fill(s) per 30 day(s) retail; PA
RENVELA PACK (<i>Use sevelamer carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
RENVELA TABS (<i>Use sevelamer carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
RENVELA TABS (<i>Use sevelamer carbonate</i>)	9	2 max fill(s) per 30 day(s) retail
<i>sevelamer carbonate PACK</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>sevelamer carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>sevelamer hcl</i>	1	2 max fill(s) per 30 day(s) retail
VELPHORO	4	2 max fill(s) per 30 day(s) retail; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	2 max fill(s) per 30 day(s) retail; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	4 max fill(s) per 30 day(s) retail
Alkalizers		

Drug Name	Drug Tier	Requirements/ Limits
ORACIT	4	4 max fill(s) per 30 day(s) retail; MP; PA
ORAL CITRATE	4	4 max fill(s) per 30 day(s) retail; MP; PA
<i>pot & sod citrates w/citric ac SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>potassium citrate (alkalinizer) TBCR</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>potassium citrate-citric acid SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>sodium citrate & citric acid</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
UROCIT-K 15 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	9	4 max fill(s) per 30 day(s) retail; MP
Cystinosis Agents		
CYSTAGON CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
PROCYSBI CPDR	CO	2 max fill(s) per 30 day(s) retail; SP
PROCYSBI PACK	CO	2 max fill(s) per 30 day(s) retail; SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Hyperoxaluria Agents		
OXLUMO	CO	SP
RIVFLOZA SOLN	CO	QL(0.5 ML per 28 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIVFLOZA SOSY 128 MG/0.8ML	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	JALYN (<i>Use dutasteride-tamsulosin hcl</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RIVFLOZA SOSY 160 MG/ML	CO	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	PROSCAR (<i>Use finasteride</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
IgA Nephropathy (IgAN) Agents			RAPAFLO (<i>Use silodosin</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
FILSPARI	CO		<i>silodosin</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
VANRAFIA TABS PO 0.75 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>tamsulosin hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Interstitial Cystitis Agents			Urinary Analgesics		
ELMIRON CAPS	2	2 max fill(s) per 30 day(s) retail; PA	<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	1	2 max fill(s) per 30 day(s) retail; MP
RIMSO-50	2	2 max fill(s) per 30 day(s) retail; PA	PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Prostatic Hypertrophy Agents			Urinary Stone Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	LITHOSTAT	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AVODART (<i>Use dutasteride</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA EC TBEC 100 MG (<i>Use tiopronin</i>)	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CARDURA XL	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA EC TBEC 300 MG (<i>Use tiopronin</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>dutasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA TABS (<i>Use tiopronin</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>dutasteride-tamsulosin hcl</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>tiopronin</i> TABS	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>finasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tiopronin TBEC 300 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	KRYSTEXXA	CO	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail
<i>tiopronin TBEC 100 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	KRYSTEXXA	CO	QL(2 ML per 28 day(s) retail; 28 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail
GOUT AGENTS - Drugs to Treat Gout					
Gout Agent Combinations					
<i>colchicine w/ probenecid</i>	1	2 max fill(s) per 30 day(s) retail; MP	MITIGARE CAPS (<i>Use colchicine</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Gout Agents			ULORIC (<i>Use febuxostat</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>allopurinol 200 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	Uricosurics		
<i>allopurinol 100 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>probenecid</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>allopurinol sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
ALOPRIM (<i>Use allopurinol sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Aminolevulinate Synthase 1-Directed siRNA		
<i>colchicine CAPS</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	GIVLAARI	CO	SP
<i>colchicine TABS</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Antihemophilic Products		
COLCRYS TABS (<i>Use colchicine</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ADVATE	CO	2 max fill(s) per 30 day(s) retail; SP
<i>febuxostat</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ADYNOVATE	CO	2 max fill(s) per 30 day(s) retail; SP
GLOPERBA SOLN PO	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
			ALHEMO	CO	2 max fill(s) per 30 day(s) retail; SP
			ALPHANATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP	IDELVION	CO	2 max fill(s) per 30 day(s) retail; SP
ALPROLIX	CO	2 max fill(s) per 30 day(s) retail; SP	IXINITY SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP	JIVI	CO	2 max fill(s) per 30 day(s) retail; SP
BENEFIX KIT	CO	2 max fill(s) per 30 day(s) retail; SP	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	SP
BEQVEZ	CO	2 max fill(s) per 30 day(s) retail; SP	KOATE SOLR 500 UNIT, 1000 UNIT	CO	SP
COAGADEX	CO	2 max fill(s) per 30 day(s) retail; SP	KOATE SOLR 250 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
CORIFACT	CO	2 max fill(s) per 30 day(s) retail; SP	KOGENATE FS KIT	CO	2 max fill(s) per 30 day(s) retail; SP
ELOCTATE	CO	2 max fill(s) per 30 day(s) retail; SP	KOVALTRY	CO	2 max fill(s) per 30 day(s) retail; SP
ESPEROCT	CO	2 max fill(s) per 30 day(s) retail; SP	NOVOEIGHT	CO	2 max fill(s) per 30 day(s) retail; SP
FEIBA	CO	2 max fill(s) per 30 day(s) retail; SP	NOVOSEVEN RT	CO	2 max fill(s) per 30 day(s) retail; SP
HEMGENIX	CO	2 max fill(s) per 30 day(s) retail; SP	NUWIQ KIT	CO	2 max fill(s) per 30 day(s) retail; SP
HEMLIBRA	CO	2 max fill(s) per 30 day(s) retail; SP	NUWIQ SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
HEMOFIL M SOLR 500 UNIT, 1000 UNIT	CO	SP	OBIZUR	CO	SP
HEMOFIL M SOLR 250 UNIT, 1700 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP	PROFILNINE	CO	2 max fill(s) per 30 day(s) retail; SP
HUMATE-P SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	QFITLIA SOAJ SC 50 MG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP
HYMPAVZI	CO	2 max fill(s) per 30 day(s) retail; SP	QFITLIA SOLN SC 20 MG/0.2ML	CO	2 max fill(s) per 30 day(s) retail; SP
			REBINYN	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBINATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	EMPAVELI	CO	2 max fill(s) per 30 day(s) retail; SP
RIXUBIS SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	ENJAYMO	CO	2 max fill(s) per 30 day(s) retail; SP
ROCTAVIAN	CO	2 max fill(s) per 30 day(s) retail; SP	EPYSQLI SOLN IV 300 MG/30ML	CO	2 max fill(s) per 30 day(s) retail; SP
SEVENFACT	CO	2 max fill(s) per 30 day(s) retail; SP	FABHALTA	CO	2 max fill(s) per 30 day(s) retail; SP
TRETTEN	CO	2 max fill(s) per 30 day(s) retail; SP	HAEGARDA SOLR SC	CO	2 max fill(s) per 30 day(s) retail; SP
VONVENDI	CO	2 max fill(s) per 30 day(s) retail; SP	PIASKY	CO	2 max fill(s) per 30 day(s) retail; SP
WILATE KIT	CO	2 max fill(s) per 30 day(s) retail; SP	RUCONEST	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA	CO	SP	SOLIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA SOLOFUSE 3000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP	TAVNEOS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XYNTHA SOLOFUSE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	CO	SP	ULTOMIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
Bradykinin B2 Receptor Antagonists			VEOPOZ	CO	2 max fill(s) per 30 day(s) retail; SP
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	CO	SP	VOYDEYA TABS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>icatibant acetate</i> SOSY	CO	SP	VOYDEYA TBPK	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Complement Inhibitors			ZILBRYSQ	CO	2 max fill(s) per 30 day(s) retail; SP
BERINERT KIT	CO	2 max fill(s) per 30 day(s) retail; SP	Hemataologic - Tyrosine Kinase Inhibitors		
BKEMV SOLN IV 300 MG/30ML	CO	2 max fill(s) per 30 day(s) retail; SP			
CINRYZE SOLR IV	CO	QL(160 EA per 28 day(s) retail; 160 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAVALISSE	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	TAKHZYRO SOSY 300 MG/2ML	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
WAYRILZ TABS PO 400 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	Plasma Proteins		
Hematorheologic Agents			RYPLAZIM	CO	SP
<i>pentoxifylline</i>	1	2 max fill(s) per 30 day(s) retail	Platelet Aggregation Inhibitors		
Hemin			AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	4	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PANHEMATIN 350 MG	2	SP; PA	<i>anagrelide hcl</i>	1	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail
Human Protein C			<i>aspirin-dipyridamole</i>	1	2 max fill(s) per 30 day(s) retail
CEPROTIN	2	SP; PA	BRILINTA 60 MG, 90 MG (<i>Use ticagrelor</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Plasma Factor XIIa Inhibitors			CABLIVI	CO	2 max fill(s) per 30 day(s) retail; SP
ANDEMBRY SOAJ SC 200 MG/1.2ML	CO	2 max fill(s) per 30 day(s) retail; SP	<i>cilostazol</i>	1	4 max fill(s) per 30 day(s) retail
Plasma Kallikrein Inhibitors			<i>clopidogrel bisulfate 300 MG</i>	1	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail
EKTERLY TABS PO 300 MG	CO	2 max fill(s) per 30 day(s) retail; SP	<i>clopidogrel bisulfate 75 MG</i>	1	2 max fill(s) per 30 day(s) retail
KALBITOR	CO	2 max fill(s) per 30 day(s) retail; SP	<i>dipyridamole 50 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail
ORLADEYO	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>dipyridamole 25 MG, 75 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
TAKHZYRO SOLN	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP	EFFIENT (<i>Use prasugrel hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
TAKHZYRO SOSY 150 MG/ML	CO	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits
KENGREAL	NP	PA
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>prasugrel hcl</i>	1	2 max fill(s) per 30 day(s) retail
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	CO	2 max fill(s) per 30 day(s) retail; SP
Protamine		
<i>protamine sulfate</i>	1	PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	CO	2 max fill(s) per 30 day(s) retail; SP
PYRUKYND TABS	CO	2 max fill(s) per 30 day(s) retail; SP
Thrombolytic Enzymes		
ACTIVASE IV	2	PA
CATHFLO ACTIVASE IJ	2	PA
TNKASE	2	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	CO	2 max fill(s) per 30 day(s) retail; SP
CEREZYME 400 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ELELYSO	CO	2 max fill(s) per 30 day(s) retail; SP
<i>miglustat</i>	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
VPRIV	CO	2 max fill(s) per 30 day(s) retail; SP
ZAVESCA (<i>Use miglustat</i>)	CO	SP
Agents for Sickle Cell Disease		
ADAKVEO	CO	SP
CASGEVY	CO	SP
DROXIA CAPS	2	4 max fill(s) per 30 day(s) retail; MP
ENDARI (<i>Use glutamine (sickle cell)</i>)	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>glutamine (sickle cell)</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP; PA
LYFGENIA	CO	SP
SIKLOS TABS	2	4 max fill(s) per 30 day(s) retail; MP; PA
XROMI SOLN PO 100 MG/ML	4	4 max fill(s) per 30 day(s) retail; MP; PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydroxocobalamin acetate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
Folic Acid/Folates		
<i>folic acid CAPS 0.8 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>folic acid SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>folic acid TABS 1 MG, 800 MCG</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Hematopoietic Gene Therapy		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYNTEGLO	CO	SP	GRANIX SOLN 300 MCG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
Hematopoietic Growth Factors			GRANIX SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
ALVAIZ 36 MG, 54 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	JESDUVROQ	2	2 max fill(s) per 30 day(s) retail; PA
ALVAIZ 9 MG, 18 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	LEUKINE SOLR IJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ARANESP (ALBUMIN FREE) SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA	MIRCERA	4	2 max fill(s) per 30 day(s) retail; SP; PA
ARANESP (ALBUMIN FREE) SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	MULPLETA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
DOPTELET	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NEULASTA ONPRO SOSY 6 MG/0.6ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
DOPTELET SPRINKLE PO 10 MG	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NEULASTA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine</i> PACK 12.5 MG, 25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NEUPOGEN SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine</i> TABS 50 MG, 75 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NEUPOGEN SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine</i> TABS 12.5 MG, 25 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NIVESTYM SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	NIVESTYM SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
FULPHILA	4	2 max fill(s) per 30 day(s) retail; SP; PA	NPLATE	4	2 max fill(s) per 30 day(s) retail; SP; PA
FYLNETRA	4	2 max fill(s) per 30 day(s) retail; SP; PA	NYPOZI	4	2 max fill(s) per 30 day(s) retail; SP; PA
			NYVEPRIA	4	2 max fill(s) per 30 day(s) retail; SP; PA
			PROCRIT	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROCRIT	4	2 max fill(s) per 30 day(s) retail; SP; PA	ZARXIO	4	2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA PACK 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ZIEXTENZO	4	2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA TABS 50 MG, 75 MG (<i>Use eltrombopag olamine</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Hematopoietic Mixtures		
PROMACTA TABS 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>fe fumarate-vitamin c-vitamin b12-folic acid</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
REBLOZYL	CO	SP	<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	1	2 max fill(s) per 30 day(s) retail; MP
RELEUKO SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	2	2 max fill(s) per 30 day(s) retail; MP
RETACRIT	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	1	2 max fill(s) per 30 day(s) retail; MP
ROLVEDON	4	2 max fill(s) per 30 day(s) retail; SP; PA	GENTLE IRON	2	2 max fill(s) per 30 day(s) retail; MP
RYZNEUTA SOSY SC 20 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	HEMATINIC PLUS VIT/MINERALS TABS	1	2 max fill(s) per 30 day(s) retail; MP
STIMUFEND	4	2 max fill(s) per 30 day(s) retail; SP; PA	ICAR-C (<i>Use iron-vitamin c</i>)	2	2 max fill(s) per 30 day(s) retail; MP
UDENYCA ONBODY SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>iron combinations CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
UDENYCA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>iron-vitamin c</i>	1	2 max fill(s) per 30 day(s) retail; MP
UDENYCA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	Iron		
VAFSEO 150 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ACCRUFER	4	2 max fill(s) per 30 day(s) retail; MP; PA
VAFSEO 300 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	1	2 max fill(s) per 30 day(s) retail; MP
			FERAHEME (<i>Use ferumoxytol</i>)	2	2 max fill(s) per 30 day(s) retail; PA
			FERAHEME (<i>Use ferumoxytol</i>)	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>sodium ferric gluconate complex in sucrose</i>	1	2 max fill(s) per 30 day(s) retail; PA
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	2	2 max fill(s) per 30 day(s) retail; MP	VENOFER 20 MG/ML (<i>Use iron sucrose</i>)	2	2 max fill(s) per 30 day(s) retail; PA
FERRLECIT (<i>Use sodium ferric gluconate complex in sucrose</i>)	2	2 max fill(s) per 30 day(s) retail; PA	Stem Cell Mobilizers		
<i>ferrous gluconate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	APHEXDA	2	2 max fill(s) per 30 day(s) retail; SP; PA
FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail; MP	XOLREMDI	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>ferrous sulfate dried TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
<i>ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML, 15 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP	Hemostatics - Systemic		
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>ferrous sulfate TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aminocaproic acid SOLN IV 250 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP	<i>aminocaproic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>ferumoxytol</i>	1	2 max fill(s) per 30 day(s) retail; PA	CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	2	2 max fill(s) per 30 day(s) retail; PA
INFED	2	2 max fill(s) per 30 day(s) retail; PA	TRANEXAMIC ACID-NACL	1	2 max fill(s) per 30 day(s) retail; PA
INJECTAFER	2	2 max fill(s) per 30 day(s) retail; PA	TRANEXAMIC ACID-NACL (<i>Use tranexamic acid-sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; PA
<i>iron sucrose 20 MG/ML</i>	2	2 max fill(s) per 30 day(s) retail; PA	<i>tranexamic acid-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>iron sucrose 20 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
MONOFERRIC	2	2 max fill(s) per 30 day(s) retail; PA	<i>tranexamic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail
			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
			Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pentobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	HALCION 0.25 MG (<i>Use triazolam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>phenobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	IGALMI FILM	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>phenobarbital ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP	LUNESTA (<i>Use eszopiclone</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>phenobarbital TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	MIDAZOLAM HCL-SODIUM CHLORIDE SOLN IV 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	8	
SEZABY SOLR	2	2 max fill(s) per 30 day(s) retail; PA	MIDAZOLAM HCL-SODIUM CHLORIDE SOSY 0.9 %-2 MG/2ML, 0.9 %-5 MG/5ML, 0.9 %-50 MG/50ML, 0.9 %-55 MG/55ML	8	
Hypnotics - Tricyclic Agents			<i>midazolam hcl SOLN IJ</i>	1	2 max fill(s) per 30 day(s) retail
<i>doxepin hcl (sleep)</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>midazolam hcl SYRP</i>	4	2 max fill(s) per 30 day(s) retail
Non-Barbiturate Hypnotics			MIDAZOLAM-SODIUM CHLORIDE	8	
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	MIDAZOLAM SOLN	8	
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	MIDAZOLAM SOSY IJ 2 MG/2ML, 3 MG/3ML	8	
DORAL (<i>Use quazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>quazepam</i>	4	2 max fill(s) per 30 day(s) retail
EDLUAR SUBL	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RESTORIL (<i>Use temazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>estazolam</i>	4	2 max fill(s) per 30 day(s) retail	<i>temazepam</i>	1	2 max fill(s) per 30 day(s) retail
<i>eszopiclone</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>triazolam</i>	1	2 max fill(s) per 30 day(s) retail
<i>flurazepam hcl</i>	4	2 max fill(s) per 30 day(s) retail	<i>zaleplon</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
HALCION 0.25 MG (<i>Use triazolam</i>)	9	2 max fill(s) per 30 day(s) retail	ZOLPIDEM TARTRATE CAPS	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate SUBL</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CVS DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	<i>psyllium POWD 43 %</i>	1	2 max fill(s) per 30 day(s) retail
Orexin Receptor Antagonists			<i>psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %</i>	2	2 max fill(s) per 30 day(s) retail
			Laxative Combinations		
BELSOMRA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	4	2 max fill(s) per 30 day(s) retail
DAYVIGO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	2	2 max fill(s) per 30 day(s) retail
QUVIVIQ	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	4	2 max fill(s) per 30 day(s) retail
Selective Melatonin Receptor Agonists			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	2 max fill(s) per 30 day(s) retail
			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	2 max fill(s) per 30 day(s) retail
HETLIOZ LQ SUSP	4	QL(6 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	4	2 max fill(s) per 30 day(s) retail
HETLIOZ CAPS (<i>Use tasimelteon</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SUFLAVE	4	2 max fill(s) per 30 day(s) retail
<i>ramelteon</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SUPREP BOWEL PREP KIT (<i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i>)	4	2 max fill(s) per 30 day(s) retail
ROZEREM (<i>Use ramelteon</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SUTAB	4	2 max fill(s) per 30 day(s) retail
<i>tasimelteon CAPS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Laxatives - Miscellaneous		
LAXATIVES - Bowel Treatment Drugs			<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM</i>	1	2 max fill(s) per 30 day(s) retail
			<i>lactulose PACK</i>	1	2 max fill(s) per 30 day(s) retail
Bulk Laxatives			<i>lactulose PACK</i>	4	2 max fill(s) per 30 day(s) retail; PA
			<i>lactulose SOLN</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose SOLN 10 GM/15ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>docusate calcium</i>	1	2 max fill(s) per 30 day(s) retail
<i>MIRALAX POWD (Use polyethylene glycol 3350)</i>	9	2 max fill(s) per 30 day(s) retail	<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>polyethylene glycol 3350 POWD</i>	1	2 max fill(s) per 30 day(s) retail	<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail
Saline Laxatives			<i>docusate sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>FLEET ENEMA ENEM (Use sodium phosphates)</i>	9	2 max fill(s) per 30 day(s) retail	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>magnesium citrate 1.745 GM/30ML</i>	1	2 max fill(s) per 30 day(s) retail	Azithromycin		
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	2 max fill(s) per 30 day(s) retail	<i>azithromycin PACK</i>	1	4 max fill(s) per 30 day(s) retail
<i>sodium phosphates ENEM 19 GM/118ML-7 GM/118ML</i>	1	2 max fill(s) per 30 day(s) retail	<i>azithromycin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
Stimulant Laxatives			<i>azithromycin TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>bisacodyl SUPP</i>	1	2 max fill(s) per 30 day(s) retail	<i>ZITHROMAX TRI-PAK TABS (Use azithromycin)</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>bisacodyl TBEC</i>	1	2 max fill(s) per 30 day(s) retail	<i>ZITHROMAX Z-PAK TABS (Use azithromycin)</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>DULCOLAX TBEC (Use bisacodyl)</i>	9	2 max fill(s) per 30 day(s) retail	<i>ZITHROMAX PACK</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>EX-LAX CHEW (Use sennosides)</i>	9	2 max fill(s) per 30 day(s) retail	<i>ZITHROMAX SUSR (Use azithromycin)</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>sennosides CAPS</i>	2	2 max fill(s) per 30 day(s) retail	<i>ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>sennosides CHEW</i>	1	2 max fill(s) per 30 day(s) retail	Clarithromycin		
<i>sennosides LIQD</i>	1	2 max fill(s) per 30 day(s) retail	<i>clarithromycin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
<i>sennosides SYRP 8.8 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail	<i>clarithromycin TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>sennosides TABS 8.6 MG, 15 MG, 25 MG</i>	1	2 max fill(s) per 30 day(s) retail	<i>clarithromycin TB24</i>	4	4 max fill(s) per 30 day(s) retail
<i>SENOKOT TABS (Use sennosides)</i>	9	2 max fill(s) per 30 day(s) retail	Erythromycins		
Surfactant Laxatives			<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>benzocaine-docusate sodium ENEM</i>	2	2 max fill(s) per 30 day(s) retail	<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	COVRSITE PLUS COMPOSITE DRESS PADS	2	RX/OTC
<i>erythromycin base CPEP</i>	1	4 max fill(s) per 30 day(s) retail	CURITY ALL PURPOSE SPONGES PADS	2	RX/OTC
<i>erythromycin base TABS</i>	4	4 max fill(s) per 30 day(s) retail	CURITY AMD ANTIMICROBIAL SPNGE PADS	2	RX/OTC
<i>erythromycin base TBEC 500 MG</i>	2	4 max fill(s) per 30 day(s) retail	CURITY COVER SPONGE PADS	2	RX/OTC
<i>erythromycin base TBEC</i>	1	4 max fill(s) per 30 day(s) retail	CURITY DRESSING SPONGES PADS	2	RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	1	4 max fill(s) per 30 day(s) retail	CURITY GAUZE SPONGE PADS	2	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1	4 max fill(s) per 30 day(s) retail	CURITY GAUZE PADS	2	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	4	4 max fill(s) per 30 day(s) retail	CURITY SPONGES PADS	2	RX/OTC
Fidaxomicin			CVS GAUZE PAD STERILE PADS	2	RX/OTC
DIFICID SUSR	2	4 max fill(s) per 30 day(s) retail	CVS GAUZE STERILE PADS	2	RX/OTC
DIFICID TABS 200 MG (<i>Use fidaxomicin</i>)	4	4 max fill(s) per 30 day(s) retail; PA	DERMACEA DRAIN SPONGES PADS	2	RX/OTC
<i>fidaxomicin TABS 200 MG</i>	1	4 max fill(s) per 30 day(s) retail	DERMACEA GAUZE SPONGE PADS	2	RX/OTC
MEDICAL DEVICES AND SUPPLIES			DERMACEA IV DRAIN SPONGES PADS	2	RX/OTC
Bandages-Dressings-Tape			DERMACEA NON-WOVEN SPONGES PADS	2	RX/OTC
AMD FOAM DRESSING TOPSHEET PADS	2	RX/OTC	DERMACEA TYPE VII GAUZE PADS	2	RX/OTC
AMD FOAM DRESSING PADS	2	RX/OTC	DERMACEA X-RAY SPONGES PADS	2	RX/OTC
BAND-AID GAUZE LARGE PADS	2	RX/OTC	DRYMAX EXTRA PADS	2	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	2	RX/OTC	EQ GAUZE PADS	2	RX/OTC
COPA ISLAND BORDERED FOAM PADS	2	RX/OTC	EQL GAUZE PADS	2	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	2	RX/OTC	EXCILON AMD DRAIN SPONGES PADS	2	RX/OTC
COVRSITE COVER DRESSING PADS	2	RX/OTC	EXCILON AMD NON-WOVEN SPONGES PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXCILON DRAIN SPONGES PADS	2	RX/OTC	Contraceptives		
GAUZE DRESSING PADS	2	RX/OTC	AIMSCO LUBRICATED MISC	2	
GAUZE PADS PADS	2	RX/OTC	CAYA DPRH	2	
HM STERILE PADS PADS	2	RX/OTC	DUREX EXTRA SENSITIVE THIN DEVI	2	
J & J GAUZE SPONGES 12-PLY MISC	2	RX/OTC	DUREX EXTRA SENSITIVE THIN MISC	2	
J & J GAUZE SPONGES 16-PLY MISC	2	RX/OTC	DUREX REALFEEL	2	
J & J GAUZE SPONGES 8-PLY MISC	2	RX/OTC	DUREX TROPICAL MISC	2	
J & J GAUZE PADS	2	RX/OTC	FANTASY LUBRICATED/SPERMICI DE MISC	2	
KENDALL HYDROPHILIC FOAM DRESS PADS	2	RX/OTC	FANTASY LUBRICATED MISC	2	
KERLIX SPONGES PADS	2	RX/OTC	FC2 FEMALE CONDOM	2	
MIRASORB SPONGES MISC	2	RX/OTC	FEMCAP DEVI	2	
NU GAUZE 4PLY PADS	2	RX/OTC	KAMELEON LUBRICATED MISC	2	
NU GAUZE GENERAL-USE SPONGES MISC	2	RX/OTC	KIMONO COLORS DEVI	2	
POLYMEM NON-ADHESIVE PADS	2	RX/OTC	KIMONO MAXX-LARGE FLARE MISC	2	
QC ALL PURPOSE DRESSINGS PADS	2	RX/OTC	KIMONO MICRO THIN PLUS MISC	2	
QC STERILE PADS PADS	2	RX/OTC	KIMONO MICRO THIN MISC	2	
RAY-TEC X-RAY DETECTABLE SPNGE MISC	2	RX/OTC	KIMONO PLUS MISC	2	
RESTORE FOAM DRESSING PADS	2	RX/OTC	KIMONO PS PLUS MISC	2	
RESTORE ODOR ABSORBING DRESS PADS	2	RX/OTC	KIMONO PS MISC	2	
SILIGENTLE FOAM DRESSING PADS	2	RX/OTC	KIMONO SENSATION PLUS MISC	2	
SM STERILE PADS	2	RX/OTC	KIMONO SENSATION MISC	2	
SOF-WICK PADS	2	RX/OTC	KIMONO SPECIAL DEVI	2	
TEGADERM FOAM PADS	2	RX/OTC	KIMONO MISC	2	
TOPPER DRESSING SPONGES MISC	2	RX/OTC	K-Y ME & YOU EXTRA LUBRICATED DEVI	2	
			K-Y ME & YOU INTENSE DEVI	2	
			MAXX PLUS MISC	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXX MISC	2		TRUSTEX NON-LUBRICATED MISC	2	
REALITY LATEX CONDOMS MISC	2		TRUSTEX RIA LUB/SPERMICIDE MISC	2	
REALITY LATEX/ULTRA TEXTURED DEVI	2		TRUSTEX RIA LUBRICATED MISC	2	
REALITY LATEX/ULTRA THIN DEVI	2		TRUSTEX RIA NON-LUBRICATED MISC	2	
TROJAN BARESKIN DEVI	2		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	2	
TROJAN ENZ MISC	2		WIDE-SEAL DIAPHRAGM 60	2	
TROJAN MAGNUM MISC	2		WIDE-SEAL DIAPHRAGM 65	2	
TROJAN ULTRA THIN/SPERMICIDAL MISC	2		WIDE-SEAL DIAPHRAGM 70	2	
TROJAN ULTRA THIN MISC	2		WIDE-SEAL DIAPHRAGM 75	2	
TROJAN-ENZ LUBRICATED MISC	2		WIDE-SEAL DIAPHRAGM 80	2	
TROJAN-ENZ/SPERMICIDAL MISC	2		WIDE-SEAL DIAPHRAGM 85	2	
TRUE COVER DEVI	2		WIDE-SEAL DIAPHRAGM 90	2	
TRUSTEX COLOR CONDOMS + LUBE MISC	2		WIDE-SEAL DIAPHRAGM 95	2	
TRUSTEX LUB/RIBBED/STUDDERED MISC	2		Diabetic Supplies		
TRUSTEX LUB/SPERMICIDE EX ST MISC	2		ACCU-CHEK FASTCLIX LANCETS	2	MP; RX/OTC
TRUSTEX LUB/SPERMICIDE XL MISC	2		ACCU-CHEK SAFE-T PRO LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED EX LARGE MISC	2		ACCU-CHEK SOFTCLIX LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED EXTRA ST MISC	2		ACTI-LANCE 28G	2	MP; RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	2		ACTI-LANCE LITE LANCETS 28G	2	MP; RX/OTC
TRUSTEX LUBRICATED MISC	2		ACTI-LANCE SPECIAL LANCETS 17G	2	MP; RX/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	2		ACTI-LANCE UNIVERSAL 23G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ADVANCED MOBILE LANCET	2	MP; RX/OTC
ADVOCATE LANCETS	2	MP; RX/OTC
ADVOCATE LANCETS 30G	2	MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE RAPID-SAFE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE SAFETY LANCETS	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	MP; RX/OTC
AIMSCO TWIST LANCETS 32G	2	MP; RX/OTC
AIMSCO TWIST LANCETS 33G	2	MP; RX/OTC
AQUALANCE LANCETS 30G	2	MP; RX/OTC
ASSURE COMFORT LANCETS 28G	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE LANCETS	2	MP; RX/OTC
ASSURE LANCE LANCETS 21G	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	MP; RX/OTC
AURORA LANCET SUPER THIN 30G	2	MP; RX/OTC
AURORA LANCET THIN 23G	2	MP; RX/OTC
AUTO-LANCET MINI MISC	2	QL(1 EA per 180 day(s) retail)
AUTO-LANCET MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET MINI MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET PLUS MISC	2	QL(1 EA per 180 day(s) retail)
BD MICROTAINER LANCETS	2	MP; RX/OTC
CARDIOCOM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CAREONE ADVANCED LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
CAREONE LANCET SUPER THIN 30G	2	MP; RX/OTC
CAREONE LANCET THIN 23G	2	MP; RX/OTC
CARESENS LANCETS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARESENS LANCETS 30G	2	MP; RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	2	MP; RX/OTC
CARETOUCH LANCING/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	COMFORT TOUCH PLUS LANCETS 30G	2	MP; RX/OTC
CARETOUCH SAFETY LANCETS	2	MP; RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	MP; RX/OTC	CVS LANCETS ORIGINAL	2	MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	2	MP; RX/OTC	CVS LANCETS THIN 26G	2	MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	2	MP; RX/OTC	CVS LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CARETOUCH TWIST LANCETS 33G	2	MP; RX/OTC	CVS ULTRA THIN LANCETS	2	MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	MP; RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	MP; RX/OTC
CHOSEN LANCETS 30G	2	MP; RX/OTC	DIATHRIVE LANCETS	2	MP; RX/OTC
CHOSEN LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	DIATHRIVE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CHOSEN SAFETY LANCETS 28G	2	MP; RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CLEANLET LANCETS 28G	2	MP; RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	MP; RX/OTC
CLEVER CHEK LANCETS	2	MP; RX/OTC	DROPLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CLEVER CHOICE COMFORT EZ	2	MP; RX/OTC	DROPLET PERSONAL LANCETS 30G	2	MP; RX/OTC
CLEVER CHOICE LANCETS 21G	2	MP; RX/OTC	DROPSAFE ACTI-LANCE 23G	2	MP; RX/OTC
CLEVER CHOICE LANCETS 23G	2	MP; RX/OTC	DRUG MART LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CLEVER CHOICE LANCETS 28G	2	MP; RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	MP; RX/OTC
COAGUCHEK LANCETS	2	MP; RX/OTC	DRUG MART UNILET LANCETS 28G	2	MP; RX/OTC
COMFORT ASSURED LANCETS 28G	2	MP; RX/OTC	DRUG MART UNILET LANCETS 30G	2	MP; RX/OTC
COMFORT ASSURED LANCETS 33G	2	MP; RX/OTC	DRUG MART UNILET LANCETS 33G	2	MP; RX/OTC
COMFORT TOUCH LANCETS 31G	2	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT LANCETS	2	MP; RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
EASY COMFORT LANCETS TWIST TOP	2	MP; RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EMBRACE PRESSURE ACTIVATED 28G	2	MP; RX/OTC
EASY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EZ-LETS LANCETS 21G	2	MP; RX/OTC
EASY TOUCH LANCETS 21G	2	MP; RX/OTC	EZ-LETS LANCETS 26G	2	MP; RX/OTC
EASY TOUCH LANCETS 23G	2	MP; RX/OTC	EZ-LETS LANCETS 28G	2	MP; RX/OTC
EASY TOUCH LANCETS 26G	2	MP; RX/OTC	EZ-LETS LANCETS 30G	2	MP; RX/OTC
EASY TOUCH LANCETS 28G	2	MP; RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	MP; RX/OTC	FIFTY50 UNILET LANCETS 33G	2	MP; RX/OTC
EASY TOUCH LANCETS 30G	2	MP; RX/OTC	FINE 30	2	MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	MP; RX/OTC	FINGERSTIX LANCETS	2	MP; RX/OTC
EASY TOUCH LANCETS 32G	2	MP; RX/OTC	FORA LANCETS	2	MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	MP; RX/OTC	FORA LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
EASY TOUCH LANCETS 33G/TWIST	2	MP; RX/OTC	FREESTYLE LANCETS	2	MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EASY TOUCH SAFETY LANCETS 21G	2	MP; RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
EASY TOUCH SAFETY LANCETS 23G	2	MP; RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
EASY TOUCH SAFETY LANCETS 26G	2	MP; RX/OTC	FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EASY TOUCH SAFETY LANCETS 28G	2	MP; RX/OTC	FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
EMBRACE LANCETS ULTRA THIN 30G	2	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA	GLUCOCOM LANCETS 28G	2	MP; RX/OTC
FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	GLUCOCOM LANCETS 30G	2	MP; RX/OTC
FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA	GLUCOCOM LANCETS 33G	2	MP; RX/OTC
FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	GNP LANCING SYSTEM DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
FREESTYLE UNISTICK II LANCETS	2	MP; RX/OTC	GNP STERILE LANCETS 28G	2	MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	MP; RX/OTC	GNP STERILE LANCETS 30G	2	MP; RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	2	QL(1 EA per 180 day(s) retail)	GNP STERILE LANCETS 33G	2	MP; RX/OTC
GENTEEL PLUS LANCING (PURPLE) MISC	2	QL(1 EA per 180 day(s) retail)	GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (WHITE) MISC	2	QL(1 EA per 180 day(s) retail)	GOJJI STERILE LANCETS	2	MP; RX/OTC
GENTEEL PLUS LANCING DEV(BLUE) MISC	2	QL(1 EA per 180 day(s) retail)	HAEMOLANCE	2	MP; RX/OTC
GENTEEL PLUS LANCING DEV(PINK) MISC	2	QL(1 EA per 180 day(s) retail)	HAEMOLANCE LOW FLOW LANCETS	2	MP; RX/OTC
GENTLE-LET GP LANCETS	2	MP; RX/OTC	HAEMOLANCE PLUS	2	MP; RX/OTC
GENTLE-LET LANCETS	2	MP; RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	MP; RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	MP; RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	MP; RX/OTC
GLOBAL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	HAEMOLANCE PLUS PEDIATRIC FLOW	2	MP; RX/OTC
			H-E-B INCONTROL ADV LANCING MISC	2	QL(1 EA per 180 day(s) retail)
			H-E-B INCONTROL LANCETS 28G	2	MP; RX/OTC
			H-E-B INCONTROL LANCETS 30G	2	MP; RX/OTC
			H-E-B INCONTROL LANCETS 33G	2	MP; RX/OTC
			HY-VEE LANCETS	2	MP; RX/OTC
			HY-VEE THIN LANCETS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IHEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	LIBERTY MEDICAL LANCETS	2	MP; RX/OTC
IN TOUCH STERILE LANCETS 30G	2	MP; RX/OTC	LIBERTY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
KINNEY LANCETS	2	MP; RX/OTC	LITE TOUCH LANCETS	2	MP; RX/OTC
KINNEY THIN LANCETS	2	MP; RX/OTC	LITE TOUCH LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	LITETOUCH LANCETS	2	MP; RX/OTC
KROGER HEALTHPRO LANCET 26G	2	MP; RX/OTC	LIVE BETTER LANCET SUPER THIN	2	MP; RX/OTC
KROGER LANCETS	2	MP; RX/OTC	MEDICHOICE SAFETY LANCET	2	MP; RX/OTC
KROGER LANCETS SUPER THIN	2	MP; RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	MP; RX/OTC
KROGER LANCETS THIN	2	MP; RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	MEDLANCE EXTRA 21G	2	MP; RX/OTC
LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	MEDLANCE LITE 25G	2	MP; RX/OTC
LANCETS	2	MP; RX/OTC	MEDLANCE PLUS EXTRA 21G	2	MP; RX/OTC
LANCETS 28G THIN	2	MP; RX/OTC	MEDLANCE PLUS LANCETS	2	MP; RX/OTC
LANCETS 30G	2	MP; RX/OTC	MEDLANCE PLUS LITE 25G	2	MP; RX/OTC
LANCETS 33G	2	MP; RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	MP; RX/OTC
LANCETS MICRO THIN 33G	2	MP; RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	MP; RX/OTC
LANCETS SUPER THIN	2	MP; RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	MP; RX/OTC
LANCETS SUPER THIN 28G	2	MP; RX/OTC	MEDLANCE UNIVERSAL 21G	2	MP; RX/OTC
LANCETS THIN	2	MP; RX/OTC	MEIJER LANCETS	2	MP; RX/OTC
LANCETS ULTRA THIN	2	MP; RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	MP; RX/OTC
LANCETS ULTRA THIN 30G	2	MP; RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	MP; RX/OTC
LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)			
LANZO MISC	2	QL(1 EA per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL 33G	2	MP; RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	MP; RX/OTC
MICROLET LANCETS	2	MP; RX/OTC	ONETOUCH DELICA PLUS LANCING MISC	2	QL(1 EA per 180 day(s) retail)
MICROLET NEXT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	ONETOUCH DELICA SAFETY LANCING	2	MP; RX/OTC
MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	ONETOUCH ULTRASOFT 2 LANCETS	2	MP; RX/OTC
MM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PERFECT LANCETS 28G	2	MP; RX/OTC
MM TWIST LANCETS	2	MP; RX/OTC	PERFECT LANCETS 30G	2	MP; RX/OTC
MOBILE LANCETS 30G	2	MP; RX/OTC	PERFECT POINT SAFETY LANCETS	2	MP; RX/OTC
MONOLET LANCETS	2	MP; RX/OTC	PHARMACIST CHOICE LANCETS	2	MP; RX/OTC
MONOLET OPD LANCETS	2	MP; RX/OTC	PIP LANCETS 28G	2	MP; RX/OTC
MONOLETTOR SAFETY LANCETS	2	MP; RX/OTC	PIP LANCETS 30G	2	MP; RX/OTC
MPD SAFETY LANCET 21G	2	MP; RX/OTC	PRECISION THINS GP LANCETS	2	MP; RX/OTC
MPD SAFETY LANCET 23G	2	MP; RX/OTC	PRO COMFORT LANCETS 30G	2	MP; RX/OTC
MPD SAFETY LANCET 28G	2	MP; RX/OTC	PRO COMFORT LANCETS 31G	2	MP; RX/OTC
MPD SAFETY LANCET 30G	2	MP; RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	MP; RX/OTC
MULTI-LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PRODIGY LANCETS 28G	2	MP; RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	MP; RX/OTC	PRODIGY LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
NOVA SAFETY LANCETS 23G	2	MP; RX/OTC	PRODIGY SAFETY LANCETS 26G	2	MP; RX/OTC
NOVA SAFETY LANCETS 28G	2	MP; RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	MP; RX/OTC
NOVA SUREFLEX LANCETS	2	MP; RX/OTC	PSS SELECT GP LANCETS	2	MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PSS SELECT SAFETY LANCETS	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	MP; RX/OTC	PURE COMFORT LANCETS 30G	2	MP; RX/OTC
			PX ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCET AUTO INJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	SAFETY LANCET 30G/PRESSURE ACT	2	MP; RX/OTC
PX LANCETS MICROTHIN 33G	2	MP; RX/OTC	SAFETY LANCETS	2	MP; RX/OTC
PX LANCETS ULTRA THIN 28G	2	MP; RX/OTC	SAFETY LANCETS 21G	2	MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	SAFETY LANCETS 23G	2	MP; RX/OTC
QC LANCETS SUPER THIN 30G	2	MP; RX/OTC	SAFETY LANCETS 28G	2	MP; RX/OTC
QC LANCETS ULTRA THIN	2	MP; RX/OTC	SAPS HEALTH PLUS LANCETS	2	MP; RX/OTC
QC UNILET LANCETS 28G	2	MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	MP; RX/OTC
QC UNILET LANCETS MICRO THIN	2	MP; RX/OTC	SAPS TWIST TOP LANCETS	2	MP; RX/OTC
READYLANCE SAFETY LANCETS	2	MP; RX/OTC	SAPSCARE TWIST TOP LANCETS	2	MP; RX/OTC
REALITY LANCETS	2	MP; RX/OTC	SB LANCETS THIN	2	MP; RX/OTC
REALITY TRIGGER LANCETS	2	MP; RX/OTC	SB LANCETS ULTRA THIN	2	MP; RX/OTC
RELION LANCET DEVICES 30G	2	MP; RX/OTC	SELECT-LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RELION LANCETS	2	MP; RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
RELION LANCETS MICRO-THIN 33G	2	MP; RX/OTC	SINGLE-LET	2	MP; RX/OTC
RELION LANCETS THIN 26G	2	MP; RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RELION LANCETS ULTRA-THIN 30G	2	MP; RX/OTC	SMART DIABETES VANTAGE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
RELION LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	SMARTEST LANCETS 28G	2	MP; RX/OTC
RELION ULTRA THIN LANCETS 30G	2	MP; RX/OTC	SOLUS V2 LANCETS 28G	2	MP; RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	SOLUS V2 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RIGHTEST GL300 LANCETS	2	MP; RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	MP; RX/OTC
SAFE-T-LANCE	2	MP; RX/OTC	STERILANCE TL	2	MP; RX/OTC
SAFE-T-LANCE PLUS	2	MP; RX/OTC	SUPER THIN LANCETS	2	MP; RX/OTC
			SURE COMFORT LANCETS 18G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 21G	2	MP; RX/OTC	TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SURE COMFORT LANCETS 23G	2	MP; RX/OTC	TRUEPLUS LANCETS 26G	2	MP; RX/OTC
SURE COMFORT LANCETS 28G	2	MP; RX/OTC	TRUEPLUS LANCETS 28G	2	MP; RX/OTC
SURE COMFORT LANCETS 30G	2	MP; RX/OTC	TRUEPLUS LANCETS 30G	2	MP; RX/OTC
SURE COMFORT LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)	TRUEPLUS LANCETS 33G	2	MP; RX/OTC
SURELITE LANCETS	2	MP; RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	MP; RX/OTC
TECHLITE AST LANCETS	2	MP; RX/OTC	TWIST TOP LANCETS 30G	2	MP; RX/OTC
TECHLITE LANCETS	2	MP; RX/OTC	ULTI-LANCE AUTOMATIC MISC	2	QL(1 EA per 180 day(s) retail)
TECHLITE LANCETS 26G	2	MP; RX/OTC	ULTILET CLASSIC LANCETS	2	MP; RX/OTC
TECHLITE LANCETS 30G	2	MP; RX/OTC	ULTILET LANCETS	2	MP; RX/OTC
THINLETS GP LANCETS	2	MP; RX/OTC	ULTILET SAFETY LANCETS	2	MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	ULTILET SAFETY LANCETS 23G	2	MP; RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	MP; RX/OTC	ULTRA THIN LANCETS 31G	2	MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	MP; RX/OTC	ULTRA-CARE LANCETS 30G	2	MP; RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	MP; RX/OTC	ULTRA-THIN II AUTO LANCET	2	MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	2	MP; RX/OTC	ULTRA-THIN II LANCETS	2	MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	MP; RX/OTC	UNILET COMFORTOUCH LANCET	2	MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	2	QL(1 EA per 90 day(s) retail)	UNILET EXCELITE	2	MP; RX/OTC
TRUE METRIX LEVEL 2 SOLN	2	QL(1 EA per 90 day(s) retail)	UNILET EXCELITE II	2	MP; RX/OTC
TRUE METRIX LEVEL 3 SOLN	2	QL(1 EA per 90 day(s) retail)	UNILET G.P. LANCET	2	MP; RX/OTC
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	2	QL(1 EA per 90 day(s) retail)	UNILET G.P. SUPERLITE LANCET	2	MP; RX/OTC
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	2	QL(1 EA per 90 day(s) retail)	UNILET GP 28 ULTRA THIN	2	MP; RX/OTC
			UNILET LANCET	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET MICRO-THIN 33G	2	MP; RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	MP; RX/OTC
UNILET SUPERLITE LANCET	2	MP; RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	MP; RX/OTC
UNILET SUPER-THIN 30G	2	MP; RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	MP; RX/OTC
UNILET ULTRA-THIN 28G	2	MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	MP; RX/OTC
UNISTIK 1	2	MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	MP; RX/OTC
UNISTIK 2	2	MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	MP; RX/OTC
UNISTIK 2 COMFORT	2	MP; RX/OTC	VIVAGUARD LANCETS	2	MP; RX/OTC
UNISTIK 2 EXTRA	2	MP; RX/OTC	VIVAGUARD LANCETS 30G	2	MP; RX/OTC
UNISTIK 2 NEONATAL	2	MP; RX/OTC	VIVAGUARD LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
UNISTIK 2 NORMAL	2	MP; RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	MP; RX/OTC
UNISTIK 2 SUPER	2	MP; RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	MP; RX/OTC
UNISTIK 3	2	MP; RX/OTC	Misc. Devices		
UNISTIK 3 COMFORT	2	MP; RX/OTC	ADVOCATE ALCOHOL PREP PADS	2	MP; RX/OTC
UNISTIK 3 EXTRA	2	MP; RX/OTC	ALCOH-GLOVE CONTOURED WIPE	2	MP; RX/OTC
UNISTIK 3 GENTLE	2	MP; RX/OTC	ALCOHOL PADS	2	MP; RX/OTC
UNISTIK 3 NEONATAL	2	MP; RX/OTC	ALCOHOL PREP	2	MP; RX/OTC
UNISTIK 3 NORMAL	2	MP; RX/OTC	ALCOHOL PREP PADS	2	MP; RX/OTC
UNISTIK CZT COMFORT	2	MP; RX/OTC	ALCOHOL SWABS	2	MP; RX/OTC
UNISTIK CZT NORMAL	2	MP; RX/OTC	AUM ALCOHOL PREP PADS	2	MP; RX/OTC
UNISTIK NORMAL	2	MP; RX/OTC	BD SWAB SINGLE USE REGULAR	2	MP; RX/OTC
UNISTIK PRO SAFETY LANCET	2	MP; RX/OTC	CARETOUCH ALCOHOL PREP	2	MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	2	MP; RX/OTC	COMFORT TOUCH ALCOHOL PREP	2	MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	2	MP; RX/OTC	CURITY ALCOHOL PREPS	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	MP; RX/OTC			
UNISTIK TOUCH SAFETY LANC 23G	2	MP; RX/OTC			
UNISTIK TOUCH SAFETY LANC 28G	2	MP; RX/OTC			
UNISTIK TOUCH SAFETY LANC 30G	2	MP; RX/OTC			
VERIFINE SAFE LANCET MINI 21G	2	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS ALCOHOL PREP PADS	2	MP; RX/OTC	SURE COMFORT ALCOHOL PREP	2	MP; RX/OTC
CVS PREP	2	MP; RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	2	MP; RX/OTC
DROPSAFE ALCOHOL PREP	2	MP; RX/OTC	TRUE COMFORT PRO ALCOHOL PREP	2	MP; RX/OTC
EASY COMFORT ALCOHOL PADS	2	MP; RX/OTC	ULTICARE ALCOHOL SWABS	2	MP; RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	MP; RX/OTC	ULTILET ALCOHOL SWABS	2	MP; RX/OTC
EQL ALCOHOL SWABS	2	MP; RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	2	MP; RX/OTC
FIFTY50 ALCOHOL PREP	2	MP; RX/OTC	WEBCOL ALCOHOL PREP LARGE	2	MP; RX/OTC
GLOBAL ALCOHOL PREP EASE	2	MP; RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	2	MP; RX/OTC
GNP ALCOHOL SWABS	2	MP; RX/OTC	ZEV RX STERILE ALCOHOL PREP PAD	2	MP; RX/OTC
GOODSENSE ALCOHOL SWABS	2	MP; RX/OTC	Parenteral Therapy Supplies		
H-E-B INCONTROL ALCOHOL	2	MP; RX/OTC	1ST TIER UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
HM STERILE ALCOHOL PREP	2	MP; RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
MEIJER ALCOHOL SWABS	2	MP; RX/OTC	ABOUTTIME PEN NEEDLE	2	QL(5 EA daily)
PHARMACIST CHOICE ALCOHOL	2	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
PRO COMFORT ALCOHOL	2	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES	2	QL(5 EA daily)
PURE COMFORT ALCOHOL PREP	2	MP; RX/OTC	ADVOCATE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
QC ALCOHOL SWABS	2	MP; RX/OTC	AQ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
REALITY SWABS	2	MP; RX/OTC	AQINJECT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
RELION ALCOHOL SWABS	2	MP; RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	2	MP; RX/OTC	ASSURE ID PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	2	MP; RX/OTC	ASSURE ID SAFETY PEN NEEDLES	2	QL(5 EA daily)
SAPS HEALTH CARE ALCOHOL PREP	2	MP; RX/OTC			
SB ALCOHOL PREP	2	MP; RX/OTC			
SM ALCOHOL PREP	2	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUM INSULIN SAFETY PEN NEEDLE	2	QL(5 EA daily)	BD INSULIN SYRINGE HALF-UNIT	2	QL(5 EA daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC	BD INSULIN SYRINGE MICROFINE	2	QL(5 EA daily); RX/OTC
AUM PEN NEEDLE	2	QL(5 EA daily); RX/OTC	BD INSULIN SYRINGE U/F	2	QL(5 EA daily); RX/OTC
AUM READYGARD DUO PEN NEEDLE	2	QL(5 EA daily); RX/OTC	BD INSULIN SYRINGE ULTRAFINE	2	QL(5 EA daily)
AUM SAFETY PEN NEEDLE	2	QL(5 EA daily)	BD INTEGRA NEEDLE	2	QL(5 EA daily); RX/OTC
AURORA PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	BD INTEGRA SYRINGE	2	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC	BD LUER-LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
BD BLUNT FILL NEEDLE	2	RX/OTC	BD LUER-LOK SYRINGE	2	QL(5 EA daily); RX/OTC
BD BLUNT FILL NEEDLE W/FILTER	2	RX/OTC	BD NOKOR ADMIX NEEDLE	2	RX/OTC
BD DISP NEEDLE	2	QL(5 EA daily); RX/OTC	BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)
BD DISP NEEDLES	2	RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD DISP NEEDLES	2	QL(5 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	QL(5 EA daily); RX/OTC	BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE NEEDLE	2	RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)
BD ECLIPSE NEEDLE	2	QL(5 EA daily); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE SHIELDED NEEDLE	2	RX/OTC	BD PLASTIPAK SYRINGE	2	RX/OTC
BD ECLIPSE SYRINGE	2	QL(5 EA daily); RX/OTC	BD PRECISIONGLIDE NEEDLE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
BD HYPODERMIC NEEDLE	2	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
BD HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE NEEDLE	2	RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE NEEDLE	2	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	2	QL(5 EA daily); RX/OTC			
BD INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE SHIELDED NEEDLE	2	QL(5 EA daily); RX/OTC	CARETOUCH LUER LOCK	2	QL(5 EA daily); RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	CARETOUCH LUER LOCK	2	RX/OTC
BD SYRINGE LUER-LOK	2	RX/OTC	CARETOUCH LUER LOCK SYR/NEEDLE	2	QL(5 EA daily); RX/OTC
BD SYRINGE LUER-LOK	2	QL(5 EA daily); RX/OTC	CARETOUCH LUER SLIP	2	QL(5 EA daily); RX/OTC
BD SYRINGE SLIP TIP	2	QL(5 EA daily); RX/OTC	CARETOUCH LUER SLIP	2	RX/OTC
BD SYRINGE SLIP TIP	2	RX/OTC	CARETOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
BD SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	CLEVER CHOICE COMFORT EZ	2	QL(5 EA daily)
BD TB SYRINGE MISC	2	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
CAREFINE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	COMFORT EZ MICRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
CAREONE INSULIN SYRINGE	2	QL(5 EA daily)	COMFORT EZ PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
CAREONE UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC	COMFORT EZ PRO PEN NEEDLES	2	QL(5 EA daily)
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	COMFORT EZ SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	QL(5 EA daily); RX/OTC	COMFORT TOUCH INSULIN PEN NEED	2	QL(5 EA daily); MP; RX/OTC
CAREPOINT SAFETY 1ST NEEDLE	2	QL(5 EA daily); RX/OTC	DIATHRIVE PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
CAREPOINT SAFETY1ST SYR/NEEDLE	2	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
CAREPOINT SYRINGE LUER LOCK	2	RX/OTC	DROPLET PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
CAREPOINT SYRINGE LUER LOCK	2	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
CAREPOINT SYRINGE LUER SLIP	2	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
CAREPOINT TUBERCLN SYR/LUER SL MISC	2	QL(5 EA daily); RX/OTC	DROPSAFE SICURA	2	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	DRUG MART UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	RX/OTC	DRUG MART UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
CARETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	EASY COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	EASY TOUCH TB SHEATHLOCK SYR MISC	2	QL(5 EA daily); RX/OTC
EASY GLIDE LUER LOCK SYRINGE	2	RX/OTC	EASYPPOINT NEEDLE	2	RX/OTC
EASY GLIDE LUER LOCK SYRINGE	2	QL(5 EA daily); RX/OTC	EASYPPOINT NEEDLE	2	QL(5 EA daily); RX/OTC
EASY GLIDE PEN NEEDLES	2	QL(5 EA daily)	EASYPPOINT NEEDLE/SYRINGE	2	QL(5 EA daily); RX/OTC
EASY GLIDE SLIP LOCK SYRINGE	2	QL(5 EA daily); RX/OTC	EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
EASY TOUCH ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	2	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	2	QL(5 EA daily)
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	EMBECTA INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U-100	2	QL(5 EA daily)
EASY TOUCH FLIPLOCK SAFETY SYR	2	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)
EASY TOUCH INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC	EMBRACE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE	2	QL(5 EA daily)	FIFTY50 PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	2	QL(5 EA daily)	GLOBAL EASE INJECT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY SYRINGE	2	QL(5 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	2	QL(5 EA daily); RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	QL(5 EA daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	RX/OTC	GLOBAL INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	2	QL(5 EA daily); RX/OTC	GLUCOPRO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
			GNP INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC	INSUPEN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	2	QL(5 EA daily); RX/OTC	INSUPEN SENSITIVE	2	QL(5 EA daily)
GNP INSULIN SYRINGES 29GX1/2"	2	QL(5 EA daily); RX/OTC	INSUPEN ULTRAFIN	2	QL(5 EA daily); MP; RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	2	QL(5 EA daily); RX/OTC	INSUPEN32G EXTR3ME	2	QL(5 EA daily)
GNP INSULIN SYRINGES 31GX5/16"	2	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
GNP PEN NEEDLES	2	QL(5 EA daily); RX/OTC	KROGER PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
GNP ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	LEADER UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
GNP ULTIGUARD SAFEPAK NEEDLE	2	QL(5 EA daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	LITETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	2	QL(5 EA daily); RX/OTC	LITETOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
HEALTHWISE MICRON PEN NEEDLES	2	QL(5 EA daily); RX/OTC	LUER LOCK SAFETY SYRINGES	2	QL(5 EA daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	LUER LOCK SAFETY SYRINGES	2	RX/OTC
H-E-B INCONTROL PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	MAGELLAN INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	2	QL(5 EA daily); MP; RX/OTC	MAGELLAN TUBERCULIN SYRINGE MISC	2	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	MARATHON MEDICAL PENTIPS	2	QL(5 EA daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC	MAXICOMFORT II PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
HM ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	MAXICOMFORT SYR 27G X 1/2"	2	QL(5 EA daily); RX/OTC
HYPODERMIC NEEDLE	2	RX/OTC	MEDIC INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
INCONTROL ULTICARE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	MEDICINE SHOPPE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	MEIJER PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
INSULIN SYRINGE- NEEDLE U-100	2	QL(5 EA daily); RX/OTC	MICRODOT PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	NOVOFINE PEN NEEDLE	2	QL(5 EA daily)
MM PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	NOVOFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
MONOJECT BLUNTIP SYR/CANNULA	2	RX/OTC	PC UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
MONOJECT HYPODERMIC NEEDLE	2	RX/OTC	PEN NEEDLE/5-BEVEL TIP	2	QL(5 EA daily); RX/OTC
MONOJECT HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
MONOJECT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	PENTIPS	2	QL(5 EA daily); MP; RX/OTC
MONOJECT MAGELLAN SAFETY NDL	2	QL(5 EA daily); RX/OTC	PENTIPS GENERIC PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
MONOJECT MAGELLAN SAFETY NDL	2	RX/OTC	PERFECT POINT SAFETY NEEDLE	2	QL(5 EA daily); RX/OTC
MONOJECT MAGELLAN SYRINGE	2	QL(5 EA daily); RX/OTC	PIP PEN NEEDLES 31G X 5MM	2	QL(5 EA daily); RX/OTC
MONOJECT PHARMACY TRAY	2	RX/OTC	PIP PEN NEEDLES 32G X 4MM	2	QL(5 EA daily); RX/OTC
MONOJECT PHARMACY TRAY	2	QL(5 EA daily); RX/OTC	POLY HUB NEEDLE	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE	2	QL(5 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
MONOJECT SYRINGE	2	RX/OTC	PRECISION SURE-DOSE SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE PHARMACY TRAY	2	QL(5 EA daily); RX/OTC	PREFERRED PLUS UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE REG LUER	2	RX/OTC	PREVENT DROPSAFE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
MONOJECT SYRINGE REGULAR TIP	2	RX/OTC	PREVENT SAFETY PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
MONOJECT TB SAFETY SYRINGE MISC	2	QL(5 EA daily); RX/OTC	PRO COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT TB SYRINGE	2	QL(5 EA daily); RX/OTC	PRO COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	2	QL(5 EA daily); RX/OTC	PRODIGY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
NOKOR VENTED NEEDLE	2	QL(5 EA daily); RX/OTC	PURE COMFORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
NORM-JECT LUER SLIP SYRINGE	2	QL(5 EA daily); RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL(5 EA daily)	PX INSULIN SYRINGE	2	QL(5 EA daily)
			PX MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX SHORTLENGTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TODAYS HEALTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC
QC PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	TODAYS HEALTH SHORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
QC UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC	TRUE COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
RAYA SURE PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC	TRUE COMFORT PRO INSULIN SYR	2	QL(5 EA daily); RX/OTC
REALITY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
RELION INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
RELION PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SAFETY PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUEPLUS PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SECURESAFE HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	2	QL(5 EA daily)	ULTICARE MICRO PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SECURESAFE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SURE COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily)
SYRINGE LUER LOCK	2	QL(5 EA daily); RX/OTC	ULTICARE TUBERCULIN SAFETY SYR MISC	2	QL(5 EA daily); RX/OTC
SYRINGE LUER LOCK	2	RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
SYRINGE LUER SLIP	2	QL(5 EA daily); RX/OTC	ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL(5 EA daily)
SYRINGE LUER SLIP	2	RX/OTC	ULTILET PEN NEEDLE	2	QL(5 EA daily)
TECHLITE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TECHLITE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC			
TECHLITE PLUS PEN NEEDLES	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL(5 EA daily); RX/OTC	VERIFINE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	VERIFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTRA THIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC	VERISAFE SAFETY STERILE NEEDLE	2	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
ULTRACARE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ZEVRX INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II INS SYR SHORT	2	QL(5 EA daily); RX/OTC	ZEVRX PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	Respiratory Therapy Supplies		
ULTRA-THIN II MINI PEN NEEDLE	2	QL(5 EA daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	2	QL(5 EA daily); RX/OTC	ACTIVITY POUCH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLES	2	QL(5 EA daily)	ADULT AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
UNIFINE OTC PEN NEEDLES	2	QL(5 EA daily); RX/OTC	ADULT MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC	ADULT MASK DEVI	2	RX/OTC
UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC	AEROBIKA DEVI	2	RX/OTC
UNIFINE PROTECT PEN NEEDLE	2	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC			
UNIFINE ULTRA PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC			
VANISHPOINT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC			
VANISHPOINT SAFETY SYRINGE	2	QL(5 EA daily); RX/OTC			
VANISHPOINT SYRINGE	2	QL(5 EA daily); RX/OTC			
VANISHPOINT TUBERCULIN SYRINGE MISC	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROECLIPSE EZ TWIST TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROTRACH PLUS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE LARGE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	BREATHE EASE SMALL DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	BREATHRITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BUBBLES THE FISH II PEDI MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP PRE-WASH SOLN MISC	2	QL(2 ML per 360 day(s) retail; 2 ML per 360 days mail); RX/OTC	EASIVENT MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP TUBE BRUSH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY AIR NEBULIZER FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CO MONITOR DEVI	2	RX/OTC	EASY FLOW 300 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW 400 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW AIR NOZZLE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC	FILTER AIR PP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW HEPA FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY NEB NEBULIZER FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	FULL KIT NEBULIZER SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC	MICROSPACER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)	NEBULIZER CUP/TUBING DEVI	2	RX/OTC
INSPIREASE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NEBULIZER MASK ADULT/TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NEBULIZER MASK ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NEBULIZER MASK CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NEBULIZER MASK PED/TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MASK VORTEX/CHILD/FROG	2	QL(1 EA per 360 day(s) retail); RX/OTC	NOSE CLIP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	2	QL(1 EA per 360 day(s) retail); RX/OTC	OMBRA COMPRESSOR AIR FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
MICROCHAMBER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE FLOW SPIROMETER DEVI	2	RX/OTC	PARI BUBBLES PEDIATRIC MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI EXPIRATORY FILTER SET DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MASK SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PANDA MASK LARGE	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PANDA MASK MEDIUM	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PED MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PANDA MASK SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI VORTEX PEDIATRIC MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEDIATRIC MOUTHPIECE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PRO COMFORT SPACER CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PEDIATRIC PANDA MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER INFANT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PFLEX MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCHAMBER VHC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PRONEB ULTRA FILTER SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC
POCKET CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	QUAKE DEVI	2	RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	REPLACEMENT AIR FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			REPLACEMENT FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REUSABLE COMFORTSEAL MASK-LRG MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SILICONE MASK/PEDIATRIC MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 MED CUP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SPIRO PD DEVI	2	RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	THRESHOLD IMT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
SILICONE MASK/ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	TUBING/WING TIP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SILICONE MASK/INFANT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ULTRA NEB ACCESSORIES KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
			VERSAPAP DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	4	QL(3 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EMGALITY SOAJ	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EMGALITY SOSY	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NURTEC	4	QL(18 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
WINDMILL TRAINER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	QULIPTA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			UBRELVY	2	QL(16 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			VYEPTI	4	QL(3 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AIMOVIG	2	QL(1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	ZAVZPRET	4	QL(8 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOAJ	2	QL(4.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	Migraine Combinations		
AJOVY SOSY	2	QL(4.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	<i>ergotamine w/ caffeine SUPP</i>	1	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan-naproxen sodium</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>eletriptan hydrobromide</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
SYMBRAVO TABS PO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FROVA (<i>Use frovatriptan succinate</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Migraine Products			<i>frovatriptan succinate</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
BREKIYA SOAJ SC 1 MG/ML	4	QL(24 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	IMITREX 5 MG/ACT, 20 MG/ACT (<i>Use sumatriptan</i>)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
ERGOMAR SUBL	2	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
TRUDHESA	4	PA	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
Migraine Products - NSAIDs			IMITREX TABS (<i>Use sumatriptan succinate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac potassium (migraine)</i>	1	2 max fill(s) per 30 day(s) retail; PA	MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ELYXYB	2	2 max fill(s) per 30 day(s) retail; PA	MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Serotonin Agonists			<i>naratriptan hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>almotriptan malate</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	RELPAK 40 MG (<i>Use eletriptan hydrobromide</i>)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELPAK (Use eletriptan hydrobromide)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	TOSYMRA	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REYVOW	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	ZEMBRACE SYMTOUCH SOAJ	4	QL(2 ML daily); 2 max fill(s) per 30 day(s) retail; PA
rizatriptan benzoate TABS 5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	zolmitriptan SOLN	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
rizatriptan benzoate TABS 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	zolmitriptan TABS	1	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
rizatriptan benzoate TBDP 5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	zolmitriptan TABS	4	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
rizatriptan benzoate TBDP 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	zolmitriptan TBDP	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
sumatriptan	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	ZOMIG SOLN (Use zolmitriptan)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
sumatriptan succinate SOAJ 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA	MINERALS & ELECTROLYTES		
sumatriptan succinate SOAJ 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA	Calcium		
sumatriptan succinate SOCT 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA	CALCIUM 600 +D HIGH POTENCY TABS	1	2 max fill(s) per 30 day(s) retail; MP
sumatriptan succinate SOCT 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA	CALCIUM CARB-CHOLECALCIFEROL CHEW	1	2 max fill(s) per 30 day(s) retail; MP
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail	CALCIUM CARBONATE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
sumatriptan succinate TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG	1	2 max fill(s) per 30 day(s) retail; MP
			calcium carbonate-cholecalciferol TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	2 max fill(s) per 30 day(s) retail
<i>calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG-50 MG-7.5 MG-1 MG-250 MCG-1.8 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>potassium phosphate monobasic TABS</i>	2	2 max fill(s) per 30 day(s) retail
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	1	2 max fill(s) per 30 day(s) retail; MP	Potassium		
CALCIUM/C/D	1	2 max fill(s) per 30 day(s) retail; MP	EFFER-K	2	2 max fill(s) per 30 day(s) retail; MP
<i>calcium TABS 600 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	K-TAB TBCR 20 MEQ (Use <i>potassium chloride</i>)	9	2 max fill(s) per 30 day(s) retail; MP
CAL-QUICK LIQD	2	2 max fill(s) per 30 day(s) retail; MP	POKONZA PACK PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
CALTRATE 600+D PLUS MINERALS CHEW (Use <i>calcium carbonate-vitamin d w/ minerals</i>)	9		<i>potassium acetate SOLN 2 MEQ/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
ONEVITE CALCIUM+D3 TABS	2	2 max fill(s) per 30 day(s) retail; MP	POTASSIUM ACETATE SOLN (Use <i>potassium acetate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>oyster shell</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>potassium bicarbonate TBEF</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Fluoride			<i>potassium chloride microencapsulated crystals er 20 MEQ</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>sodium fluoride CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>potassium chloride microencapsulated crystals er</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>potassium chloride CPCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
SOLUVITA SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>potassium chloride PACK PO 20 MEQ</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Phosphate			<i>potassium chloride SOLN PO 20 %</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
K-PHOS TABS (Use <i>potassium phosphate monobasic</i>)	2	2 max fill(s) per 30 day(s) retail	<i>potassium chloride SOLN IV 2 MEQ/ML</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>potassium chloride SOLN PO 10 %, 10 %</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lenalidomide</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
POTASSIUM CHLORIDE SOLN IV (<i>Use potassium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA	NIKTIMVO	CO	2 max fill(s) per 30 day(s) retail; SP
<i>potassium chloride TBCR 15 MEQ</i>	2	2 max fill(s) per 30 day(s) retail; MP	REVLIMID	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>potassium chloride TBCR 8 MEQ, 20 MEQ</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	REZUROCK	CO	2 max fill(s) per 30 day(s) retail; SP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	2 max fill(s) per 30 day(s) retail; MP	RHAPSIDO TABS PO 25 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
MISCELLANEOUS THERAPEUTIC CLASSES			RYONCIL <12.5KG KIT IV	CO	
Allogeneic Tissue			RYONCIL 100KG TO <112.5KG KIT IV	CO	SP
RETHYMIC	CO	SP	RYONCIL 112.5KG TO <125KG KIT IV	CO	SP
Chelating Agents			RYONCIL 12.5KG TO <25KG KIT IV	CO	
CUVRIOR	4	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 125KG TO <137.5KG KIT IV	CO	SP
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	4	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 137.5KG TO <150KG KIT IV	CO	SP
<i>penicillamine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 25KG TO <37.5KG KIT IV	CO	
<i>penicillamine TABS</i>	1	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 37.5KG TO <50KG KIT IV	CO	
<i>trientine hcl 250 MG</i>	1	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 50KG TO <62.5KG KIT IV	CO	
<i>trientine hcl 500 MG</i>	2	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 62.5KG TO <75KG KIT IV	CO	
Immunomodulators			RYONCIL 75KG TO <87.5KG KIT IV	CO	
IMAAVY SOLN IV 1200 MG/6.5ML	CO	SP	RYONCIL 87.5KG TO <100KG KIT IV	CO	
JOENJA	CO	2 max fill(s) per 30 day(s) retail; SP	RYSTIGGO	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THALOMID 50 MG, 100 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>everolimus (immunosuppressant)</i>	CO	2 max fill(s) per 30 day(s) retail; MP
VYVGART	CO	SP	GAMIFANT	CO	2 max fill(s) per 30 day(s) retail; SP
VYVGART HYTRULO	CO	SP	IMURAN TABS (<i>Use azathioprine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VYVGART HYTRULO SC	CO	SP	LUPKYNIS	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Immunosuppressive Agents			<i>mycophenolate mofetil CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
ASTAGRAF XL CP24	CO	2 max fill(s) per 30 day(s) retail; MP	<i>mycophenolate mofetil SUSR</i>	CO	2 max fill(s) per 30 day(s) retail; MP
AZATHIOPRINE SODIUM	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>mycophenolate mofetil TABS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
<i>azathioprine TABS 50 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>mycophenolate sodium</i>	CO	2 max fill(s) per 30 day(s) retail; MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	MYFORTIC (<i>Use mycophenolate sodium</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	MYHIBBIN SUSP	CO	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
<i>cyclosporine modified (for microemulsion) CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP	NULOJIX	CO	SP
<i>cyclosporine modified (for microemulsion) SOLN</i>	CO	2 max fill(s) per 30 day(s) retail; MP	PROGRAF CAPS (<i>Use tacrolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
<i>cyclosporine CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP	PROGRAF PACK	CO	2 max fill(s) per 30 day(s) retail; MP
ENSPRYNG	CO	2 max fill(s) per 30 day(s) retail; SP	PROGRAF SOLN	CO	
ENVARUSUS XR TB24	CO	2 max fill(s) per 30 day(s) retail; MP	RAPAMUNE SOLN (<i>Use sirolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE TABS (<i>Use sirolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	LOKELMA 10 GM	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	LOKELMA 5 GM	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
SANDIMMUNE SOLN PO 100 MG/ML	CO		<i>sodium polystyrene sulfonate POWD</i>	1	2 max fill(s) per 30 day(s) retail
SIMULECT	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>sirolimus SOLN</i>	CO	2 max fill(s) per 30 day(s) retail; MP	VELTASSA 1 GM	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
<i>sirolimus TABS</i>	CO	2 max fill(s) per 30 day(s) retail; MP	VELTASSA 8.4 GM, 16.8 GM	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tacrolimus CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP	Progeria Treatment Agents		
<i>tacrolimus SOLN 5 MG/ML</i>	CO		ZOKINVY	CO	2 max fill(s) per 30 day(s) retail; SP
UPLIZNA	CO	2 max fill(s) per 30 day(s) retail; SP	Systemic Lupus Erythematosus Agents		
ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	BENLYSTA SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
Irrigation Solutions			BENLYSTA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>irrigation solutions, physiological</i>	1	PA	BENLYSTA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>ringer's irrigation</i>	1	PA	MOUTH/THROAT/DENTAL AGENTS		
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	2	PA	Anesthetics Topical Oral		
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			<i>lidocaine hcl (mouth-throat) 4 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
VIJOICE PACK	CO	QL(1 EA per fill retail); 2 max fill(s) per 30 day(s) retail	<i>lidocaine hcl (mouth-throat) 2 %</i>	1	2 max fill(s) per 30 day(s) retail
VIJOICE TBPk	CO	2 max fill(s) per 30 day(s) retail	ORAMAGIC PLUS SUSR	2	2 max fill(s) per 30 day(s) retail
Potassium Removing Agents			Anti-infectives - Throat		
			<i>clotrimazole</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	1	2 max fill(s) per 30 day(s) retail	triamcinolone acetonide (mouth)	4	2 max fill(s) per 30 day(s) retail; PA
nystatin (mouth-throat)	1	2 max fill(s) per 30 day(s) retail	triamcinolone acetonide (mouth)	1	2 max fill(s) per 30 day(s) retail
ORAVIG	4	2 max fill(s) per 30 day(s) retail; PA	Throat Products - Misc.		
Antiseptics - Mouth/Throat			AQUORAL SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
chlorhexidine gluconate (mouth-throat)	1	2 max fill(s) per 30 day(s) retail	BIOTENE DRY MOUTH MOIST SPRAY SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
Dental Products			BIOTENE ORALBALANCE DRY MOUTH GEL	2	2 max fill(s) per 30 day(s) retail
DENTA 5000 PLUS SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail	CAPHOSOL SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
FRAICHE 5000 PREVI	2	2 max fill(s) per 30 day(s) retail	cevimeline hcl	1	2 max fill(s) per 30 day(s) retail; MP
FRAICHE 5000 SENSITIVE GEL	2	2 max fill(s) per 30 day(s) retail	EVOXAC (<i>Use cevimeline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SOD FLUORIDE-POTASSIUM NITRATE GEL	1	2 max fill(s) per 30 day(s) retail	GELCLAIR	2	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) CREA	1	2 max fill(s) per 30 day(s) retail	MOI-STIR SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
sodium fluoride (dental) CREA	4	2 max fill(s) per 30 day(s) retail; PA	MOUTH KOTE SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
sodium fluoride (dental) GEL	4	2 max fill(s) per 30 day(s) retail; PA	MUCOSITISRX PACK	4	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) GEL	1	2 max fill(s) per 30 day(s) retail	MUGARD LIQD	2	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) PSTE DT	1	2 max fill(s) per 30 day(s) retail	ORAL RELIEF SPRAY SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
sodium fluoride (dental) SOLN 0.2 %	1	2 max fill(s) per 30 day(s) retail	ORAMAGICRX SUSR	2	2 max fill(s) per 30 day(s) retail
SODIUM FLUORIDE 5000 ENAMEL GEL	1	2 max fill(s) per 30 day(s) retail	ORAPEUTIC GEL	2	2 max fill(s) per 30 day(s) retail
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail	pilocarpine hcl (oral)	1	2 max fill(s) per 30 day(s) retail; MP
Mouthwashes			PROTHELIAL PSTE	2	2 max fill(s) per 30 day(s) retail
BIOTENE DRY MOUTH LIQD	2	2 max fill(s) per 30 day(s) retail			
Steroids - Mouth/Throat/Dental					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SALIVAMAX PACK	4	2 max fill(s) per 30 day(s) retail	CENTRUM ADULTS TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
XYLIGEL GEL	2	2 max fill(s) per 30 day(s) retail	CENTRUM SILVER 50+MEN TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
MULTIVITAMINS			CENTRUM SILVER 50+WOMEN TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
B-Complex w/ Folic Acid			CENTRUM SILVER MEN 50+ TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	CENTRUM SILVER TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	CENTRUM WOMEN TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>multiple vitamins w/ minerals TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>b-complex w/biotin & folic acid TABS</i>	8	2 max fill(s) per 30 day(s) retail	ONE-A-DAY WOMENS 50 PLUS TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
DIALYVITE 5000	2	2 max fill(s) per 30 day(s) retail; MP	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
DIALYVITE 800 PLUS D WAFR	2	2 max fill(s) per 30 day(s) retail; MP	OPTIVITE P.M.T. TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
DIALYVITE 800/IRON	2	2 max fill(s) per 30 day(s) retail; MP	RENAPLEX-D TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
DIALYVITE 800/ZINC	2	2 max fill(s) per 30 day(s) retail; MP	VITAROCA PLUS TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
DIALYVITE 800 WAFR	2	2 max fill(s) per 30 day(s) retail; MP	Ped Multi Vitamins w/Fl & FE		
DIALYVITE 800-ZINC 15	2	2 max fill(s) per 30 day(s) retail; MP	<i>ped multivitamins w/fl & iron SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
DIALYVITE/ZINC	1	2 max fill(s) per 30 day(s) retail; MP	QUFLORA FE PEDIATRIC LIQD	2	2 max fill(s) per 30 day(s) retail; MP
NEPHRONEX LIQD	1	2 max fill(s) per 30 day(s) retail; MP			
NUTRIVIT	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC			
Multiple Vitamins w/ Minerals					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Ped Multiple Vitamins w/ Minerals			MULTIVITAMIN/FLUORID E SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
ALIVE MULTI-VITAMIN CHILDRENS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	MULTIVITAMIN/FLUORID E SUSP 0.25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP
CVS GUMMY DINOS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CVS GUMMY MULTIVITAMIN KIDS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric multivitamins w/fl CHEW</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES + EXTRA IRON CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric multivitamins w/fl CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES COMPLETE CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric multivitamins w/fl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES GUMMIES BONE BUILD CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES-IMMUNITY SUPPORT CHEW	2	2 max fill(s) per 30 day(s) retail; MP	POLY-VI-FLOR CHEW 0.25 MG, 1 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
GUMMI BEAR MULTIVITAMIN/MIN CHEW	1	2 max fill(s) per 30 day(s) retail; MP	POLY-VI-FLOR SUSP	2	2 max fill(s) per 30 day(s) retail; MP
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	SOLUVITA ACD WITH FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP	SOLUVITA WITH FLUORIDE SOLN	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MVW COMPLETE FORMULATION D5000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
MVW COMPLETE FORMULATION CHEW	2	2 max fill(s) per 30 day(s) retail; MP	VITAMINS ACD-FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Ped MV w/ Fluoride			Ped MV w/ Iron		
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN	2	2 max fill(s) per 30 day(s) retail; MP
MULTIVITAMIN/FLUORID E CHEW	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	MULTIVITAMIN DROPS/IRON SOLN	1	2 max fill(s) per 30 day(s) retail; MP
			MULTIVITAMIN INFANT & TODDLER SOLN	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMINS PLUS IRON CHILD CHEW	2	2 max fill(s) per 30 day(s) retail; MP	POLY-VITA SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	2 max fill(s) per 30 day(s) retail; MP	POLY-VITE PEDIATRIC SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	Pediatric Vitamins		
<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	BPROTECTED PEDIA TRI-VITE	2	2 max fill(s) per 30 day(s) retail; MP
POLY-VITA/IRON SOLN	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML</i>	2	2 max fill(s) per 30 day(s) retail; MP
POLY-VITE/IRON SOLN	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN A/C/D/ INFANT/TODDLER	1	2 max fill(s) per 30 day(s) retail; MP
Pediatric Multiple Vitamins			VITAMIN A-C-D INFANT	1	2 max fill(s) per 30 day(s) retail; MP
BPROTECTED PEDIA POLY-VITE SOLN PO	1	2 max fill(s) per 30 day(s) retail; MP	Prenatal Vitamins		
INFUVITE PEDIATRIC SOLN IV	2	2 max fill(s) per 30 day(s) retail; MP; PA	CLASSIC PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
MULTIVITAMIN INFANT & TODDLER SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP	COMPLETE NATAL DHA	1	2 max fill(s) per 30 day(s) retail; MP
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP	COMPLETENATE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
<i>pediatric multiple vitamins CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT</i>	1	2 max fill(s) per 30 day(s) retail; MP	CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
<i>pediatric multiple vitamins CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10 MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	FT PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
POLY-VI-SOL SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP	GNP PRENATAL/FOLIC ACID TABS	1	2 max fill(s) per 30 day(s) retail; MP
			GNP PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
			KP PRENATAL MULTIVITAMINS TABS	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MASONATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP	<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP
M-NATAL PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
MULTI PRENATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP	<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-1200 MCG-150 MCG-18.4 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL VITAMIN AND MINERAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
NEONATAL PLUS TABS	2	2 max fill(s) per 30 day(s) retail; 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	1	2 max fill(s) per 30 day(s) retail; MP
NEO-VITAL RX TABS	1	2 max fill(s) per 30 day(s) retail; MP	PRENATAL/IRON TABS	1	2 max fill(s) per 30 day(s) retail; MP
NIVA-PLUS TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
ONENATAL RX TABS 1 MG	2	2 max fill(s) per 30 day(s) retail; MP	PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG, 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	2	2 max fill(s) per 30 day(s) retail; MP
PRENATABS FA TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	SE-NATAL 19 CHEW	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL (W/IRON & FA) TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	SE-NATAL 19 TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PRENATAL MULTIVITAMIN + DHA MISC	2	2 max fill(s) per 30 day(s) retail; MP			
PRENATAL ONE DAILY TABS	1	2 max fill(s) per 30 day(s) retail; MP			
PRENATAL PLUS VITAMIN/MINERAL TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC			
<i>prenatal vit w/ docusate-fe fumarate-folic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERANATAL CORE NUTRITION TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>carisoprodol TABS</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 21 day(s) max supply per 90 day(s) retail; 21 day(s) max supply per 90 day(s) mail; PA
THRIVITE RX TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>chlorzoxazone TABS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
TRINATAL RX 1 TABS	1	2 max fill(s) per 30 day(s) retail; MP	<i>cyclobenzaprine hcl CP24</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
WESNATAL DHA COMPLETE	1	2 max fill(s) per 30 day(s) retail; MP	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
WESTAB PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
Vitamins w/ Lipotropics			<i>FLEQSUVY SUSP (Use baclofen)</i>	4	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>vitamins w/ lipotropics TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP	LYVISPAH PACK	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>metaxalone 800 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
Central Muscle Relaxants			<i>metaxalone 400 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
<i>AMRIX CP24 (Use cyclobenzaprine hcl)</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	METAXALONE 640 MG	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SOLN PO 5 MG/5ML</i>	4	QL(80 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol SOLN</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SOLN PO 10 MG/5ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol TABS 1000 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SUSP</i>	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol TABS 750 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail
<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail			
<i>baclofen TABS 15 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol TABS 500 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	ZANAFLEX CAPS 8 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine citrate SOLN 30 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX CAPS 4 MG (Use <i>tizanidine hcl</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine citrate TB12</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	ZANAFLEX CAPS 6 MG (Use <i>tizanidine hcl</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
OZOBAX DS SOLN PO (Use <i>baclofen</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX CAPS 2 MG (Use <i>tizanidine hcl</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
OZOBAX SOLN PO (Use <i>baclofen</i>)	4	QL(80 ML daily); 2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ROBAXIN SOLN (Use <i>methocarbamol</i>)	4	2 max fill(s) per 30 day(s) retail; PA	Direct Muscle Relaxants		
ROBAXIN SOLN (Use <i>methocarbamol</i>)	9	2 max fill(s) per 30 day(s) retail	DANTRIUM CAPS 25 MG (Use <i>dantrolene sodium</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SOMA TABS (Use <i>carisoprodol</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 21 day(s) max supply per 90 day(s) retail; 21 day(s) max supply per 90 day(s) mail; PA	DANTRIUM SOLR (Use <i>dantrolene sodium</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl CAPS 6 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium CAPS 100 MG</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tizanidine hcl CAPS 2 MG</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium CAPS 25 MG, 50 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tizanidine hcl CAPS 4 MG</i>	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium SOLR</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail	RYANODEX SUSR	2	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl TABS 2 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	Fibrodysplasia Ossificans Progressiva (FOP) Agents		
			SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	2 max fill(s) per 30 day(s) retail; SP
			Muscle Relaxant Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine w/ aspirin & caff</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>olopatadine hcl (nasal)</i>	4	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	Nasal Anticholinergics		
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			<i>ipratropium bromide (nasal)</i>	1	2 max fill(s) per 30 day(s) retail
Nasal Agent Combinations			Nasal Steroids		
<i>azelastine hcl-fluticasone propionate SUSP</i>	4	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail	<i>budesonide (nasal)</i>	1	2 max fill(s) per 30 day(s) retail
<i>DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)</i>	4	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>flunisolide (nasal)</i>	4	2 max fill(s) per 30 day(s) retail
<i>RYALTRIS</i>	4	QL(29 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>fluticasone propionate (nasal) SUSP</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
Nasal Agents - Misc.			<i>mometasone furoate (nasal) SUSP</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>OCEAN NASAL SPRAY SOLN (Use saline)</i>	9	2 max fill(s) per 30 day(s) retail	<i>NASONEX 24HR SUSP (Use mometasone furoate (nasal))</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>saline SOLN 0.65 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>OMNARIS SUSP</i>	4	2 max fill(s) per 30 day(s) retail
Nasal Antiallergy			<i>QNASL</i>	4	2 max fill(s) per 30 day(s) retail
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail	<i>QNASL CHILDRENS</i>	4	2 max fill(s) per 30 day(s) retail
			<i>triamcinolone acetonide (nasal) AERO</i>	1	2 max fill(s) per 30 day(s) retail
			<i>XHANCE EXHU</i>	4	2 max fill(s) per 30 day(s) retail
			Sympathomimetic Decongestants		
			<i>phenylephrine hcl (oral) TABS</i>	1	2 max fill(s) per 30 day(s) retail
			<i>pseudoephedrine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
			<i>SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))</i>	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	9	2 max fill(s) per 30 day(s) retail	SKYCLARYS	CO	2 max fill(s) per 30 day(s) retail; SP
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			Muscular Dystrophy Agents		
ALS Agents			AMONDYS 45	CO	SP
edaravone SOLN 60 MG/100ML	CO	2 max fill(s) per 30 day(s) retail; SP	DUVYZAT	CO	2 max fill(s) per 30 day(s) retail; SP
edaravone SOLN 30 MG/100ML	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 10.0-10.4 KG	CO	SP
QALSODY	CO		ELEVIDYS 10.5-11.4 KG	CO	SP
RADICAVA ORS STARTER KIT SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 11.5-12.4 KG	CO	SP
RADICAVA ORS SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 12.5-13.4 KG	CO	SP
RADICAVA SOLN (Use edaravone)	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 13.5-14.4 KG	CO	SP
RELYVRIO	CO	SP	ELEVIDYS 14.5-15.4 KG	CO	SP
RILUTEK TABS (Use riluzole)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ELEVIDYS 15.5-16.4 KG	CO	SP
riluzole TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ELEVIDYS 16.5-17.4 KG	CO	SP
TIGLUTIK SUSP	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ELEVIDYS 17.5-18.4 KG	CO	SP
Friedrich's Ataxia Agents			ELEVIDYS 18.5-19.4 KG	CO	SP
			ELEVIDYS 19.5-20.4 KG	CO	SP
			ELEVIDYS 20.5-21.4 KG	CO	SP
			ELEVIDYS 21.5-22.4 KG	CO	SP
			ELEVIDYS 22.5-23.4 KG	CO	SP
			ELEVIDYS 23.5-24.4 KG	CO	SP
			ELEVIDYS 24.5-25.4 KG	CO	SP
			ELEVIDYS 25.5-26.4 KG	CO	SP
			ELEVIDYS 26.5-27.4 KG	CO	SP
			ELEVIDYS 27.5-28.4 KG	CO	SP
			ELEVIDYS 28.5-29.4 KG	CO	SP
			ELEVIDYS 29.5-30.4 KG	CO	SP
			ELEVIDYS 30.5-31.4 KG	CO	SP
			ELEVIDYS 31.5-32.4 KG	CO	SP
			ELEVIDYS 32.5-33.4 KG	CO	SP
			ELEVIDYS 33.5-34.4 KG	CO	SP
			ELEVIDYS 34.5-35.4 KG	CO	SP
			ELEVIDYS 35.5-36.4 KG	CO	SP
			ELEVIDYS 36.5-37.4 KG	CO	SP
			ELEVIDYS 37.5-38.4 KG	CO	SP
			ELEVIDYS 38.5-39.4 KG	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 39.5-40.4 KG	CO	SP
ELEVIDYS 40.5-41.4 KG	CO	SP
ELEVIDYS 41.5-42.4 KG	CO	SP
ELEVIDYS 42.5-43.4 KG	CO	SP
ELEVIDYS 43.5-44.4 KG	CO	SP
ELEVIDYS 44.5-45.4 KG	CO	SP
ELEVIDYS 45.5-46.4 KG	CO	SP
ELEVIDYS 46.5-47.4 KG	CO	SP
ELEVIDYS 47.5-48.4 KG	CO	SP
ELEVIDYS 48.5-49.4 KG	CO	SP
ELEVIDYS 49.5-50.4 KG	CO	SP
ELEVIDYS 50.5-51.4 KG	CO	SP
ELEVIDYS 51.5-52.4 KG	CO	SP
ELEVIDYS 52.5-53.4 KG	CO	SP
ELEVIDYS 53.5-54.4 KG	CO	SP
ELEVIDYS 54.5-55.4 KG	CO	SP
ELEVIDYS 55.5-56.4 KG	CO	SP
ELEVIDYS 56.5-57.4 KG	CO	SP
ELEVIDYS 57.5-58.4 KG	CO	SP
ELEVIDYS 58.5-59.4 KG	CO	SP
ELEVIDYS 59.5-60.4 KG	CO	SP
ELEVIDYS 60.5-61.4 KG	CO	SP
ELEVIDYS 61.5-62.4 KG	CO	SP
ELEVIDYS 62.5-63.4 KG	CO	SP
ELEVIDYS 63.5-64.4 KG	CO	SP
ELEVIDYS 64.5-65.4 KG	CO	SP
ELEVIDYS 65.5-66.4 KG	CO	SP
ELEVIDYS 66.5-67.4 KG	CO	SP
ELEVIDYS 67.5-68.4 KG	CO	SP
ELEVIDYS 68.5-69.4 KG	CO	SP
ELEVIDYS 69.5 KG PLUS	CO	SP
EXONDYS 51	CO	SP
VILTEPSO	CO	SP
VYONDYS 53	CO	SP
Rett Syndrome Agents		

Drug Name	Drug Tier	Requirements/ Limits
DAYBUE	CO	2 max fill(s) per 30 day(s) retail; SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	CO	2 max fill(s) per 30 day(s) retail; SP
EVRYSDI	CO	2 max fill(s) per 30 day(s) retail; SP
SPINRAZA	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 20.6-21.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 10.1-10.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 10.6-11.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 11.1-11.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 11.6-12.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 12.1-12.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 12.6-13.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 13.1-13.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 13.6-14.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 14.1-14.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 14.6-15.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 15.1-15.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 15.6-16.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 5.6-6.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 16.1-16.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 6.1-6.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 16.6-17.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 6.6-7.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 17.1-17.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 7.1-7.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 17.6-18.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 7.6-8.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 18.1-18.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 8.1-8.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 18.6-19.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 8.6-9.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 19.1-19.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 9.1-9.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 19.6-20.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 9.6-10.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 2.6-3.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	NUTRIENTS		
ZOLGENSMA 20.1-20.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	Carbohydrates		
ZOLGENSMA 3.1-3.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	<i>glucose LIQD</i>	2	2 max fill(s) per 30 day(s) retail; MP
ZOLGENSMA 3.6-4.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	Lipids		
ZOLGENSMA 4.1-4.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	DOJOLVI	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 4.6-5.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 5.1-5.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	Artificial Tears and Lubricants		
			<i>artificial tear solution</i>	1	2 max fill(s) per 30 day(s) retail
			<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>glycerin-hypromellose-polyethylene glycol 400</i>	2	2 max fill(s) per 30 day(s) retail
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	2	2 max fill(s) per 30 day(s) retail
<i>polyvinyl alcohol 1.4 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>propylene glycol (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
<i>propylene glycol (ophth)</i>	2	2 max fill(s) per 30 day(s) retail
SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % (<i>Use polyethylene glycol-propylene glycol (ophth)</i>)	9	2 max fill(s) per 30 day(s) retail
SYSTANE ULTRA PF SOLN (<i>Use polyethylene glycol-propylene glycol (ophth)</i>)	9	2 max fill(s) per 30 day(s) retail
SYSTANE ULTRA SOLN (<i>Use polyethylene glycol-propylene glycol (ophth)</i>)	9	2 max fill(s) per 30 day(s) retail
THERATEARS EXTRA SOLN (<i>Use carboxymethylcellulose sodium (ophth)</i>)	9	2 max fill(s) per 30 day(s) retail
<i>white petrolatum-mineral oil</i>	2	2 max fill(s) per 30 day(s) retail
<i>white petrolatum-mineral oil</i>	1	2 max fill(s) per 30 day(s) retail
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
BETIMOL	4	2 max fill(s) per 30 day(s) retail; MP
BETIMOL (<i>Use timolol</i>)	4	2 max fill(s) per 30 day(s) retail; MP
BETIMOL (<i>Use timolol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
BETOPTIC-S SUSP	4	2 max fill(s) per 30 day(s) retail; MP
<i>brimonidine tartrate-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carteolol hcl (ophth)</i>	4	2 max fill(s) per 30 day(s) retail; MP
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>dorzolamide hcl-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>levobunolol hcl 0.5 %</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>timolol</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>timolol maleate (ophth) SOLG</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (ophth) SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	MYDRIACYL SOLN (<i>Use tropicamide</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>timolol maleate (ophth) SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>phenylephrine hcl (mydriatic) SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>Use timolol maleate (ophth)</i>)	2	2 max fill(s) per 30 day(s) retail; MP	PHENYLEPHRINE HCL SOLN (<i>Use phenylephrine hcl (mydriatic)</i>)	1	2 max fill(s) per 30 day(s) retail; PA
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>tropicamide SOLN 1 %</i>	1	2 max fill(s) per 30 day(s) retail
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>tropicamide SOLN 0.5 %</i>	1	2 max fill(s) per 30 day(s) retail; PA
Cholinergic Agonists			Miotics		
TYRVAYA	2	2 max fill(s) per 30 day(s) retail; PA	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	2 max fill(s) per 30 day(s) retail; MP
Cycloplegic Mydriatics			<i>pilocarpine hcl SOLN 1.25 %</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>atropine sulfate (ophthalmic) OINT</i>	1	2 max fill(s) per 30 day(s) retail	VUITY SOLN 1.25 % (<i>Use pilocarpine hcl</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>atropine sulfate (ophthalmic) SOLN</i>	1	2 max fill(s) per 30 day(s) retail	Ophthalmic Adrenergic Agents		
ATROPINE SULFATE SOLN 1 %	2	2 max fill(s) per 30 day(s) retail	ALPHAGAN P (<i>Use brimonidine tartrate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
ATROPINE SULFATE SOLN 1 %	1	2 max fill(s) per 30 day(s) retail	<i>apraclonidine hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP
ATROPINE SULFATE SOLN 0.01 %, 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	9	2 max fill(s) per 30 day(s) retail	<i>brimonidine tartrate</i>	1	2 max fill(s) per 30 day(s) retail; MP
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	IOPIDINE	4	2 max fill(s) per 30 day(s) retail; MP
CYCLOGYL	4	2 max fill(s) per 30 day(s) retail; PA	SIMBRINZA	2	2 max fill(s) per 30 day(s) retail; MP
CYCLOMYDRIL	4	2 max fill(s) per 30 day(s) retail; PA	Ophthalmic Anti-infectives		
<i>cyclopentolate hcl 1 %</i>	1	2 max fill(s) per 30 day(s) retail; PA	AZASITE	4	4 max fill(s) per 30 day(s) retail
			<i>bacitracin (ophthalmic)</i>	4	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin-polymyxin b (ophth)</i>	4	4 max fill(s) per 30 day(s) retail	VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	9	4 max fill(s) per 30 day(s) retail
BESIVANCE	4	4 max fill(s) per 30 day(s) retail	XDEMVI	2	2 max fill(s) per 30 day(s) retail
CILOXAN OINT	4	4 max fill(s) per 30 day(s) retail	ZIRGAN GEL	2	2 max fill(s) per 30 day(s) retail
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	ZYMAXID (Use <i>gatifloxacin (ophth)</i>)	9	4 max fill(s) per 30 day(s) retail
<i>erythromycin (ophth)</i>	1	4 max fill(s) per 30 day(s) retail	Ophthalmic Gene Therapy		
<i>gatifloxacin (ophth)</i>	4	4 max fill(s) per 30 day(s) retail	ENCELTO IMPL IZ 200000 CELLS	CO	SP
<i>gentamicin sulfate (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	LUXTURN	CO	SP
<i>levofloxacin (ophth) 0.5 %</i>	4	4 max fill(s) per 30 day(s) retail	Ophthalmic Immunomodulators		
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	4 max fill(s) per 30 day(s) retail	CEQUA SOLN	4	2 max fill(s) per 30 day(s) retail; PA
NATACYN	2	4 max fill(s) per 30 day(s) retail	<i>cyclosporine (ophth) EMUL</i>	1	2 max fill(s) per 30 day(s) retail
<i>neomycin-bacitracin zn-polymyxin</i>	4	4 max fill(s) per 30 day(s) retail	RESTASIS MULTIDOSE EMUL	2	2 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-gramicidin</i>	4	4 max fill(s) per 30 day(s) retail	RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>)	2	2 max fill(s) per 30 day(s) retail
OCUFLOX (Use <i>ofloxacin (ophth)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	VERKAZIA EMUL	4	2 max fill(s) per 30 day(s) retail; PA
<i>ofloxacin (ophth)</i>	1	4 max fill(s) per 30 day(s) retail	VEVYE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
<i>polymyxin b-trimethoprim</i>	1	4 max fill(s) per 30 day(s) retail	Ophthalmic Integrin Antagonists		
<i>sulfacetamide sodium (ophth) OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	XIIDRA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	Ophthalmic Kinase Inhibitors		
<i>tobramycin (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	RHOPRESSA	2	2 max fill(s) per 30 day(s) retail; MP
TOBREX OINT	4	4 max fill(s) per 30 day(s) retail	ROCKLATAN	2	2 max fill(s) per 30 day(s) retail; MP
<i>trifluridine</i>	1	2 max fill(s) per 30 day(s) retail	Ophthalmic Local Anesthetics		
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AKTEN	4	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ALCAINE (<i>Use proparacaine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX OINT	4	2 max fill(s) per 30 day(s) retail
<i>proparacaine hcl</i>	1	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>tetracaine hcl (ophth)</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>loteprednol etabonate GEL</i>	4	2 max fill(s) per 30 day(s) retail
<i>tetracaine hcl (ophth)</i>	2	2 max fill(s) per 30 day(s) retail; PA	<i>loteprednol etabonate SUSP</i>	4	2 max fill(s) per 30 day(s) retail
Ophthalmic Nerve Growth Factors			MAXIDEX SUSP OP	4	2 max fill(s) per 30 day(s) retail
OXERVATE	CO	2 max fill(s) per 30 day(s) retail; SP	MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	4	4 max fill(s) per 30 day(s) retail; PA
Ophthalmic Steroids			MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	9	4 max fill(s) per 30 day(s) retail
ALREX SUSP (<i>Use loteprednol etabonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>bacitracin-poly-neomycin-hc</i>	4	4 max fill(s) per 30 day(s) retail	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	9	4 max fill(s) per 30 day(s) retail
<i>dexamethasone sodium phosphate (ophth)</i>	1	2 max fill(s) per 30 day(s) retail	<i>neomycin-polymy-dexameth OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>difluprednate</i>	1	2 max fill(s) per 30 day(s) retail	<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
DUREZOL (<i>Use difluprednate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>neomycin-polymyxin-hc (ophth)</i>	1	4 max fill(s) per 30 day(s) retail
EYSUVIS SUSP	4	2 max fill(s) per 30 day(s) retail	PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
FLAREX	4	2 max fill(s) per 30 day(s) retail	PRED MILD	4	2 max fill(s) per 30 day(s) retail
<i>fluorometholone (ophth) SUSP</i>	1	2 max fill(s) per 30 day(s) retail	<i>prednisolone acetate (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
FML FORTE SUSP	4	2 max fill(s) per 30 day(s) retail	PREDNISOLONE SODIUM PHOSPHATE	4	2 max fill(s) per 30 day(s) retail
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sod-prednisolone SOLN</i>	1	4 max fill(s) per 30 day(s) retail
INVELTYS SUSP	4	2 max fill(s) per 30 day(s) retail			
LOTEMAX SM GEL	4	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX ST SUSP	2	4 max fill(s) per 30 day(s) retail	<i>epinastine hcl (ophth)</i>	4	2 max fill(s) per 30 day(s) retail
TOBRADEX OINT	2	4 max fill(s) per 30 day(s) retail	<i>flurbiprofen sodium</i>	1	2 max fill(s) per 30 day(s) retail
<i>tobramycin-dexamethasone SUSP</i>	1	4 max fill(s) per 30 day(s) retail	ILEVRO	2	2 max fill(s) per 30 day(s) retail
TRIESENCE	NP	SP	<i>ketorolac tromethamine (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
ZYLET	4	4 max fill(s) per 30 day(s) retail	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	2 max fill(s) per 30 day(s) retail
Ophthalmics - Misc.			MIEBO	4	2 max fill(s) per 30 day(s) retail
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	NEVANAC	2	2 max fill(s) per 30 day(s) retail
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>olopatadine hcl 0.2 %</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
ACUVAIL	4	2 max fill(s) per 30 day(s) retail	PROLENSA (<i>Use bromfenac sodium (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail
<i>azelastine hcl (ophth)</i>	4	2 max fill(s) per 30 day(s) retail	TRYPTYR SOLN OP 0.003 %	4	2 max fill(s) per 30 day(s) retail; PA
AZOPT (<i>Use brinzolamide</i>)	9	2 max fill(s) per 30 day(s) retail; MP	ZERViate	4	2 max fill(s) per 30 day(s) retail
AZOPT (<i>Use brinzolamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Prostaglandins - Ophthalmic		
<i>bepotastine besilate</i>	4	2 max fill(s) per 30 day(s) retail	<i>bimatoprost SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP
BEPREVE (<i>Use bepotastine besilate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	IYUZEH SOLN	2	2 max fill(s) per 30 day(s) retail; MP
<i>brinzolamide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>latanoprost SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>bromfenac sodium (ophth)</i>	4	2 max fill(s) per 30 day(s) retail	LUMIGAN SOLN 0.01 %	4	2 max fill(s) per 30 day(s) retail; MP
BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail	<i>tafluprost</i>	4	2 max fill(s) per 30 day(s) retail; MP
CYSTADROPS	CO		TRAVATAN Z SOLN (<i>Use travoprost</i>)	9	2 max fill(s) per 30 day(s) retail; MP
CYSTARAN	CO		TRAVATAN Z SOLN (<i>Use travoprost</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>diclofenac sodium (ophth)</i>	1	2 max fill(s) per 30 day(s) retail			
<i>dorzolamide hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits
<i>travoprost SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP
VYZULTA	4	2 max fill(s) per 30 day(s) retail; MP
XALATAN SOLN (<i>Use latanoprost</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
XALATAN SOLN (<i>Use latanoprost</i>)	9	2 max fill(s) per 30 day(s) retail; MP
XELPROS EMUL	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZIOPTAN (<i>Use tafluprost</i>)	4	2 max fill(s) per 30 day(s) retail; MP
ZIOPTAN (<i>Use tafluprost</i>)	9	2 max fill(s) per 30 day(s) retail; MP

OTIC AGENTS - Drugs to Treat the Ear

Otic Agents - Miscellaneous

<i>acetic acid (otic)</i>	1	2 max fill(s) per 30 day(s) retail
<i>carbamide peroxide (otic) 6.5 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>isopropyl alcohol-glycerin</i>	2	2 max fill(s) per 30 day(s) retail
SWIM EAR (<i>Use isopropyl alcohol (otic)</i>)	2	2 max fill(s) per 30 day(s) retail

Otic Anti-infectives

<i>ciprofloxacin hcl (otic)</i>	4	4 max fill(s) per 30 day(s) retail
<i>ofloxacin (otic)</i>	1	4 max fill(s) per 30 day(s) retail

Otic Combinations

CIPRO HC	2	4 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	1	4 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetonide</i>	4	4 max fill(s) per 30 day(s) retail
CORTISPORIN-TC	4	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	4 max fill(s) per 30 day(s) retail
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	2	2 max fill(s) per 30 day(s) retail
<i>fluocinolone acetonide (otic)</i>	1	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone w/acetic acid</i>	1	2 max fill(s) per 30 day(s) retail

OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding

Oxytocics

<i>methylergonovine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail
--------------------------------------	---	------------------------------------

PASSIVE IMMUNIZING AND TREATMENT

AGENTS - Antibody Drugs to Treat Low Immune System

Immune Serums

HYPERRHO SOSY IM 1500 UNIT	2	AL(At least 18 yrs old); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	AL(At least 18 yrs old); SP

Monoclonal Antibodies

SYNAGIS SOLN	2	SP; PA
--------------	---	--------

PENICILLINS - Drugs to Treat Bacterial Infections

Aminopenicillins

<i>amoxicillin CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>amoxicillin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
<i>amoxicillin TABS</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin sodium IJ 125 MG</i>	2	2 max fill(s) per 30 day(s) retail; PA	<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail; PA	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	4	4 max fill(s) per 30 day(s) retail; PA
<i>ampicillin CAPS 500 MG</i>	1	4 max fill(s) per 30 day(s) retail	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	4 max fill(s) per 30 day(s) retail
Natural Penicillins			AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	4	4 max fill(s) per 30 day(s) retail; PA
BICILLIN L-A SUSY	2	4 max fill(s) per 30 day(s) retail; PA	BICILLIN C-R	2	4 max fill(s) per 30 day(s) retail; PA
EXTENCILLINE SUSR	2	4 max fill(s) per 30 day(s) retail; PA	BICILLIN C-R 900/300	2	4 max fill(s) per 30 day(s) retail; PA
LENTOCILIN SUSR	2	4 max fill(s) per 30 day(s) retail; PA	<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	2	4 max fill(s) per 30 day(s) retail; PA
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	2	4 max fill(s) per 30 day(s) retail; PA	<i>piperacillin sodium-tazobactam sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	1	4 max fill(s) per 30 day(s) retail; PA	PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	2	4 max fill(s) per 30 day(s) retail; PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	4	4 max fill(s) per 30 day(s) retail; PA	UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium)	4	4 max fill(s) per 30 day(s) retail; PA
<i>penicillin g sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA	ZOSYN	2	4 max fill(s) per 30 day(s) retail; PA
<i>penicillin v potassium SOLR</i>	1	4 max fill(s) per 30 day(s) retail	Penicillinase-Resistant Penicillins		
<i>penicillin v potassium TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>dicloxacillin sodium</i>	1	4 max fill(s) per 30 day(s) retail
Penicillin Combinations			PROGESTINS - Hormone Replacement/Modifying Drugs		
<i>amoxicillin & pot clavulanate CHEW</i>	4	4 max fill(s) per 30 day(s) retail; PA	Progestins		
<i>amoxicillin & pot clavulanate SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amoxicillin & pot clavulanate TABS</i>	1	4 max fill(s) per 30 day(s) retail			
<i>amoxicillin & pot clavulanate TB12</i>	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate (appetite)</i>	1	4 max fill(s) per 30 day(s) retail
<i>norethindrone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>progesterone CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>progesterone OIL</i>	1	2 max fill(s) per 30 day(s) retail; MP
PROMETRIUM CAPS (Use <i>progesterone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>disulfiram</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lofexidine hcl</i>	4	2 max fill(s) per 30 day(s) retail; PA
LUCEMYRA (Use <i>lofexidine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	4	QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
XYREM SOLN	4	QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
XYWAV	4	QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Antidementia Agents		
ADLARITY PTWK	4	2 max fill(s) per 30 day(s) retail; MP; PA
ADUHELM	CO	SP
ARICEPT TABS (Use <i>donepezil hydrochloride</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>donepezil hydrochloride TABS 23 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>donepezil hydrochloride TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
EXELON (Use <i>rivastigmine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>galantamine hydrobromide CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>galantamine hydrobromide SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>galantamine hydrobromide TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
KISUNLA	CO	1 max fill(s) per 30 day(s) retail; SP
LEQEMBI	CO	1 max fill(s) per 30 day(s) retail; SP
LEQEMBI IQLIK SC 360 MG/1.8ML	CO	1 max fill(s) per 30 day(s) retail; SP
<i>memantine hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>memantine hcl-donepezil hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>perphenazine-amitriptyline</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>memantine hcl TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>memantine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	Fibromyalgia Agents		
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>Use memantine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	SAVELLA TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	Metachromatic Leukodystrophy (MLD) Agents		
NAMZARIC CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA	LENMELDY	CO	
NAMZARIC CP24 (<i>Use memantine hcl-donepezil hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Movement Disorder Drug Therapy		
<i>rivastigmine</i>	1	2 max fill(s) per 30 day(s) retail; MP	AUSTEDO XR PATIENT TITRATION TEPK	2	QL(1 EA per 1 day(s) retail); 2 max fill(s) per 30 day(s) retail
<i>rivastigmine tartrate CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP	AUSTEDO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA	AUSTEDO TABS 12 MG	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
Cerebral Adrenoleukodystrophy (CALD) Agents			AUSTEDO TABS 6 MG, 9 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
SKYSONA	CO		INGREZZA CAPS 80 MG	4	2 max fill(s) per 30 day(s) retail; PA
Combination Psychotherapeutics			INGREZZA CAPS 60 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>chlorthalidopoxide-amitriptyline</i>	4	2 max fill(s) per 30 day(s) retail; MP	INGREZZA CPPK	4	2 max fill(s) per 30 day(s) retail; PA
LYBALVI	2	2 max fill(s) per 30 day(s) retail; MP; PA	INGREZZA CPSP 40 MG, 60 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>olanzapine-fluoxetine hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tetrabenazine 25 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	<i>dimethyl fumarate CDPK</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>tetrabenazine 12.5 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XENAZINE 12.5 MG (<i>Use tetrabenazine</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i> fingolimod hcl</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XENAZINE 25 MG (<i>Use tetrabenazine</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GILENYA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Multiple Sclerosis Agents			GILENYA (<i>Use fingolimod hcl</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
AMPYRA (<i>Use dalfampridine</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>glatiramer acetate SOSY</i>	4	2 max fill(s) per 30 day(s) retail; SP
AUBAGIO (<i>Use teriflunomide</i>)	9	2 max fill(s) per 30 day(s) retail	KESIMPTA	2	2 max fill(s) per 30 day(s) retail; SP
AUBAGIO (<i>Use teriflunomide</i>)	4	2 max fill(s) per 30 day(s) retail; PA	LEMTRADA	4	2 max fill(s) per 30 day(s) retail; SP
AVONEX PEN AJKT	2	2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (10 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
AVONEX PREFILLED PSKT	2	2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (4 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
BAFIERTAM	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (5 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
BETASERON KIT	2	2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (6 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
BRIUMVI	4	2 max fill(s) per 30 day(s) retail; SP; PA	MAVENCLAD (7 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	2	2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (8 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
<i>dalfampridine</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	MAVENCLAD (9 TABS)	4	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail; 12 EA per 5 days mail); 2 max fill(s) per 30 day(s) retail; SP	REBIF REBIDOSE TITRATION PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(7 EA per 4 day(s) retail; 7 EA per 4 days mail); 2 max fill(s) per 30 day(s) retail; SP	REBIF REBIDOSE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
MAYZENT TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	REBIF TITRATION PACK SOSY	4	2 max fill(s) per 30 day(s) retail; SP
OCREVUS	4	2 max fill(s) per 30 day(s) retail; SP; PA	REBIF SOSY	4	2 max fill(s) per 30 day(s) retail; SP
OCREVUS ZUNOVO	4	QL(23 ML per 180 day(s) retail; 23 ML per 6 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA	TASCENSO ODT	2	2 max fill(s) per 30 day(s) retail; PA
PLEGRIDY STARTER PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; SP	TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PLEGRIDY STARTER PACK SOSY SC	4	2 max fill(s) per 30 day(s) retail; SP	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PLEGRIDY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP	<i>teriflunomide</i>	1	2 max fill(s) per 30 day(s) retail
PLEGRIDY SOSY IM	4	2 max fill(s) per 30 day(s) retail; SP	TYRUKO CONC IV 300 MG/15ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
PONVORY STARTER PACK TBPK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	TYSABRI	4	2 max fill(s) per 30 day(s) retail; SP; PA
PONVORY TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VUMERITY	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
			ZEPOSIA 7-DAY STARTER PACK CPPK	4	2 max fill(s) per 30 day(s) retail; SP; PA
			ZEPOSIA STARTER KIT CPPK	4	4 max fill(s) per 30 day(s) retail; SP; PA
			ZEPOSIA CAPS	4	2 max fill(s) per 30 day(s) retail; SP; PA
			Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin (once-daily) TABS</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	AQNEURSA	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>gabapentin (once-daily) TABS</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>ergoloid mesylates TABS</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	MIPLYFFA	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>pimozide</i>	1	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail
LYRICA CR 82.5 MG, 165 MG (<i>Use pregabalin (once-daily)</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Restless Leg Syndrome (RLS) Agents		
LYRICA CR 330 MG (<i>Use pregabalin (once-daily)</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	HORIZANT	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LYRICA CR 330 MG (<i>Use pregabalin (once-daily)</i>)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	Smoking Deterrents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>bupropion hcl (smoking deterrent)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>pregabalin (once-daily) 330 MG</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Premenstrual Dysphoric Disorder (PMDD) Agents			CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluoxetine hcl (pmdd) TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	CHANTIX TABS (<i>Use varenicline tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Pseudobulbar Affect (PBA) Agents			NICORETTE MINI LOZG 2 MG (<i>Use nicotine polacrilex</i>)	9	
NUDEXTA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	9	2 max fill(s) per 30 day(s) retail; MP
Psychotherapeutic and Neurological Agents - Misc.			NICORETTE STARTER KIT GUM 2 MG (<i>Use nicotine polacrilex</i>)	9	2 max fill(s) per 30 day(s) retail; MP
			NICORETTE GUM 2 MG (<i>Use nicotine polacrilex</i>)	9	2 max fill(s) per 30 day(s) retail; MP
			<i>nicotine polacrilex GUM</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine polacrilex LOZG</i>	2	2 max fill(s) per 30 day(s) retail; MP	GLASSIA SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>nicotine polacrilex LOZG</i>	1	2 max fill(s) per 30 day(s) retail; MP	PROLASTIN-C SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	2 max fill(s) per 30 day(s) retail; MP	ZEMAIRA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
NICOTROL NS SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	Cystic Fibrosis Agents		
<i>varenicline tartrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ALYFTREK 50 MG-4 MG-20 MG	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>varenicline tartrate TBPk</i>	1	2 max fill(s) per 30 day(s) retail; MP	ALYFTREK 125 MG-10 MG-50 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Transthyretin Amyloidosis Agents			BRONCHITOL	CO	
AMVUTTRA	CO	QL(0.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP	BRONCHITOL TOLERANCE TEST	CO	
ONPATTRO	CO	2 max fill(s) per 30 day(s) retail; SP	KALYDECO PACK	CO	
WAINUA	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP	KALYDECO TABS	CO	
Vasomotor Symptom Agents			ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	CO	
<i>paroxetine mesylate (vasomotor)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	ORKAMBI PACK 94 MG-75 MG	CO	SP
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			ORKAMBI TABS	CO	
Alpha-Proteinase Inhibitor (Human)			PULMOZYME	CO	
ARALAST NP SOLR 500 MG, 1000 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA	SYMDEKO	CO	
			TRIKAFTA TBPk	CO	
			TRIKAFTA THPK	CO	
			Pulmonary Fibrosis Agents		
			ESBRIET CAPS (<i>Use pirfenidone</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
			ESBRIET CAPS (<i>Use pirfenidone</i>)	9	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail
			ESBRIET TABS 801 MG (<i>Use pirfenidone</i>)	9	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESBRIET TABS 801 MG (Use <i>pirfenidone</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Infections		
ESBRIET TABS 267 MG (Use <i>pirfenidone</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Aminomethylcyclines		
ESBRIET TABS 267 MG (Use <i>pirfenidone</i>)	9	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail	NUZYRA SOLR	2	4 max fill(s) per 30 day(s) retail; PA
JASCAYD TABS PO 9 MG, 18 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NUZYRA TABS	4	4 max fill(s) per 30 day(s) retail
OFEV	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Fluorocyclines		
<i>pirfenidone CAPS</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	XERAVA	2	4 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone TABS 801 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Glycylcyclines		
<i>pirfenidone TABS 267 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>tigecycline</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone TABS 534 MG</i>	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	TIGECYCLINE	1	4 max fill(s) per 30 day(s) retail; PA
Respiratory Agents - Misc.			TYGACIL (Use <i>tigecycline</i>)	4	4 max fill(s) per 30 day(s) retail; PA
BRINSUPRI TABS PO 10 MG, 25 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Tetracyclines		
SULFONAMIDES - Drugs to Treat Bacterial Infections			<i>demeclocycline hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail
Sulfonamides			DORYX MPC TBEC 60 MG	4	4 max fill(s) per 30 day(s) retail
<i>sulfadiazine TABS</i>	1	4 max fill(s) per 30 day(s) retail	DORYX TBEC 50 MG (Use <i>doxycycline hyclate</i>)	9	4 max fill(s) per 30 day(s) retail
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	4 max fill(s) per 30 day(s) retail
			<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	4	4 max fill(s) per 30 day(s) retail
			<i>doxycycline (monohydrate) SUSR</i>	4	4 max fill(s) per 30 day(s) retail
			<i>doxycycline (monohydrate) TABS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>doxycycline hyclate CAPS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>doxycycline hyclate SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate SOLR</i>	4	4 max fill(s) per 30 day(s) retail; PA	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	2 max fill(s) per 30 day(s) retail; MP
<i>doxycycline hyclate TABS</i>	1	4 max fill(s) per 30 day(s) retail	ARMOUR THYROID TABS	2	2 max fill(s) per 30 day(s) retail; MP
<i>doxycycline hyclate TBEC</i>	4	4 max fill(s) per 30 day(s) retail	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
MINOCIN SOLR	2	4 max fill(s) per 30 day(s) retail; PA	ERMEZA SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>minocycline hcl CAPS</i>	1	4 max fill(s) per 30 day(s) retail	LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA
<i>minocycline hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail	LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA
<i>minocycline hcl TB24</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>levothyroxine sodium SOLR IV</i>	1	2 max fill(s) per 30 day(s) retail; PA
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	9	4 max fill(s) per 30 day(s) retail	LEVOTHYROXINE SODIUM SOLR IV (<i>Use levothyroxine sodium</i>)	1	2 max fill(s) per 30 day(s) retail; PA
<i>tetracycline hcl CAPS</i>	4	4 max fill(s) per 30 day(s) retail	LEVOTHYROXINE SODIUM SOLR IV (<i>Use levothyroxine sodium</i>)	9	2 max fill(s) per 30 day(s) retail
TETRACYCLINE HCL TABS	4	2 max fill(s) per 30 day(s) retail	<i>levothyroxine sodium TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	9	4 max fill(s) per 30 day(s) retail	<i>levothyroxine sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
VIBRAMYCIN SUSR (<i>Use doxycycline (monohydrate)</i>)	9	4 max fill(s) per 30 day(s) retail	<i>liothyronine sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>liothyronine sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antithyroid Agents			NIVA THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP
<i>methimazole TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	NP THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP
<i>propylthiouracil</i>	1	2 max fill(s) per 30 day(s) retail; MP	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP
Thyroid Hormones					
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	CUVPOSA SOLN PO (<i>Use glycopyrrolate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
THYQUIDITY SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>dicyclomine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP	<i>dicyclomine hcl SOLN IM</i>	1	
TOXOIDS			<i>dicyclomine hcl SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail
Toxoid Combinations			<i>dicyclomine hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; PA
ADACEL SUSP	2		<i>dicyclomine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	2		GLYCATE TABS	4	2 max fill(s) per 30 day(s) retail; PA
BOOSTRIX SUSP	2		GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML (<i>Use glycopyrrolate</i>)	NP	
BOOSTRIX SUSY	2		<i>glycopyrrolate SOLN IJ</i>	1	
DAPTACEL	2		<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
INFANRIX	2		<i>glycopyrrolate SOSY IJ</i>	NP	
KINRIX SUSY	2		GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP	
PEDIARIX SUSY	2		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	2 max fill(s) per 30 day(s) retail
PENTACEL	2		GLYRX-PF SOLN IJ	NP	
QUADRACEL SUSP	2		<i>hyoscyamine sulfate ELIX</i>	1	2 max fill(s) per 30 day(s) retail
QUADRACEL SUSY	2		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail
TDVAX SUSP	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
TENIVAC SUSP 2 LFU-5 LFU	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
TETANUS-DIPHThERIA TOXOIDS TD SUSP	2		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
VAXELIS SUSP	2		<i>hyoscyamine sulfate TABS 0.125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
VAXELIS SUSY	2		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	2 max fill(s) per 30 day(s) retail
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF				
<i>chlordiazepoxide hcl-clidinium bromide</i>	4	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
LEVSIN/SL SUBL (<i>Use hyoscyamine sulfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
LEVSIN TABS (<i>Use hyoscyamine sulfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>methscopolamine bromide</i>	1	2 max fill(s) per 30 day(s) retail
<i>phenobarbital-hyoscyamine-atropine-scopolamine TABS</i>	4	2 max fill(s) per 30 day(s) retail; PA
ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ROBINUL TABS (<i>Use glycopyrrolate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
H-2 Antagonists		
<i>cimetidine hcl PO 300 MG/5ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cimetidine TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>famotidine in nacl SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>famotidine SUSR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>famotidine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>nizatidine CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEPCID AC TABS (<i>Use famotidine</i>)	9	2 max fill(s) per 30 day(s) retail; MP
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>Use sucralfate</i>)	9	2 max fill(s) per 30 day(s) retail
CARAFATE TABS (<i>Use sucralfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>sucralfate SUSP</i>	1	2 max fill(s) per 30 day(s) retail
<i>sucralfate TABS</i>	1	2 max fill(s) per 30 day(s) retail
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
DEXILANT (<i>Use dextansoprazole</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>dextansoprazole</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium CPDR</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>esomeprazole sodium 40 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>esomeprazole magnesium CPDR 20 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; MP; RX/OTC	<i>lansoprazole CPDR</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
<i>esomeprazole magnesium PACK 2.5 MG, 5 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	<i>lansoprazole TBDD</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; RX/OTC
<i>esomeprazole magnesium PACK</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	NEXIUM I.V. 40 MG (<i>Use esomeprazole sodium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
<i>esomeprazole magnesium TBEC</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; MP; PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML	2	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>omeprazole CPDR 10 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>pantoprazole sodium SOLR</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>omeprazole TBEC</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	PANTOPRAZOLE SODIUM SOLR 40 MG (<i>Use pantoprazole sodium</i>)	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML	2	QL(100 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	2	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVACID 24HR CPDR (Use lansoprazole)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; RX/OTC	PROTONIX SOLR (Use pantoprazole sodium)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PREVACID SOLUTAB TBDD (Use lansoprazole)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA; RX/OTC	PROTONIX TBEC (Use pantoprazole sodium)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PREVACID CPDR 30 MG (Use lansoprazole)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	rabeprazole sodium TBEC	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
PRILOSEC PACK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	VOQUEZNA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
PROTONIX PACK (Use pantoprazole sodium)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	Ulcer Drugs - Prostaglandins		
			CYTOTEC 100 MCG (Use misoprostol)	9	2 max fill(s) per 30 day(s) retail
			CYTOTEC (Use misoprostol)	4	2 max fill(s) per 30 day(s) retail; PA
			misoprostol	1	2 max fill(s) per 30 day(s) retail
			Ulcer Therapy Combinations		
			amoxicillin-clarithromycin w/ lansoprazole THPK	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subcitrate potassium-metronidazole- tetracycline</i>	4	2 max fill(s) per 30 day(s) retail; PA	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
KONVOMEK SUSR	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	<i>darifenacin hydrobromide</i>	4	2 max fill(s) per 30 day(s) retail; MP
OMECLAMOX-PAK	4	2 max fill(s) per 30 day(s) retail; PA	DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>omeprazole-sodium bicarbonate CAPS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA; RX/OTC	DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>omeprazole-sodium bicarbonate PACK</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	DETROL TABS (<i>Use tolterodine tartrate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
PYLERA (<i>Use bismuth subcitrate potassium-metronidazole-tetracycline</i>)	4	2 max fill(s) per 30 day(s) retail; PA	DETROL TABS (<i>Use tolterodine tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
TALICIA	4	2 max fill(s) per 30 day(s) retail; PA	<i>fesoterodine fumarate</i>	4	2 max fill(s) per 30 day(s) retail; MP
VOQUEZNA DUAL PAK	4	2 max fill(s) per 30 day(s) retail; PA	<i>oxybutynin chloride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
VOQUEZNA TRIPLE PAK	4	2 max fill(s) per 30 day(s) retail; PA	<i>oxybutynin chloride TABS 5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>oxybutynin chloride TABS 2.5 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
			<i>oxybutynin chloride TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
			OXYTROL PTTW	4	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA; RX/OTC
			<i>solifenacin succinate TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
			<i>tolterodine tartrate CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
TOVIAZ (<i>Use fesoterodine fumarate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>trospium chloride CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>trospium chloride TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
VESICARE LS SUSP	4	2 max fill(s) per 30 day(s) retail; MP
VESICARE TABS (<i>Use solifenacin succinate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>mirabegron TB24</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
MYRBETRIQ SRER	4	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP
VACCINES		

Drug Name	Drug Tier	Requirements/ Limits
Bacterial Vaccines		
ACTHIB SOLR IM	2	
BCG VACCINE	2	
BEXSERO 0.5 ML	2	
BIOTHRAX	2	
HIBERIX SOLR IJ	2	
MENACTRA	2	
MENQUADFI 0.5 ML	2	
MENVEO SOLN	2	
MENVEO SOLR	2	
PEDVAX HIB SUSP	2	
PENBRAYA	2	
PNEUMOVAX 23 SOLN	2	
PNEUMOVAX 23 SOSY	2	
PREVNAR 13	2	
PREVNAR 20	2	
TRUMENBA 0.5 ML	2	
TYPHIM VI SOLN	2	
TYPHIM VI SOSY	2	
VAXCHORA	2	
VAXNEUVANCE	2	
VIVOTIF	2	
Viral Vaccines		
ABRYSVO	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old)
ACAM2000	2	
AFLURIA PRESERVATIVE FREE SUSY	2	
AFLURIA QUADRIVALENT SUSP	2	
AFLURIA QUADRIVALENT SUSY 0.5 ML	2	
AFLURIA SUSP	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AREXVY	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA	FLUZONE QUADRIVALENT SUSP	2	
AUDENZ EMUL	2		FLUZONE QUADRIVALENT SUSY	2	
AUDENZ PRSY	2		FLUZONE SUSP	2	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	2		FLUZONE SUSY	2	
COMIRNATY SUSP	2		GARDASIL 9 SUSP 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
COMIRNATY SUSY	2		GARDASIL 9 SUSY 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
DENGIVAXIA	2		HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	2	
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail	HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail	IMOVAX RABIES SUSR	2	
FLUAD	2	AL(At least 65 yrs old)	IPOLE IJ	2	
FLUAD QUADRIVALENT	2	AL(At least 65 yrs old)	IXIARO	2	
FLUARIX QUADRIVALENT SUSY	2		JYNNEOS	2	
FLUARIX SUSY	2		M-M-R II SOLR	2	
FLUBLOK QUADRIVALENT	2		MNEXSPIKE SUSY 10 MCG/0.2ML	2	
FLUBLOK SOSY	2		MODERNA COVID-19 BIVALENT	2	
FLUCELVAX QUADRIVALENT SUSP	2		MODERNA COVID-19 VAC 6M-11Y SUSP	2	
FLUCELVAX QUADRIVALENT SUSY	2		MODERNA COVID-19 VAC 6M-11Y SUSY	2	
FLUCELVAX SUSP	2		MODERNA COVID-19 VACCINE SUSP	2	
FLUCELVAX SUSY	2		MRESVIA	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA
FLULAVAL QUADRIVALENT SUSY	2		NOVAVAX COVID-19 VACCINE SUSP	2	
FLULAVAL SUSY	2		NOVAVAX COVID-19 VACCINE SUSY	2	
FLUMIST	2				
FLUMIST QUADRIVALENT	2				
FLUZONE HIGH-DOSE QUADRIVALENT	2	AL(At least 65 yrs old)			
FLUZONE HIGH-DOSE SUSY	2	AL(At least 65 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	2		VARIVAX SUSR	2	2 max fill(s) per 999 day(s) retail
PFIZER COVID-19 VAC BIVALENT	2		YF-VAX SUSR	2	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	2		VAGINAL AND RELATED PRODUCTS		
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	2		Miscellaneous Vaginal Products		
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	2		INTRAROSA	2	2 max fill(s) per 30 day(s) retail; PA
PFIZER-BIONTECH COVID-19 VACC SUSP	2		Vaginal Anti-infectives		
PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail	CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	4	4 max fill(s) per 30 day(s) retail
PRIORIX SUSR	2		CLEOCIN SUPP	2	4 max fill(s) per 30 day(s) retail
PROQUAD SUSR	2		<i>clindamycin phosphate vaginal CREA</i>	1	4 max fill(s) per 30 day(s) retail
RABAVERT	2		CLINDESSE	4	4 max fill(s) per 30 day(s) retail
RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail	<i>clotrimazole vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail
RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail	GYNAZOLE-1	4	2 max fill(s) per 30 day(s) retail
ROTARIX SUSP	2		<i>metronidazole vaginal</i>	1	4 max fill(s) per 30 day(s) retail
ROTATEQ SOLN	2		<i>miconazole nitrate vaginal CREA 2 %</i>	1	2 max fill(s) per 30 day(s) retail
SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	2 max fill(s) per 30 day(s) retail
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	2		NUVESSA	4	4 max fill(s) per 30 day(s) retail
SPIKEVAX SUSP	2		<i>terconazole vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail
SPIKEVAX SUSY	2		<i>terconazole vaginal SUPP</i>	4	2 max fill(s) per 30 day(s) retail
STAMARIL SUSR	2		VANDAZOLE	4	4 max fill(s) per 30 day(s) retail
TICOVAC	2		XACIATO GEL	4	2 max fill(s) per 30 day(s) retail; PA
TWINRIX SUSY	2		Vaginal Contraceptive - pH Modulators		
VAQTA	2		PHEXX	2	2 max fill(s) per 30 day(s) retail; MP
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHEXXI	2	2 max fill(s) per 30 day(s) retail; MP	Anaphylaxis Therapy Agents		
Vaginal Estrogens			ADRENALIN SOLN IJ 30 MG/30ML (<i>Use epinephrine (anaphylaxis)</i>)	NP	PA
ESTRACE CREA (<i>Use estradiol vaginal</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ADRENALIN SOLN IJ 1 MG/ML (<i>Use epinephrine (anaphylaxis)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>estradiol vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail; MP	AUVI-Q SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
<i>estradiol vaginal TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>estradiol vaginal TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>epinephrine (anaphylaxis) SOAJ</i>	1	2 max fill(s) per 30 day(s) retail
ESTRING RING 7.5 MCG/24HR	2	2 max fill(s) per 30 day(s) retail; MP	<i>epinephrine (anaphylaxis) SOAJ</i>	2	2 max fill(s) per 30 day(s) retail
FEMRING	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML</i>	NP	PA
IMVEXXY MAINTENANCE PACK INST	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	2	2 max fill(s) per 30 day(s) retail
IMVEXXY STARTER PACK INST	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	2	2 max fill(s) per 30 day(s) retail
PREMARIN	2	2 max fill(s) per 30 day(s) retail; MP	NEFFY SOLN NA	2	2 max fill(s) per 30 day(s) retail; PA
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Neurogenic Orthostatic Hypotension (NOH) - Agents		
Vaginal Progestins			<i>droxidopa</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CRINONE GEL	2	2 max fill(s) per 30 day(s) retail; PA	NORTHERA (<i>Use droxidopa</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ENDOMETRIN INST 100 MG (<i>Use progesterone (vaginal)</i>)	2	2 max fill(s) per 30 day(s) retail; PA	Vasopressors		
<i>progesterone (vaginal) INST 100 MG</i>	1	2 max fill(s) per 30 day(s) retail	AKOVAZ SOLN IV (<i>Use ephedrine sulfate (pressors)</i>)	NF	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ephedrine sulfate (pressors) SOLN IV</i>	1	PA	<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	2	PA	<i>cholecalciferol LIQD PO</i>	2	2 max fill(s) per 30 day(s) retail; MP
EPINEPHRINE PF SOLN IJ 1 MG/ML (<i>Use epinephrine</i>)	NF	PA	<i>cholecalciferol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>epinephrine SOLN IJ</i>	1	2 max fill(s) per 30 day(s) retail	<i>cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>epinephrine SOLN IJ</i>	1	PA	D3 BABY DROPS LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP
EPINEPHRINE SOLN IJ (<i>Use epinephrine</i>)	9	2 max fill(s) per 30 day(s) retail	DDROPS LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP
LEVOPHED IV (<i>Use norepinephrine bitartrate</i>)	2	PA	DRISDOL CAPS (<i>Use ergocalciferol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>midodrine hcl</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>norepinephrine bitartrate IV</i>	1	PA	D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	1	2 max fill(s) per 30 day(s) retail; MP
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA	<i>ergocalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>phenylephrine hcl (pressors) SOLN IV</i>	1	PA	<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
PHENYLEPHRINE HCL (PRESSORS) SOLN IV (<i>Use phenylephrine hcl (pressors)</i>)	2	PA	OPTIMAL D3 M CAPS	2	2 max fill(s) per 30 day(s) retail; MP
VAZCULEP SOLN IV (<i>Use phenylephrine hcl (pressors)</i>)	2	PA	SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP
VITAMINS			VITAMIN D (ERGOCALCIFEROL) CAPS	2	2 max fill(s) per 30 day(s) retail; MP
Oil Soluble Vitamins			VITAMIN D2 TABS 2000 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
BABY DDROPS LIQD PO (<i>Use cholecalciferol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN D2 TABS 400 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
<i>cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	2 max fill(s) per 30 day(s) retail; MP			
<i>cholecalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D3 IMMUNE HEALTH LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP	SLO-NIACIN TBCR 500 MG (<i>Use niacin</i>)	1	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 LIQD PO 125 MCG/ML	1	2 max fill(s) per 30 day(s) retail; MP	SLO-NIACIN TBCR 750 MG (<i>Use niacin</i>)	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 LIQD PO 30 MCG/15ML, 125 MCG/0.5ML	2	2 max fill(s) per 30 day(s) retail; MP	<i>thiamine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
VITAMIN D3 TABS (<i>Use cholecalciferol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	<i>thiamine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 TABS	2	2 max fill(s) per 30 day(s) retail; MP	<i>thiamine mononitrate TABS 250 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
Water Soluble Vitamins			<i>thiamine mononitrate TABS 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
B-6 TABS	1	2 max fill(s) per 30 day(s) retail; MP	TRUE VITAMIN B1 TABS	2	2 max fill(s) per 30 day(s) retail; MP
<i>benfotiamine</i>	2	2 max fill(s) per 30 day(s) retail; MP	TRUE VITAMIN B6 TABS	2	2 max fill(s) per 30 day(s) retail; MP
CYTO B1 POWD PO	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN B1 LIQD PO 25 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
ENDUR-AMIDE TBCR	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN B6 LIQD PO 12.5 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
<i>niacinamide TABS 500 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP			
<i>niacinamide TBCR 500 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP			
<i>niacin TABS 500 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP			
<i>niacin TBCR 500 MG, 750 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP			
<i>pyridoxine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP			
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP			

INDEX

1ST TIER UNIFINE PENTIPS ...	134	ACCU-CHEK SOFTCLIX LANCETS	124	acetic acid (otic)	173
1ST TIER UNIFINE PENTIPS PLUS	134	ACCUPRIL (Use quinapril hcl)	48	acetylcysteine SOLN	81
abacavir sulfate SOLN	65	ACCURETIC 12.5 MG-10 MG, 12.5		ACID GONE SUSP 358 MG/15ML-95	
abacavir sulfate TABS	65	MG-20 MG (Use quinapril-		MG/15ML	16
abacavir sulfate-lamivudine	65	hydrochlorothiazide)	50	ACIPHEX TBEC (Use rabeprazole	
ABECMA	56	ACE AEROSOL CLOUD		sodium)	184
ABILIFY ASIMTUFII PRSY	65	ENHANCER MISC	141	acitretin	85
ABILIFY MAINTENA PRSY	65	acebutolol hcl CAPS	70	ACTEMRA ACTPEN SOAJ	7
ABILIFY MAINTENA SRER	65	acetaminophen CHEW	11	ACTEMRA SOLN	7
ABILIFY MYCITE MAINTENANCE		acetaminophen ELIX 160 MG/5ML		ACTEMRA SOSY	8
KIT	65	11		ACTHAR GEL PEN SC 40	
ABILIFY MYCITE STARTER KIT .	65	acetaminophen LIQD 160 MG/5ML		UNIT/0.5ML, 80 UNIT/ML	98
ABILIFY TABS (Use aripiprazole) .	65	11		ACTHAR GEL	98
abiraterone acetate	56	acetaminophen SOLN PO 160		ACTHIB SOLR IM	189
ABOUTTIME PEN NEEDLE	134	MG/5ML, 325 MG/10.15ML, 650		ACTI-LANCE 28G	124
ABRILADA (1 PEN) AJKT	5	MG/20.3ML	11	ACTI-LANCE LITE LANCETS 28G	
ABRILADA (2 PEN) AJKT	5	acetaminophen SUPP 120 MG, 650		124	
ABRILADA (2 SYRINGE) PSKT	5	MG	11	ACTI-LANCE SPECIAL LANCETS	
ABRYSVO	189	acetaminophen SUSP 160 MG/5ML,		17G	124
ABSORICA (Use isotretinoin)	81	650 MG/20.3ML	11	ACTI-LANCE UNIVERSAL 23G .	124
ABSORICA LD	81	acetaminophen SUSP 160 MG/5ML .		ACTIMMUNE 100 MCG/0.5ML	60
ACAM2000	189	11		ACTIQ LPOP 400 MCG (Use	
acamprosate calcium	175	acetaminophen TABS 325 MG, 500		fentanyl citrate)	11
acarbose	32	MG	11	ACTIVASE IV	115
ACCOLATE (Use zafirlukast)	20	acetaminophen TBCR	11	ACTIVELLA TABS 1 MG-0.5 MG	
ACCRUFER	117	acetaminophen w/ codeine SOLN .	13	(Use estradiol & norethindrone	
ACCU-CHEK FASTCLIX LANCETS .		acetaminophen w/ codeine TABS 15		acetate)	103
124		MG-300 MG, 30 MG-300 MG, 60		ACTIVITY POUCH MISC	141
ACCU-CHEK SAFE-T PRO		MG-300 MG	13	ACTONEL TABS 35 MG, 150 MG	
LANCETS	124	acetaminophen-caff-dihydrocod		(Use risedronate sodium)	96
		CAPS 30 MG-320.5 MG-16 MG ...	13	ACTOPLUS MET TABS 850 MG-15	
		acetazolamide CP12	95	MG (Use pioglitazone hcl-metformin	
		acetazolamide sodium	95	hcl)	33
		acetazolamide TABS	95	ACTOS (Use pioglitazone hcl)	39

ACULAR (Use ketorolac tromethamine (ophth))	172	START AJKT 80 MG/0.8ML	6	ADDERALL TABS (Use amphetamine-dextroamphetamine)	.1
ACULAR LS (Use ketorolac tromethamine (ophth))	172	ADALIMUMAB-ADAZ SOAJ	6	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	.1
ACUVAIL	172	ADALIMUMAB-ADAZ SOSY	6	adefovir dipivoxil	.68
acyclovir CAPS	.69	ADALIMUMAB-ADBM (2 PEN) AJKT	6	ADEMPAS	.75
acyclovir sodium SOLN	.69	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	40 MG/0.4ML, 40 MG/0.8ML .6	adenosine SOLN	.18
acyclovir SUSP	.69	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	.6	ADJUSTABLE LANCING DEVICE MISC	.125
acyclovir TABS PO	.69	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	.6	ADLARITY PTWK	.175
acyclovir topical CREA	.87	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	.6	ADMELOG SOLN IJ	.36
acyclovir topical OINT	.87	ADALIMUMAB-FKJP (2 PEN) AJKT	.6	ADMELOG SOLOSTAR SOPN	.36
ACZONE 7.5 % (Use dapson (topical))	.81	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	.6	ADRENALIN SOLN IJ 1 MG/ML (Use epinephrine (anaphylaxis))	.192
ADACEL SUSP	.183	ADALIMUMAB-RYVK (1 PEN) AJKT	.6	ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	.192
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	.183	ADALIMUMAB-RYVK (2 PEN) AJKT	.6	ADSTILADRIN	.56
ADAKVEO	.115	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	.6	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	.182
ADALIMUMAB-AACF (2 PEN) AJKT	.5	adapalene CREA	.82	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	.182
ADALIMUMAB-AACF (2 SYRINGE) PSKT	.5	adapalene GEL	.82	ADUHELM	.175
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	.5	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	.81	ADULT AEROSOL MASK MISC	.141
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	.5	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	.81	ADULT MASK DEVI	.141
ADALIMUMAB-AATY (1 PEN) AJKT	.5	ADASUVE	.63	ADULT MASK LARGE MISC	.141
ADALIMUMAB-AATY (1 PEN) AJKT	.5	ADBRY SOAJ	.91	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	.21
ADALIMUMAB-AATY (2 PEN) AJKT	.5	ADBRY SOSY	.91	ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT (Use fluticasone-salmeterol)	.21
ADALIMUMAB-AATY (2 SYRINGE) PSKT	.6	ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	.74	ADVAIR HFA AERO (Use fluticasone-salmeterol)	.21
ADALIMUMAB-AATY CD/UC/HS				ADVANCED MOBILE LANCET	.125
				ADVATE	.111

ADVIL TABS (Use ibuprofen)	8	DEVI	142	AEROCHAMBER2GO ANTI-STATIC DEVI	142
ADVIN COVID-19 ANTIGEN TEST KIT	93	AEROCHAMBER MV MISC	142	AEROECLIPSE EZ TWIST TUBING MISC	143
ADVOCATE ALCOHOL PREP PADS	133	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	142	AEROECLIPSE MASK LARGE MISC	143
ADVOCATE INSULIN PEN NEEDLE	134	AEROCHAMBER PLUS FLO-VU INTERM DEVI	142	AEROECLIPSE MASK MEDIUM MISC	143
ADVOCATE INSULIN PEN NEEDLES	134	AEROCHAMBER PLUS FLO-VU LARGE DEVI	142	AEROECLIPSE MASK SMALL MISC	143
ADVOCATE INSULIN SYRINGE 134		AEROCHAMBER PLUS FLO-VU LARGE MISC	142	AEROTRACH PLUS MISC	143
ADVOCATE LANCETS	125	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	142	AEROVENT PLUS DEVI	143
ADVOCATE LANCETS 30G	125	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	142	AFINITOR DISPERZ TBSO (Use everolimus)	57
ADVOCATE LANCING DEVICE MISC	125	AEROCHAMBER PLUS FLO-VU MISC	142	AFINITOR TABS (Use everolimus) 57	
ADVOCATE RAPID-SAFE LANCING MISC	125	AEROCHAMBER PLUS FLO-VU SMALL DEVI	142	AFLURIA PRESERVATIVE FREE SUSY	189
ADVOCATE SAFETY LANCETS 125		AEROCHAMBER PLUS FLO-VU SMALL MISC	142	AFLURIA QUADRIVALENT SUSP 189	
ADVOCATE SAFETY LANCETS 21G	125	AEROCHAMBER PLUS FLO-VU W/MASK MISC	142	AFLURIA QUADRIVALENT SUSY 0.5 ML	189
ADVOCATE SAFETY LANCETS 23G	125	AEROCHAMBER PLUS FLOW VU MISC	142	AFLURIA SUSP	189
ADVOCATE SAFETY LANCETS 26G	125	AEROCHAMBER W/FLOWSIGNAL MISC	142	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	36
ADVOCATE SAFETY LANCETS 28G	125	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	142	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	111
ADYNOVATE	111	AEROCHAMBER Z-STAT PLUS MISC	142	AGAMATRIX ULTRA-THIN LANCETS	125
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	1	AEROCHAMBER Z-STAT PLUS/LARGE MISC	142	AGAMREE	79
AEROBIKA DEVI	141	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	142	AGRYLIN 0.5 MG (Use anagrelide hcl)	114
AEROCHAMBER HOLDING CHAMBER DEVI	141	AEROCHAMBER Z-STAT PLUS/SMALL MISC	142	AIMOVIG	150
AEROCHAMBER MINI CHAMBER				AIMSCO LUBRICATED MISC ...	123

AIMSCO TWIST LANCETS 32G	125	ALCOH-GLOVE CONTOURED	143	
AIMSCO TWIST LANCETS 33G	125	WIPE	133	ALL FLOW 6000 PFT FILTER DEVI .
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	21	ALCOHOL PADS	133	143
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	21	ALCOHOL PREP	133	ALL FLOW 7000 PFT FILTER DEVI .
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	21	ALCOHOL PREP PADS	133	143
AIRS PEDIATRIC AEROSOL MASK MISC	143	ALCOHOL SWABS	133	allopurinol 100 MG, 300 MG
AIRSUPRA	21	ALDACTONE TABS (Use spironolactone)	96	111
AJOVY SOAJ	150	ALDURAZYME	100	allopurinol 200 MG
AJOVY SOSY	150	ALECENSA	57	111
AKEEGA	56	alendronate sodium SOLN	96	allopurinol sodium
AKLIEF	82	alendronate sodium TABS 10 MG, 35 MG, 70 MG	96	151
AKOVAZ SOLN IV (Use ephedrine sulfate (pressors))	192	ALEVE ALL DAY STRONG TABS 220 MG (Use naproxen sodium)	8	alotriptan malate
AKTEN	171	ALEVE TABS (Use naproxen sodium)	8	151
AKYNZEO (READY-TO-USE) SOLN	42	alfuzosin hcl	110	ALOCANE EMERGENCY BURN MAX STR AERS 4 %
AKYNZEO (TO-BE-DILUTED) SOLN	42	ALHEMO	111	92
AKYNZEO	42	aliskiren fumarate	51	alogliptin benzoate
AKYNZEO SOLR	42	ALIVE MULTI-VITAMIN CHILDRENS CHEW	159	35
albendazole	16	ALKINDI SPRINKLE CPSP	79	alogliptin-metformin hcl
albuterol sulfate AERS	21	ALL FLOW 1000 PFT FILTER DEVI .		33
albuterol sulfate NEBU	21	143		alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG
albuterol sulfate SYRP	21	ALL FLOW 1000 PFT FILTER MISC .		33
albuterol sulfate TABS	21	143		ALOPRIM (Use allopurinol sodium)
ALCAINE (Use proparacaine hcl)	171	ALL FLOW 2000 PFT FILTER DEVI .		111
alclometasone dipropionate CREA	87	143		alose tron hcl
alclometasone dipropionate OINT	87	ALL FLOW 3000 PFT FILTER DEVI .		108
		143		ALPHAGAN P (Use brimonidine tartrate)
		ALL FLOW 4000 PFT FILTER DEVI .		169
		143		ALPHANATE SOLR
		ALL FLOW 5000 PFT FILTER DEVI .		111
				ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT
				112
				ALPRAZOLAM INTENSOL CONC
				18
				alprazolam TABS
				18
				alprazolam TB24
				18
				alprazolam TBDP
				18
				ALPROLIX
				112
				ALREX SUSP (Use loteprednol etabonate)
				171
				ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril)
				48

ALTOPREV TB24 20 MG, 40 MG, 60 MG	47	amiloride hcl TABS	96 174		
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	112	aminocaproic acid SOLN IV 250 MG/ML	118	amoxicillin & pot clavulanate TB12 174	
aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML	16	aminocaproic acid SOLN PO 0.25 GM/ML	118	amoxicillin CAPS	173
ALUNBRIG TABS	58	aminocaproic acid TABS	118	amoxicillin CHEW 125 MG, 250 MG .	173
ALUNBRIG TBPk	58	AMINOPHYLLINE SOLN 25 MG/ML .	22	amoxicillin SUSR	173
ALVAIZ 36 MG, 54 MG	116	amiodarone hcl TABS	19	amoxicillin TABS	173
ALVAIZ 9 MG, 18 MG	116	AMITIZA (Use lubiprostone)	106	amoxicillin-clarithromycin w/ lansoprazole THPK	187
ALVESCO	20	amitriptyline hcl TABS	32	amphetamine sulfate TABS	1
ALYFTREK 125 MG-10 MG-50 MG 180		AMJEVITA SOAJ	6	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	1
ALYFTREK 50 MG-4 MG-20 MG 180		AMJEVITA SOSY	6		
amantadine hcl CAPS	60	AMJEVITA-PED 10KG TO <15KG SOSY	6	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1
amantadine hcl SOLN	60	AMJEVITA-PED 15KG TO <30KG SOSY	6	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
amantadine hcl TABS	60	amlodipine besylate TABS	71	amphetamine-dextroamphetamine TABS	1
AMBIEN CR TBCR (Use zolpidem tartrate)	119	amlodipine besylate-atorvastatin calcium	73	amphotericin b IV	43
AMBIEN TABS (Use zolpidem tartrate)	119	amlodipine besylate-benazepril hcl 50		amphotericin b liposome	43
AMBISOME (Use amphotericin b liposome)	43	amlodipine besylate-olmesartan medoxomil	50	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	174
ambrisentan	74	amlodipine besylate-valsartan	50	ampicillin CAPS 500 MG	174
amcinonide CREA	87	amlodipine-valsartan-hydrochlorothiazide	50	ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	174
AMD FOAM DRESSING PADS ..	122	AMONDYS 45	165	ampicillin sodium IJ 125 MG	174
AMD FOAM DRESSING TOPSHEET PADS	122	amoxapine	32	AMPYRA (Use dalfampridine) ...	177
AMELUZ GEL	85	amoxicillin & pot clavulanate CHEW .	174	AMRIX CP24 (Use cyclobenzaprine hcl)	162
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	4	amoxicillin & pot clavulanate SUSR 174		AMTAGVI	56
amiloride & hydrochlorothiazide ...	95	amoxicillin & pot clavulanate TABS			

AMVUTTRA	180	800 MG (Use eslicarbazepine acetate)	25	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	20
ANAFRANIL (Use clomipramine hcl) 32		APTIVUS CAPS	65	AROMASIN (Use exemestane) ...	56
anagrelide hcl	114	AQ INSULIN SYRINGE	134	ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	8
anastrozole	56	AQINJECT PEN NEEDLE	134	artificial tear solution	167
ANDEMBRY SOAJ SC 200 MG/1.2ML	114	AQNEURSA	179	asenapine maleate	63
ANDROGEL PUMP GEL TD (Use testosterone)	15	AQUALANCE LANCETS 30G ...	125	ASMANEX (120 METERED DOSES) AEPB	20
ANGELIQ	103	AQUORAL SOLN	157	ASMANEX (14 METERED DOSES) AEPB	20
ANNOVERA	78	ARALAST NP SOLR 500 MG, 1000 MG	180	ASMANEX (30 METERED DOSES) AEPB	20
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol)	21	ARANESP (ALBUMIN FREE) SOLN . 116		ASMANEX (60 METERED DOSES) AEPB	20
ANTIVERT CHEW (Use meclizine hcl)	41	ARANESP (ALBUMIN FREE) SOSY . 116		ASMANEX HFA AERO	20
ANTIVERT TABS 50 MG (Use meclizine hcl)	41	ARAVA (Use leflunomide)	10	aspirin CHEW	11
ANZUPGO CREA EX 20 MG/GM .	91	ARBLI PO 10 MG/ML	49	aspirin TABS 325 MG	11
APADAZ	13	ARCALYST	7	aspirin TBEC 81 MG, 325 MG	11
APEXICON E CREA	87	AREXVY	190	aspirin-dipyridamole	114
APHEXDA	118	arformoterol tartrate	21	ASPRUZYO SPRINKLE PACK	17
APIDRA SOLN	36	ARICEPT TABS (Use donepezil hydrochloride)	175	ASSURE COMFORT LANCETS 28G	125
APIDRA SOLOSTAR SOPN	36	ARIKAYCE	4	ASSURE HAEMOLANCE PLUS HIGH	125
APOKYN SOCT	61	ARIMIDEX (Use anastrozole)	56	ASSURE HAEMOLANCE PLUS LOW	125
apomorphine hydrochloride SOCT	61	aripiprazole SOLN PO	65	ASSURE HAEMOLANCE PLUS MICRO	125
APONVIE EMUL	42	aripiprazole TABS	65	ASSURE HAEMOLANCE PLUS NORMAL	125
apraclonidine hcl	169	aripiprazole TBDP	65	ASSURE HAEMOLANCE PLUS PED	125
aprepitant CAPS	42	ARISTADA	65		
APRETUDE	65	ARISTADA INITIO	65		
APTENSIO XR CP24 (Use methylphenidate hcl)	2	ARIXTRA (Use fondaparinux sodium)	23		
APTOM 200 MG, 400 MG, 600 MG,		armodafinil	2		
		ARMOUR THYROID TABS	182		

ASSURE ID DUO PRO PEN NEEDLES134	atropine sulfate (ophthalmic) SOLN 169	AURORA LANCET THIN 23G ...125
ASSURE ID PRO PEN NEEDLES 134	ATROPINE SULFATE SOLN 0.01 %, 1 % (Use atropine sulfate (ophthalmic))169	AURORA PEN NEEDLES135
ASSURE ID SAFETY PEN NEEDLES134	ATROPINE SULFATE SOLN 1 % 169	AURYXIA 210 MG (Use ferric citrate)108
ASSURE LANCE LANCETS125	ATROVENT HFA19	AUSTEDO TABS 12 MG176
ASSURE LANCE LANCETS 21G 125	ATTRUBY75	AUSTEDO TABS 6 MG, 9 MG ...176
ASSURE LANCE PLUS SAFETY 25G125	AUBAGIO (Use teriflunomide) ...177	AUSTEDO XR PATIENT TITRATION TEPK176
ASSURE LANCE PLUS SAFETY 30G125	AUCATZYL56	AUSTEDO XR TB24176
ASSURE LANCE SAFETY LANCET 28G125	AUDENZ EMUL190	AUTO-LANCET MINI MISC125
ASTAGRAF XL CP24155	AUDENZ PRSY190	AUTO-LANCET MISC125
ASTERO GEL92	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)174	AUTOLET LANCING DEVICE MISC . 125
ATACAND (Use candesartan cilexetil)49	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML174	AUTOLET LITE LANCING DEVICE MISC125
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)50	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 174	AUTOLET MINI MISC125
atazanavir sulfate CAPS65	AUGTYRO 160 MG58	AUTOLET PLUS MISC125
ATELVIA TBEC (Use risedronate sodium)96	AUGTYRO 40 MG58	AUVELITY29
atenolol & chlorthalidone50	AUM ALCOHOL PREP PADS ...133	AUVI-Q SOAJ192
atenolol TABS70	AUM INSULIN SAFETY PEN NEEDLE135	AVALIDE (Use irbesartan- hydrochlorothiazide)50
ATIVAN SOLN (Use lorazepam) ...18	AUM MINI INSULIN PEN NEEDLE 135	AVAPRO 150 MG, 300 MG (Use irbesartan)49
atomoxetine hcl2	AUM PEN NEEDLE135	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...82
ATORVALIQ SUSP47	AUM READYGARD DUO PEN NEEDLE135	AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...82
atorvastatin calcium TABS47	AUM SAFETY PEN NEEDLE ...135	AVEED SOLN15
atovaquone52	AURANOFIN 3 MG7	AVERI TABS PO76
atovaquone-proguanil hcl53	AURORA LANCET SUPER THIN 30G125	AVMAPKI FAKZYNJA CO-PACK THPK PO57
atropine sulfate (ophthalmic) OINT 169		AVODART (Use dutasteride)110
		AVONEX PEN AJKT177

AVONEX PREFILLED PSKT177	bacitracin (ophthalmic)169	BASAGLAR KWIKPEN SOPN37
AVSOLA106	bacitracin (topical) OINT83	BAXDELA TABS105
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML8	bacitracin zinc OINT83	BCG VACCINE189
AYVAKIT57	bacitracin-polymyxin b (ophth) ...170	b-complex w/ c & folic acid CAPS 158
AZASITE169	bacitracin-polymyxin b OINT83	b-complex w/ c & folic acid TABS 158
AZATHIOPRINE SODIUM155	bacitracin-poly-neomycin-hc171	b-complex w/biotin & folic acid TABS 158
azathioprine TABS 50 MG155	baclofen SOLN PO 10 MG/5ML ..162	BD AUTOSHIELD DUO135
azathioprine TABS 75 MG, 100 MG 155	baclofen SOLN PO 5 MG/5ML ...162	BD BLUNT FILL NEEDLE135
azelaic acid GEL92	baclofen SUSP162	BD BLUNT FILL NEEDLE W/FILTER135
azelastine hcl (ophth)172	baclofen TABS 15 MG162	BD DISP NEEDLE135
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY164	baclofen TABS 5 MG, 10 MG, 20 MG162	BD DISP NEEDLES135
azelastine hcl-fluticasone propionate SUSP164	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...52	BD ECLIPSE LUER-LOK NEEDLE 135
AZILECT (Use rasagiline mesylate) . 62	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...52	BD ECLIPSE NEEDLE135
azithromycin PACK121	BAFIERTAM177	BD ECLIPSE SHIELDED NEEDLE 135
azithromycin SUSR121	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)76	BD ECLIPSE SYRINGE135
azithromycin TABS121	balsalazide disodium CAPS106	BD ECLIPSE SYRINGE/NEEDLE 135
AZMIRO SOSY15	BALVERSA58	BD HYPODERMIC NEEDLE135
AZOPT (Use brinzolamide)172	BAND-AID GAUZE LARGE PADS 122	BD INS SYR ULTRAFINE 1/2UNIT 135
AZOR (Use amlodipine besylate- olmesartan medoxomil)50	BAND-AID TRU-ABSORB GAUZE PADS122	BD INSULIN SYR ULTRAFINE II 135
AZSTARYS2	BANZEL SUSP (Use rufinamide) ..25	BD INSULIN SYRINGE135
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)106	BANZEL TABS (Use rufinamide) ..25	BD INSULIN SYRINGE HALF-UNIT . 135
AZULFIDINE TABS (Use sulfasalazine)106	BAQSIMI ONE PACK POWD35	BD INSULIN SYRINGE MICROFINE135
B-6 TABS194	BAQSIMI TWO PACK POWD35	BD INSULIN SYRINGE U/F135
BABY DDROPS LIQD PO (Use cholecalciferol)193	BARACLUDE SOLN68	
	BARACLUDE TABS (Use entecavir) . 68	

BD INSULIN SYRINGE ULTRAFINE135	BD SYRINGE SLIP TIP136	benztropine mesylate TABS60
BD INTEGRA NEEDLE135	BD SYRINGE/NEEDLE136	bepotastine besilate172
BD INTEGRA SYRINGE135	BD TB SYRINGE MISC136	BEPREVE (Use bepotastine besilate)172
BD LUER-LOCK SYRINGE135	BELBUCA FILM14	BEQVEZ112
BD LUER-LOK SYRINGE135	BELEODAQ58	BERINERT KIT113
BD MICROTAINER LANCETS ..125	BELSOMRA120	BESIVANCE170
BD NOKOR ADMIX NEEDLE ...135	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) .44	BESREMI60
BD PEN NEEDLE MICRO ULTRAFINE135	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)44	betaine100
BD PEN NEEDLE MINI ULTRAFINE135	BENADRYL ALLERGY ULTRATABS TABs (Use diphenhydramine hcl) .44	BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML79
BD PEN NEEDLE NANO 2ND GEN . 135	benazepril & hydrochlorothiazide .50	betamethasone dipropionate (topical) CREA88
BD PEN NEEDLE NANO ULTRAFINE135	benazepril hcl48	betamethasone dipropionate (topical) LOTN88
BD PEN NEEDLE ORIG ULTRAFINE135	BENEFIX KIT112	betamethasone dipropionate (topical) OINT88
BD PEN NEEDLE SHORT ULTRAFINE135	benfotiamine194	betamethasone dipropionate augmented CREA88
BD PLASTIPAK SYRINGE135	BENICAR (Use olmesartan medoxomil)49	betamethasone dipropionate augmented GEL 0.05 %88
BD PRECISIONGLIDE NEEDLE 135	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...50	betamethasone dipropionate augmented LOTN88
BD SAFETYGLIDE ALLERGY SYRINGE MISC135	BENLYSTA SOAJ156	betamethasone dipropionate augmented OINT88
BD SAFETYGLIDE INSULIN SYRINGE135	BENLYSTA SOLR156	BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML ..79
BD SAFETYGLIDE NEEDLE135	BENLYSTA SOSY156	betamethasone sod phosphate & acetate SUSP79
BD SAFETYGLIDE SHIELDED NEEDLE136	BENTYL SOLN IM (Use dicyclomine hcl)183	betamethasone valerate CREA ...88
BD SAFETYGLIDE SYRINGE/NEEDLE136	BENZHYDROCODONE- ACETAMINOPHEN13	betamethasone valerate FOAM ...88
BD SWAB SINGLE USE REGULAR 133	BENZNIDAZOLE16	betamethasone valerate LOTN88
BD SYRINGE LUER-LOK136	benzocaine-docusate sodium ENEM . 121	betamethasone valerate OINT88
	benzoyl peroxide-erythromycin GEL . 82	BETAPACE AF (Use sotalol hcl
	benztropine mesylate SOLN60	

(afib/afI))	70	BIMZELX SOSY	85	BONJESTA TBCR	42
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	70	BINAXNOW COVID-19 AG HOME TEST KIT	93	BONSITY SOPN 560 MCG/2.24ML 97	
BETASERON KIT	177	BINAXNOW COVID-19 ANTIGEN SELF KIT	93	BOOSTRIX SUSP	183
betaxolol hcl (ophth) SOLN	168	BINOSTO TBEF	96	BOOSTRIX SUSY	183
betaxolol hcl	70	BIOTENE DRY MOUTH LIQD	157	bosentan TABS	74
bethanechol chloride	189	BIOTENE DRY MOUTH MOIST SPRAY SOLN	157	bosentan TBSO 32 MG	74
BETHKIS NEBU (Use tobramycin)	4	BIOTENE ORALBALANCE DRY MOUTH GEL	157	BOSULIF CAPS	58
BETIMOL (Use timolol)	168	BIOTHRAX	189	BOSULIF TABS	58
BETIMOL	168	bisacodyl SUPP	121	BPROTECTED PEDIA POLY-VITE SOLN PO	160
BETOPTIC-S SUSP	168	bisacodyl TBEC	121	BPROTECTED PEDIA POLY- VITE/FE SOLN	159
BEVESPI AEROSPHERE	21	bismuth subcitrate potassium- metronidazole-tetracycline	188	BPROTECTED PEDIA TRI-VITE 160	
bexarotene (topical)	85	bismuth subsalicylate CHEW 262 MG	40	BRAFTOVI 75 MG	58
bexarotene	60	bismuth subsalicylate SUSP 525 MG/30ML	40	BREATHE COMFORT CHAMBER/ADULT DEVI	143
BEXSERO 0.5 ML	189	bismuth subsalicylate TABS	40	BREATHE COMFORT CHAMBER/CHILD DEVI	143
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	77	bisoprolol & hydrochlorothiazide	50	BREATHE EASE LARGE DEVI	143
bicalutamide	56	bisoprolol fumarate	70	BREATHE EASE MEDIUM DEVI	143
BICILLIN C-R	174	bisoprolol fumarate 2.5 MG	70	BREATHE EASE NEB MASK/CHILD MISC	143
BICILLIN C-R 900/300	174	BKEMV SOLN IV 300 MG/30ML	113	BREATHE EASE NEB MASK/INFANT MISC	143
BICILLIN L-A SUSY	174	BLOXIVERZ SOLN IV (Use neostigmine methylsulfate)	54	BREATHE EASE SMALL DEVI	143
BIDIL (Use isosorbide dinitrate- hydralazine hcl)	73	BLOXIVERZ SOSY	54	BREATHERITE VALVED MDI CHAMBER DEVI	143
BIJUVA	103	BLUJEPA TABS PO 750 MG	53	BREKIYA SOAJ SC 1 MG/ML	151
BIKTARVY	65	BOMYNTRA SOLN SC 120 MG/1.7ML	97	BREO ELLIPTA (Use fluticasone furoate-vilanterol)	21
BILDYOS SOSY SC 60 MG/ML	96	BOMYNTRA SOSY SC 120 MG/1.7ML	97	BREO ELLIPTA	21
BILPREVDA SOLN SC 120 MG/1.7ML	96				
BILTRICIDE (Use praziquantel)	16				
bimatoprost SOLN	172				
BIMZELX SOAJ	85				

BREVIBLOC IN NACL (Use esmolol hcl-sodium chloride)	70	(ophth))	172	buprenorphine hcl-naloxone hcl dihydrate SUBL	14
BREVIBLOC PREMIXED (Use esmolol hcl-sodium chloride)	70	BRONCHITOL	180	buprenorphine PTWK	14
BREVIBLOC PREMIXED DS (Use esmolol hcl-sodium chloride)	70	BRONCHITOL TOLERANCE TEST ..	180	bupropion hcl (smoking deterrent) ..	179
BREVIBLOC SOLN 100 MG/10ML (Use esmolol hcl)	70	BROVANA (Use arformoterol tartrate)	21	bupropion hcl TABS	30
BREXAFEMME	42	BRUKINSA	58	bupropion hcl TB12	30
BREYANZI	56	BRUKINSA PO 160 MG	58	bupropion hcl TB24 150 MG, 300 MG	30
BREZTRI AEROSPHERE	21	BRYNOVIN SOLN PO 25 MG/ML ..	36	bupropion hcl TB24 450 MG	30
BRILINTA 60 MG, 90 MG (Use ticagrelor)	114	BUBBLES THE FISH II PEDI MASK MISC	144	buspirone hcl	17
brimonidine tartrate (topical)	92	BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	17	butalbital-acetaminophen-cafeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	10
brimonidine tartrate	169	budesonide (inhalation) SUSP	20	butalbital-acetaminophen-cafeine TABS 40 MG-50 MG-325 MG	10
brimonidine tartrate-timolol maleate ..	168	budesonide (intrarectal)	15	butalbital-acetaminophen-cafeine w/ codeine	13
BRINEURA	100	budesonide (nasal)	164	BUTALBITAL-APAP-CAFFEINE SOLN	10
BRINSUPRI TABS PO 10 MG, 25 MG	181	budesonide CPEP	79	butalbital-aspirin-cafeine CAPS ...	10
brinzolamide	172	budesonide TB24	79	butalbital-aspirin-cafeine w/cod ...	13
BRIUMVI	177	budesonide-formoterol fumarate dihydrate	21	butorphanol tartrate NA 10 MG/ML ..	14
BRIVIACT SOLN IV 50 MG/5ML ..	25	bumetanide SOLN 0.25 MG/ML ...	95	BUTRANS PTWK (Use buprenorphine)	14
BRIVIACT SOLN PO 10 MG/ML ..	25	bumetanide TABS	95	BYDUREON BCISE AUIJ	36
BRIVIACT TABS	25	BUMEX TABS 0.5 MG (Use bumetanide)	95	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	36
BRIXADI (WEEKLY) SOSY	14	BUPHENYL POWD (Use sodium phenylbutyrate)	100	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	36
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	14	BUPHENYL TABS (Use sodium phenylbutyrate)	100	BYLVAY (PELLETS) CPSP	106
bromfenac sodium (ophth)	172	buprenorphine hcl SOLN	14	BYLVAY CAPS	106
bromocriptine mesylate CAPS	61	buprenorphine hcl SUBL 2 MG	14	BYNFEZIA PEN SOPN	102
bromocriptine mesylate TABS 2.5 MG	61	buprenorphine hcl SUBL 8 MG	14		
BROMSITE (Use bromfenac sodium		buprenorphine hcl-naloxone hcl dihydrate FILM SL	14		

BYSTOLIC (Use nebivolol hcl)	70	TABS	109	candesartan cilexetil- hydrochlorothiazide	50
CABENUVA	65	CALCIUM CARB- CHOLECALCIFEROL CHEW	152	capecitabine	55
cabergoline	102	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	16	CAPEX SHAM	88
CABLIVI	114	CALCIUM CARBONATE ANTACID SUSP	16	CAPHOSOL SOLN	157
CABOMETYX TABS	58	CALCIUM CARBONATE ANTACID TABS	16	CAPLYTA	62
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 (Use amlodipine besylate-atorvastatin calcium)	73	CALCIUM CARBONATE CHEW .	152	CAPRELSA	58
CADUET 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 (Use amlodipine besylate- atorvastatin calcium)	73	calcium carbonate TABS	153	captopril & hydrochlorothiazide ...	50
caffeine citrate SOLN PO	1	calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG	152	captopril	48
calcipotriene CREA	85	calcium carbonate-cholecalciferol TABS	152	CARAFATE SUSP (Use sucralfate) 184	
CALCIPOTRIENE FOAM	86	calcium carbonate-cholecalciferol TABS	152	CARAFATE TABS (Use sucralfate) 184	
calcipotriene OINT	86	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	153	CARBAGLU (Use carglumic acid) 100	
calcipotriene SOLN	86	calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG- 50 MG-7.5 MG-1 MG-250 MCG-1.8 MG	153	carbamazepine CHEW 100 MG ...	25
calcipotriene-betamethasone dipropionate OINT	88	calcium TABS 600 MG	153	carbamazepine CHEW 200 MG ...	25
calcipotriene-betamethasone dipropionate SUSP	88	CALCIUM/C/D	153	carbamazepine CP12	25
calcitonin (salmon) IJ	97	CALQUENCE	58	carbamazepine SUSP	25
calcitonin (salmon) NA	97	CAL-QUICK LIQD	153	carbamazepine TABS	25
calcitriol (topical)	86	CALTRATE 600+D PLUS MINERALS CHEW (Use calcium carbonate-vitamin d w/ minerals) .	153	carbamazepine TB12	25
calcitriol CAPS	100	CAMCEVI	56	carbamide peroxide (otic) 6.5 % ..	173
calcitriol SOLN PO	100	CAMZYOS	73	CARBATROL CP12 (Use carbamazepine)	25
CALCIUM 600 +D HIGH POTENCY TABS	152	CANASA SUPP (Use mesalamine) 106		carbidopa	60
calcium acetate (phosphate binder) CAPS	108	CANCIDAS (Use caspofungin acetate)	42	carbidopa-levodopa CPCR	61
calcium acetate (phosphate binder)		candesartan cilexetil	49	carbidopa-levodopa TABS	61
				carbidopa-levodopa TBCR	61
				carbidopa-levodopa TBDP	61
				carbidopa-levodopa-entacapone ..	61
				carbinoxamine maleate SOLN	44
				carbinoxamine maleate SUER	44

carbinoxamine maleate TABS 6 MG . 44	CAREPOINT SYRINGE LUER LOCK136	26G126
carbinoxamine maleate TABS44	CAREPOINT SYRINGE LUER SLIP 136	CARETOUCH TWIST LANCETS 28G126
carboxymethylcellulose sodium (ophth) SOLN 0.5 %167	CAREPOINT TUBERCLN SYR/LUER SL MISC136	CARETOUCH TWIST LANCETS 30G126
carboxymethylcellulose sodium (ophth) SOLN 0.5 %168	CARESENS LANCETS125	CARETOUCH TWIST LANCETS 33G126
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML (Use nicardipine hcl in sodium chloride)71	CARESENS LANCETS 30G126	CARETOUCH TWIST MC LANCETS 30G126
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML 71	CARESTART COVID-19 HOME TEST KIT93	CARETOUCH UNIVERSL CPAP FILTER MISC144
CARDIOCOM LANCING DEVICE MISC125	CARETOUCH 2 CPAP HOSE HANGER MISC144	carglumic acid100
CARDURA (Use doxazosin mesylate)49	CARETOUCH ALCOHOL PREP 133	carisoprodol TABS162
CARDURA 8 MG (Use doxazosin mesylate)49	CARETOUCH CPAP & BIPAP HOSE MISC144	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers)) 100
CARDURA XL110	CARETOUCH CPAP MASK WIPES MISC144	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))100
CAREFINE PEN NEEDLES136	CARETOUCH CPAP PRE-WASH SOLN MISC144	CARNITOR TABS (Use levocarnitine (metabolic modifiers))100
CAREONE ADVANCED LANCING DEV MISC125	CARETOUCH CPAP TUBE BRUSH MISC144	CAROSPIR SUSP (Use spironolactone)96
CAREONE INSULIN SYRINGE .136	CARETOUCH HYPODERMIC NEEDLE136	carteolol hcl (ophth)168
CAREONE LANCET SUPER THIN 30G125	CARETOUCH INSULIN SYRINGE 136	carvedilol69
CAREONE LANCET THIN 23G .125	CARETOUCH LANCING/EJECTOR MISC126	carvedilol phosphate69
CAREONE UNIFINE PENTIPS PLUS136	CARETOUCH LUER LOCK136	CARVYKTI56
CAREPOINT POLY HUB NEEDLE 136	CARETOUCH LUER LOCK SYR/NEEDLE136	CASGEVY115
CAREPOINT SAFETY 1ST NEEDLE136	CARETOUCH LUER SLIP136	CASODEX (Use bicalutamide)56
CAREPOINT SAFETY1ST SYR/NEEDLE136	CARETOUCH PEN NEEDLES ..136	casopofungin acetate42
	CARETOUCH SAFETY LANCETS 126	CASPOFUNGIN ACETATE42
	CARETOUCH SAFETY LANCETS	CATHFLO ACTIVASE IJ115
		CAYA DPRH123
		CAYSTON53

cefaclor CAPS 76	cefprozil TABS 76	CENTRUM SILVER TABS (Use multiple vitamins w/ minerals) 158
CEFACTOR ER TB12 76	ceftazidime IJ 1 GM, 6 GM 76	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals) 158
cefadroxil CAPS 75	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 76	cephalexin CAPS 76
cefadroxil SUSR 75	ceftriaxone sodium in dextrose 76	cephalexin SUSR 76
cefadroxil TABS 75	CEFTRIAZONE SODIUM-DEXTROSE 76	cephalexin TABS 76
cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG 76	cefuroxime axetil TABS 76	CEPROTIN 114
cefazolin sodium SOLR IJ 2 GM .. 76	cefuroxime sodium IJ 750 MG 76	CEQUA SOLN 170
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM 76	CELEBREX (Use celecoxib) 8	CERDELGA 115
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML 75	celecoxib 8	CEREBYX (Use fosphenytoin sodium) 28
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML 75	CELESTONE SOLUSPAN SUSP (Use betamethasone sod phosphate & acetate) 79	CEREZYME 400 UNIT 115
CEFAZOLIN SODIUM-DEXTROSE SOLR 75	CELEXA TABS (Use citalopram hydrobromide) 30	cetirizine hcl SOLN PO 44
cefdinir CAPS 76	CELLCEPT CAPS (Use mycophenolate mofetil) 155	cetirizine hcl TABS 44
cefdinir SUSR 76	CELLCEPT SUSR (Use mycophenolate mofetil) 155	cetirizine-pseudoephedrine 81
CEFEPIME HCL SOLN 76	CELLCEPT TABS (Use mycophenolate mofetil) 155	cevimeline hcl 157
cefepime hcl SOLR IJ 1 GM 76	CELONTIN (Use methsuximide) .. 29	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 179
CEFEPIME-DEXTROSE 76	CENTANY AT KIT 83	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) .. 179
cefixime CAPS 76	CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals) 158	CHANTIX TABS (Use varenicline tartrate) 179
cefixime SUSR 76	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals) 158	CHEMET 40
CEFOTAN IJ (Use cefotetan disodium) 76	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals) 158	chenodiol 105
cefotetan disodium IJ 1 GM, 2 GM 76	CENTRUM SILVER MEN 50+ TABS (Use multiple vitamins w/ minerals) 158	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) 8
cefoxitin sodium IV 76		CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) 8
CEFOXITIN SODIUM-DEXTROSE 76		chlordiazepoxide hcl CAPS 18
cefpodoxime proxetil SUSR 76		chlordiazepoxide hcl-clidinium bromide 183
cefpodoxime proxetil TABS 76		
cefprozil SUSR 76		

chlordiazepoxide-amitriptyline ...	176	126	ciprofloxacin hcl TABS 100 MG ..	105	
chlorhexidine gluconate (mouth-throat)	157	CIALIS 2.5 MG (Use tadalafil)	73	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	105
chloroquine phosphate TABS	54	CIALIS 5 MG (Use tadalafil)	73	ciprofloxacin-dexamethasone	173
chlorothiazide sodium	96	CIBINQO	91	ciprofloxacin-fluocinolone acetonide .	173
chlorpheniramine maleate TABS ..	44	ciclopirox GEL	84	CITALOPRAM HYDROBROMIDE CAPS	30
chlorpromazine hcl CONC	64	ciclopirox KIT	84	citalopram hydrobromide SOLN ...	30
chlorpromazine hcl SOLN	64	ciclopirox olamine CREA	84	citalopram hydrobromide TABS ...	30
chlorpromazine hcl TABS	64	ciclopirox olamine SUSP	84	CITRULLINE EASY	100
chlorthalidone 25 MG, 50 MG	96	ciclopirox SHAM	84	CLARINEX TABS (Use desloratadine)	44
chlorzoxazone TABS	162	ciclopirox SOLN	84	CLARINEX-D 12 HOUR TB12	81
CHOLBAM	105	cidofovir	67	clarithromycin SUSR	121
cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT .	193	cilostazol	114	clarithromycin TABS	121
cholecalciferol CAPS	193	CILOXAN OINT	170	clarithromycin TB24	121
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	193	CIMDUO	65	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	44
cholecalciferol LIQD PO	193	cimetidine hcl PO 300 MG/5ML ..	184	CLARITIN SOLN (Use loratadine) .	45
cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT	193	cimetidine TABS	184	CLARITIN TABS (Use loratadine) .	45
cholecalciferol TABS	193	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	106	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) ...	81
cholestyramine light PACK	45	CIMZIA (2 SYRINGE) PSKT	106	CLASSIC PRENATAL TABS	160
cholestyramine light PACK	46	CIMZIA KIT	106	CLEANLET LANCETS 28G	126
cholestyramine light POWD	46	CIMZIA-STARTER PSKT	106	CLEARDETECT COVID-19 AG HOME KIT	93
cholestyramine PACK	46	cinacalcet hcl	100	clemastine fumarate SYRP	44
cholestyramine POWD	46	CINQAIR	19	clemastine fumarate TABS 2.68 MG .	44
choline fenofibrate	46	CINRYZE SOLR IV	113	CLEMSZA TABS 2.68 MG (Use clemastine fumarate)	44
CHOSEN LANCETS 30G	126	CINVANTI EMUL	42	CLENPIQ SOLN 12 GM/175ML-3.5	
CHOSEN LANCING DEVICE MISC 126		CIPRO HC	173		
CHOSEN SAFETY LANCETS 28G		CIPRO SUSR	105		
		CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	105		
		ciprofloxacin hcl (ophth) SOLN ...	170		
		ciprofloxacin hcl (otic)	173		

clozapine TBDP	63	COMBIGAN (Use brimonidine tartrate-timolol maleate)	168	COMFORT TOUCH TWIST LANCET 30G	126
CLOZARIL TABS (Use clozapine) .	63	COMBIPATCH PTTW	103	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	190
CO MONITOR DEVI	144	COMBIVENT RESPIMAT AERS ..	21	COMIRNATY SUSP	190
CO MONITOR REPLACEMENT PIECES MISC	144	COMBIVIR (Use lamivudine- zidovudine)	65	COMIRNATY SUSY	190
COAGADEX	112	COMETRIQ (100 MG DAILY DOSE) KIT	58	COMPACT SPACE CHAMBER DEVI	144
COAGUCHEK LANCETS	126	COMETRIQ (140 MG DAILY DOSE) KIT	58	COMPACT SPACE CHAMBER/LG MASK DEVI	144
COARTEM	53	COMETRIQ (60 MG DAILY DOSE) KIT	58	COMPACT SPACE CHAMBER/MED MASK DEVI	144
COBENFY CAPS	64	COMFORT ASSURED LANCETS 28G	126	COMPACT SPACE CHAMBER/SM MASK DEVI	144
COBENFY STARTER PACK CPPK 64		COMFORT ASSURED LANCETS 33G	126	COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	65
codeine sulfate TABS 30 MG	11	COMFORT EZ INSULIN SYRINGE . 136		COMPLETE NATAL DHA	160
CODEINE SULFATE TABS	11	COMFORT EZ MICRO PEN NEEDLES	136	COMPLETENATE CHEW	160
colchicine CAPS	111	COMFORT EZ PEN NEEDLES .	136	COMTAN (Use entacapone)	60
colchicine TABS	111	COMFORT EZ PRO PEN NEEDLES	136	CONCERTA TBCR (Use methylphenidate hcl)	2
colchicine w/ probenecid	111	COMFORT EZ SHORT PEN NEEDLES	136	CONEXXENCE SOSY SC 60 MG/ML	97
COLCRYS TABS (Use colchicine) 111		COMFORT TOUCH ALCOHOL PREP	133	CONZIP CP24 (Use tramadol hcl) .	11
colesevelam hcl PACK	46	COMFORT TOUCH INSULIN PEN NEED	136	COPA ISLAND BORDERED FOAM PADS	122
colesevelam hcl TABS	46	COMFORT TOUCH LANCETS 31G . 126		COPA PLUS HYDROPHILIC FOAM PADS	122
COLESTID FLAVORED GRAN (Use colestipol hcl)	46	COMFORT TOUCH PLUS LANCETS 28G	126	COPAXONE SOSY (Use glatiramer acetate)	177
COLESTID FLAVORED PACK (Use colestipol hcl)	46	COMFORT TOUCH PLUS LANCETS 30G	126	COPIKTRA	58
COLESTID GRAN (Use colestipol hcl)	46			COREG (Use carvedilol)	69
COLESTID PACK (Use colestipol hcl)	46			COREG CR (Use carvedilol phosphate)	69
COLESTID TABS (Use colestipol hcl)	46				
colestipol hcl GRAN	46				
colestipol hcl PACK	46				
colestipol hcl TABS	46				

CORGARD TABS 20 MG, 40 MG (Use nadolol)	70	TEST KIT	93	CURITY ALL PURPOSE SPONGES PADS	122
CORIFACT	112	COVID-19 AT-HOME TEST KIT	93	CURITY AMD ANTIMICROBIAL SPNGE PADS	122
CORLANOR SOLN	75	COVID-19 OTC ANTIGEN 1-PACK KIT	93	CURITY COVER SPONGE PADS 122	
CORLANOR TABS (Use ivabradine hcl)	75	COVID-19 OTC ANTIGEN 2-PACK KIT	93	CURITY DRESSING SPONGES PADS	122
CORTEF TABS (Use hydrocortisone)	79	COVID-19 SPECIMEN COLLECTION	94	CURITY GAUZE PADS	122
CORTENEMA (Use hydrocortisone (intrarectal))	16	COVID-19 TESTING BY PHARMACIST	94	CURITY GAUZE SPONGE PADS 122	
CORTIFOAM EX 10 %	16	COVRSITE COVER DRESSING PADS	122	CURITY SPONGES PADS	122
CORTISONE ACETATE TABS	79	COVRSITE PLUS COMPOSITE DRESS PADS	122	CUVPOSA SOLN PO (Use glycopyrrolate)	183
CORTISPORIN-TC	173	COZAAR 25 MG (Use losartan potassium)	49	CUVRIOR	154
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	98	COZAAR 50 MG, 100 MG (Use losartan potassium)	49	CVS ALCOHOL PREP PADS ...	134
CORTROPHIN GEL	98	CRENESSITY CAPS	98	CVS COVID-19 AT HOME TEST KIT KIT	94
CORVERT (Use ibutilide fumarate) 19		CRENESSITY SOLN	98	CVS DAILY FIBER PACK	120
COSENTYX (300 MG DOSE) SOSY . 86		CREON CPEP	94	CVS GAUZE PAD STERILE PADS 122	
COSENTYX SENSOREADY (300 MG) SOAJ	86	CRESEMBA CAPS	43	CVS GAUZE STERILE PADS	122
COSENTYX SENSOREADY PEN SOAJ	86	CRESEMBA SOLR	43	CVS GLUCOSE CHEW	35
COSENTYX SOLN	86	CRESTOR TABS (Use rosuvastatin calcium)	47	CVS GUMMY DINOS CHEW	159
COSENTYX SOSY	86	CREXONT CPR	61	CVS GUMMY MULTIVITAMIN KIDS CHEW	159
COSENTYX UNOREADY SOAJ ..	86	CRINONE GEL	192	CVS LANCETS ORIGINAL	126
COSOPT (Use dorzolamide hcl- timolol maleate)	168	cromolyn sodium (mastocytosis) 105		CVS LANCETS THIN 26G	126
COSOPT PF (Use dorzolamide hcl- timolol maleate)	168	cromolyn sodium NEBU	19	CVS LANCING DEVICE MISC ...	126
COTELLIC	58	crotamiton LOTN	93	CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG- 263 MG-11 UNIT-4000 UNIT	160
COTEMPLA XR-ODT TBED	2	CRYSVITA	100	CVS PREP	134
COVID-19 AT HOME ANTIGEN		CTEXLI TABS PO 250 MG	105		
		CURITY ALCOHOL PREPS	133		

CVS SOFT GLUCOSE CHEW 35	hcl) 31	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG 33
CVS ULTRA THIN LANCETS ... 126	cyproheptadine hcl SYRP 45	dapsone (topical) 5 % 82
cyanocobalamin SOLN IJ 1000 MCG/ML 115	cyproheptadine hcl TABS 45	dapsone (topical) 7.5 % 82
cyclobenzaprine hcl CP24 162	CYSTADANE (Use betaine) 100	dapsone 53
cyclobenzaprine hcl TABS 5 MG, 10 MG 162	CYSTADROPS 172	DAPTACEL 183
cyclobenzaprine hcl TABS 7.5 MG 162	CYSTAGON CAPS 109	DARAPRIM (Use pyrimethamine) 54
CYCLOGYL (Use cyclopentolate hcl) 169	CYSTARAN 172	darifenacin hydrobromide 188
CYCLOGYL 169	CYTO B1 POWD PO 194	darunavir TABS 65
CYCLOMYDRIL 169	CYTOMEL TABS (Use liothyronine sodium) 182	dasatinib 58
cyclopentolate hcl 1 % 169	CYTOTEC (Use misoprostol) 187	DAURISMO 56
cyclophosphamide CAPS 55	CYTOTEC 100 MCG (Use misoprostol) 187	DAWNZERA SOAJ SC 80 MG/0.8ML 115
CYCLOPHOSPHAMIDE TABS 55	D3 BABY DROPS LIQD PO 193	DAYBUE 166
cycloserine 54	dabigatran etexilate mesylate CAPS . 24	DAYPRO TABS (Use oxaprozin) ... 8
CYCLOSET 36	DAILY FIBER PACK 120	DAYTRANA PTCH (Use methylphenidate) 2
cyclosporine (ophth) EMUL 170	dalfampridine 177	DAYVIGO 120
cyclosporine CAPS 155	DALIRESP (Use roflumilast) 20	DDAVP PF SOLN IJ (Use desmopressin acetate) 102
cyclosporine modified (for microemulsion) CAPS 155	danazol CAPS 15	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) 102
cyclosporine modified (for microemulsion) SOLN 155	DANTRIUM CAPS 25 MG (Use dantrolene sodium) 163	DDAVP TABS (Use desmopressin acetate) 102
CYKLOKAPRON SOLN (Use tranexamic acid) 118	DANTRIUM SOLR (Use dantrolene sodium) 163	DDROPS LIQD PO 2000 UT/0.028ML 193
CYLTEZO (2 PEN) AJKT 6	dantrolene sodium CAPS 100 MG 163	deferasirox PACK 40
CYLTEZO (2 SYRINGE) PSKT 6	dantrolene sodium CAPS 25 MG, 50 MG 163	deferasirox TABS 40
CYLTEZO-CD/UC/HS STARTER AJKT 6	dantrolene sodium SOLR 163	deferasirox TBSO 40
CYLTEZO-PSORIASIS/UV STARTER AJKT 6	DANZITEN 58	deferiprone TABS 40
CYMBALTA CPEP (Use duloxetine	dapagliflozin propanediol 39	deferoxamine mesylate 40
hcl) 31	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG 33	deflazacort SUSP 79

deflazacort TABS	79	DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	78	desogestrel-ethinyl estradiol (triphasic)	77
DELESTROGEN (Use estradiol valerate)	104	DEPO-SUBQ PROVERA 104 SUSY SC	78	desonide CREA	89
DELSTRIGO	65	DERMACEA DRAIN SPONGES PADS	122	desonide LOTN	89
DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	80	DERMACEA GAUZE SPONGE PADS	122	desonide OINT	89
DELZICOL CPDR (Use mesalamine) 106		DERMACEA IV DRAIN SPONGES PADS	122	desoximetasone CREA	89
demeclocycline hcl TABS	181	DERMACEA NON-WOVEN SPONGES PADS	122	desoximetasone GEL	89
DEMEROL SOLN IJ (Use meperidine hcl)	11	DERMACEA TYPE VII GAUZE PADS	122	desoximetasone LIQD	89
DENAVIR (Use penciclovir)	87	DERMACEA X-RAY SPONGES PADS	122	desoximetasone OINT	89
DENG VAXIA	190	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	88	desvenlafaxine ER	31
DENTA 5000 PLUS SENSITIVE GEL	157	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	88	desvenlafaxine succinate	31
DEPAKOTE ER TB24 (Use divalproex sodium)	29	DERMOTIC (Use fluocinolone acetonide (otic))	173	DETROL LA CP24 (Use tolterodine tartrate)	188
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	29	DESCOVY	65	DETROL TABS (Use tolterodine tartrate)	188
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	29	DESFERAL 500 MG (Use deferoxamine mesylate)	40	DEX4	35
DEPAKOTE TBEC (Use divalproex sodium)	29	desipramine hcl TABS	32	DEX4 NATURALS	35
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	29	desloratadine TABS	45	dexamethasone ELIX	79
DEPEN TITRATABS TABS (Use penicillamine)	154	desloratadine TBDP	45	DEXAMETHASONE INTENSOL CONC	79
DEPO-ESTRADIOL	104	desmopressin acetate SOLN IJ ..	102	dexamethasone sodium phosphate (ophth)	171
DEPO-MEDROL SUSP (Use methylprednisolone acetate)	79	desmopressin acetate spray	102	dexamethasone sodium phosphate SOLN IJ	79
DEPO-MEDROL SUSP	79	desmopressin acetate TABS	102	dexamethasone sodium phosphate SOSY IJ	79
DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	78	desogestrel & ethinyl estradiol	77	dexamethasone SOLN	79
		desogestrel-ethinyl estradiol (biphasic)	77	dexamethasone TABS	79
				dexamethasone TBPB	79
				dexchlorpheniramine maleate SOLN .	44
				DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	1

DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	1	DIALYVITE 800-ZINC 15	158	diclofenac sodium (topical) GEL EX 85	
DEXILANT (Use dexlansoprazole) 184		DIALYVITE/ZINC	158	diclofenac sodium (topical) SOLN EX 1.5 %	85
dexlansoprazole	184	DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	24	diclofenac sodium (topical) SOLN EX 2 %	85
dexmethylphenidate hcl CP24	2	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	24	diclofenac sodium TB24	8
dexmethylphenidate hcl TABS	2	DIATHRIVE LANCET ULTRA THIN 30	126	diclofenac sodium TBEC	8
dextroamphetamine sulfate CP24 15 MG	1	DIATHRIVE LANCETS	126	diclofenac sodium-capsaicin (topical)	85
dextroamphetamine sulfate CP24 5 MG, 10 MG	1	DIATHRIVE LANCING DEVICE MISC	126	diclofenac w/ misoprostol TBEC	8
dextroamphetamine sulfate SOLN ..	1	DIATHRIVE PEN NEEDLE	136	DICLOGEN	85
dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG	1	DIATRUST COVID-19 HOME TEST KIT	94	dicloxacillin sodium	174
dextroamphetamine sulfate TABS ..	1	diazepam (anticonvulsant) GEL 10 MG, 20 MG	24	dicyclomine hcl CAPS	183
dextromethorphan hbr CAPS	80	diazepam CONC	18	dicyclomine hcl SOLN IM	183
dextromethorphan hbr LIQD 15 MG/5ML	81	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	18	dicyclomine hcl SOLN PO	183
dextromethorphan polistirex SUER 81		diazepam SOLN PO 5 MG/5ML ...	18	dicyclomine hcl TABS	183
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML	81	diazepam TABS	18	DIFFERIN CREA (Use adapalene) 82	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	81	diazoxide	35	DIFFERIN GEL (Use adapalene) ..	82
DHIVY TABS	61	dichlorphenamide	95	DIFFERIN GEL 0.1 % (Use adapalene)	82
DIACOMIT CAPS	25	DICLEGIS TBEC (Use doxylamine-pyridoxine)	42	DIFFERIN LOTN	82
DIACOMIT PACK	25	diclofenac epolamine PTCH EX ...	85	DIFICID SUSR	122
DIALYVITE 5000	158	diclofenac potassium (migraine) .	151	DIFICID TABS 200 MG (Use fidaxomicin)	122
DIALYVITE 800 PLUS D WAFR .	158	diclofenac potassium CAPS	8	diflorasone diacetate CREA	89
DIALYVITE 800 WAFR	158	diclofenac potassium TABS 25 MG .	8	diflorasone diacetate OINT	89
DIALYVITE 800/IRON	158	diclofenac potassium TABS	8	DIFLUCAN SUSR 10 MG/ML (Use fluconazole)	43
DIALYVITE 800/ZINC	158	diclofenac sodium (actinic keratoses) EX	85	DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	43
		diclofenac sodium (ophth)	172	DIFLUCAN TABS 100 MG, 150 MG,	

200 MG (Use fluconazole)43	DILTIAZEM HCL SOLR71	DIVIGEL GEL (Use estradiol) 104
diflunisal TABS11	diltiazem hcl TABS71	dobutamine hcl 12.5 MG/ML, 250 MG/20ML73
difluprednate 171	diltiazem hcl TB24 71	DOBUTAMINE-DEXTROSE 73
digoxin SOLN IJ 0.25 MG/ML72	DILTIAZEM HCL-SODIUM CHLORIDE71	docusate calcium 121
digoxin SOLN PO 0.05 MG/ML72	DIMENHYDRINATE SOLN 41	docusate sodium CAPS 100 MG, 250 MG121
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG72	dimethyl fumarate CDPK 177	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML121
dihydroergotamine mesylate SOLN IJ 1 MG/ML151	dimethyl fumarate CPDR177	docusate sodium TABS121
dihydroergotamine mesylate SOLN NA 4 MG/ML151	DIOVAN HCT (Use valsartan- hydrochlorothiazide) 50	dofetilide19
DILANTIN (Use phenytoin sodium extended) 28	DIOVAN TABS (Use valsartan) ...49	DOJOLVI167
DILANTIN 30 MG28	DIPENTUM106	DOLOBID TABS 11
DILANTIN INFATABS CHEW (Use phenytoin)28	diphenhydramine hcl CAPS 44	donepezil hydrochloride TABS 23 MG175
DILANTIN SUSP (Use phenytoin) .29	diphenhydramine hcl ELIX 12.5 MG/5ML44	donepezil hydrochloride TABS 5 MG, 10 MG175
DILANTIN-125 SUSP (Use phenytoin)29	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML44	donepezil hydrochloride TBDP ...175
DILAUDID LIQD (Use hydromorphone hcl)11	diphenhydramine hcl SOLN 50 MG/ML 44	DOPAMINE HCL (Use dopamine hcl) 73
DILAUDID TABS (Use hydromorphone hcl)12	diphenhydramine hcl TABS 25 MG 44	dopamine hcl 40 MG/ML73
diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG ... 71	diphenoxylate w/ atropine LIQD ... 40	DOPAMINE-DEXTROSE 73
diltiazem hcl coated beads CP24 ..71	diphenoxylate w/ atropine TABS ..40	DOPTELET 116
diltiazem hcl CP1271	DIPROLENE OINT (Use betamethasone dipropionate augmented) 89	DOPTELET SPRINKLE PO 10 MG 116
diltiazem hcl CP2471	dipyridamole 25 MG, 75 MG 114	DORAL (Use quazepam) 119
diltiazem hcl extended release beads71	dipyridamole 50 MG114	DORYX MPC TBEC 60 MG181
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG71	disopyramide phosphate CAPS ... 18	DORYX TBEC 50 MG (Use doxycycline hyclate) 181
diltiazem hcl SOLN71	disulfiram175	dorzolamide hcl 172
	divalproex sodium CSDR29	dorzolamide hcl-timolol maleate .168
	divalproex sodium TB2429	DOVATO 65
	divalproex sodium TBEC 29	doxazosin mesylate49

doxepin hcl (antipruritic)85	DROPLET PERSONAL LANCETS 30G126	DUEXIS (Use ibuprofen-famotidine) . 8
doxepin hcl (sleep)119	DROPSAFE ACTI-LANCE 23G . 126	DULCOLAX TBEC (Use bisacodyl) 121
doxepin hcl CAPS32	DROPSAFE ALCOHOL PREP .. 134	DULERA21
doxepin hcl CONC32	DROPSAFE SAFETY PEN NEEDLES136	duloxetine hcl CPEP31
doxercalciferol CAPS100	DROPSAFE SAFETY SYRINGE/NEEDLE136	DUOPA SUSP 61
doxycycline (monohydrate) CAPS 50 MG, 100 MG181	DROPSAFE SICURA136	DUPIXENT SOAJ91
doxycycline (monohydrate) CAPS 75 MG, 150 MG181	drospirenone-ethinyl estradiol77	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML91
doxycycline (monohydrate) SUSR 181	drospirenone-ethinyl estradiol- levomefolate calcium77	DUREX EXTRA SENSITIVE THIN DEVI 123
doxycycline (monohydrate) TABS 181	DROXIA CAPS 115	DUREX EXTRA SENSITIVE THIN MISC123
doxycycline (rosacea)92	droxidopa192	DUREX REALFEEL123
doxycycline hyclate CAPS181	DRUG MART LANCING DEVICE MISC126	DUREX TROPICAL MISC123
doxycycline hyclate SOLR181	DRUG MART ON-THE-GO LANCET 30G126	DUREZOL (Use difluprednate) .. 171
doxycycline hyclate SOLR182	DRUG MART UNIFINE PENTIPS 136	dutasteride 110
doxycycline hyclate TABS182	DRUG MART UNIFINE PENTIPS PLUS136	dutasteride-tamsulosin hcl110
doxycycline hyclate TBEC182	DRUG MART UNILET LANCETS 28G126	DUVYZAT165
doxylamine-pyridoxine TBEC42	DRUG MART UNILET LANCETS 30G126	D-VI-SOL LIQD PO (Use cholecalciferol)193
DRISDOL CAPS (Use ergocalciferol) 193	DRUG MART UNILET LANCETS 33G126	DXTERITY COVID-19 HOME TEST . 94
DRIZALMA SPRINKLE CSDR31	DRYMAX EXTRA PADS 122	DYANAVEL XR SUER 1
dronabinol CAPS42	DSUVIA SUBL 12	DYANAVEL XR TBCR 1
droperidol SOLN 2.5 MG/ML 17	DUAKLIR PRESSAIR21	DYMISTA SUSP (Use azelastine hcl- fluticasone propionate) 164
DROPLET GENTEEL LANCING DEVICE MISC126	DUAVEE 103	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 121
DROPLET INSULIN SYRINGE ..136	DUETACT (Use pioglitazone hcl- glimepiride)33	EASIVENT MASK LARGE MISC .144
DROPLET LANCETS ULTRA THIN 30G126		EASIVENT MASK MEDIUM MISC 144
DROPLET LANCING DEVICE MISC . 126		
DROPLET PEN NEEDLES136		

EASIVENT MASK SMALL MISC .144	EASY FLOW WHITE/WHITE DEVI 145	EASY TOUCH LANCETS 28G/TWIST 127
EASIVENT MISC144	EASY FLOW WHITE/YELLOW DEVI 145	EASY TOUCH LANCETS 30G .. 127
EASY AIR NEBULIZER FILTERS MISC144	EASY GLIDE LUER LOCK SYRINGE137	EASY TOUCH LANCETS 30G/TWIST 127
EASY COMFORT ALCOHOL PADS 134	EASY GLIDE PEN NEEDLES ...137	EASY TOUCH LANCETS 32G .. 127
EASY COMFORT INSULIN SYRINGE 136	EASY GLIDE SLIP LOCK SYRINGE137	EASY TOUCH LANCETS 32G/TWIST 127
EASY COMFORT LANCETS127	EASY MINI EJECT LANCING DEVICE MISC127	EASY TOUCH LANCETS 33G/TWIST 127
EASY COMFORT LANCETS TWIST TOP 127	EASY MINI LANCING DEVICE MISC127	EASY TOUCH LANCING DEVICE MISC127
EASY COMFORT PEN NEEDLES 137	EASY NEB NEBULIZER FILTERS MISC145	EASY TOUCH PEN NEEDLES ..137
EASY FLOW 300 MM HOSE MISC 144	EASY TOUCH ALCOHOL PREP MEDIUM 134	EASY TOUCH SAFETY LANCETS 21G127
EASY FLOW 400 MM HOSE MISC 145	EASY TOUCH ALLERGY SYRINGE MISC137	EASY TOUCH SAFETY LANCETS 23G127
EASY FLOW AIR NOZZLE MISC 145	EASY TOUCH FLIPLOCK INSULIN SY137	EASY TOUCH SAFETY LANCETS 26G127
EASY FLOW BLACK/BLUE DEVI 145	EASY TOUCH FLIPLOCK NEEDLES137	EASY TOUCH SAFETY LANCETS 28G127
EASY FLOW BLACK/ORANGE DEVI145	EASY TOUCH FLIPLOCK SAFETY SYR 137	EASY TOUCH SAFETY PEN NEEDLES137
EASY FLOW BLACK/RED DEVI .145	EASY TOUCH HYPODERMIC NEEDLE137	EASY TOUCH SAFETY SYRINGE 137
EASY FLOW BLACK/WHITE DEVI 145	EASY TOUCH INSULIN SAFETY SYR 137	EASY TOUCH SHEATHLOCK SYRINGE 137
EASY FLOW BLACK/YELLOW DEVI145	EASY TOUCH INSULIN SYRINGE 137	EASY TOUCH SYRINGE BARREL 137
EASY FLOW HEPA FILTER MISC 145	EASY TOUCH LANCETS 21G .. 127	EASY TOUCH TB FLIPLOCK SYRINGE MISC 137
EASY FLOW WHITE/BLUE DEVI 145	EASY TOUCH LANCETS 23G .. 127	EASY TOUCH TB SHEATHLOCK SYR MISC 137
EASY FLOW WHITE/GREEN DEVI 145	EASY TOUCH LANCETS 26G .. 127	EASYPPOINT NEEDLE137
EASY FLOW WHITE/PINK DEVI .145	EASY TOUCH LANCETS 28G .. 127	EASYPPOINT NEEDLE/SYRINGE

137	ELEPSIA XR TB24	25	ELEVIDYS 36.5-37.4 KG	165
EBASE CONTROLLER KIT MISC	ELESTRIN GEL	104	ELEVIDYS 37.5-38.4 KG	165
145	eletriptan hydrobromide	151	ELEVIDYS 38.5-39.4 KG	165
EBGLYSS SOAJ	ELEVIDYS 10.0-10.4 KG	165	ELEVIDYS 39.5-40.4 KG	166
EBGLYSS SOSY	ELEVIDYS 10.5-11.4 KG	165	ELEVIDYS 40.5-41.4 KG	166
econazole nitrate CREA	ELEVIDYS 11.5-12.4 KG	165	ELEVIDYS 41.5-42.4 KG	166
84	ELEVIDYS 12.5-13.4 KG	165	ELEVIDYS 42.5-43.4 KG	166
ECONAZOLE NITRATE FOAM 1 % .	ELEVIDYS 13.5-14.4 KG	165	ELEVIDYS 43.5-44.4 KG	166
84	ELEVIDYS 14.5-15.4 KG	165	ELEVIDYS 44.5-45.4 KG	166
ECOTRIN TBEC (Use aspirin)	ELEVIDYS 15.5-16.4 KG	165	ELEVIDYS 45.5-46.4 KG	166
11	ELEVIDYS 16.5-17.4 KG	165	ELEVIDYS 46.5-47.4 KG	166
ECOZA FOAM	ELEVIDYS 17.5-18.4 KG	165	ELEVIDYS 47.5-48.4 KG	166
84	ELEVIDYS 18.5-19.4 KG	165	ELEVIDYS 48.5-49.4 KG	166
edaravone SOLN 30 MG/100ML .	ELEVIDYS 19.5-20.4 KG	165	ELEVIDYS 49.5-50.4 KG	166
165	ELEVIDYS 20.5-21.4 KG	165	ELEVIDYS 50.5-51.4 KG	166
edaravone SOLN 60 MG/100ML .	ELEVIDYS 21.5-22.4 KG	165	ELEVIDYS 51.5-52.4 KG	166
165	ELEVIDYS 22.5-23.4 KG	165	ELEVIDYS 52.5-53.4 KG	166
EDARBI	ELEVIDYS 23.5-24.4 KG	165	ELEVIDYS 53.5-54.4 KG	166
49	ELEVIDYS 24.5-25.4 KG	165	ELEVIDYS 54.5-55.4 KG	166
EDARBYCLOR	ELEVIDYS 25.5-26.4 KG	165	ELEVIDYS 55.5-56.4 KG	166
50	ELEVIDYS 26.5-27.4 KG	165	ELEVIDYS 56.5-57.4 KG	166
EDLUAR SUBL	ELEVIDYS 27.5-28.4 KG	165	ELEVIDYS 57.5-58.4 KG	166
119	ELEVIDYS 28.5-29.4 KG	165	ELEVIDYS 58.5-59.4 KG	166
EDURANT	ELEVIDYS 29.5-30.4 KG	165	ELEVIDYS 59.5-60.4 KG	166
65	ELEVIDYS 30.5-31.4 KG	165	ELEVIDYS 60.5-61.4 KG	166
EDURANT PED PO 2.5 MG	ELEVIDYS 31.5-32.4 KG	165	ELEVIDYS 61.5-62.4 KG	166
66	ELEVIDYS 32.5-33.4 KG	165	ELEVIDYS 62.5-63.4 KG	166
efavirenz CAPS	ELEVIDYS 33.5-34.4 KG	165	ELEVIDYS 63.5-64.4 KG	166
66	ELEVIDYS 34.5-35.4 KG	165	ELEVIDYS 64.5-65.4 KG	166
efavirenz TABS	ELEVIDYS 35.5-36.4 KG	165	ELEVIDYS 65.5-66.4 KG	166
66				
efavirenz-emtricitabine-tenofovir				
disoproxil fumarate				
66				
efavirenz-lamivudine-tenofovir				
disoproxil fumarate				
66				
EFFER-K				
153				
EFFEXOR XR CP24 (Use				
venlafaxine hcl)				
32				
EFFIENT (Use prasugrel hcl)				
114				
EGRIFTA SV				
99				
EGRIFTA WR SC 11.6 MG				
99				
EKTERLY TABS PO 300 MG				
114				
ELAPRASE				
100				
ELELYSO				
115				

ELEVIDYS 66.5-67.4 KG	166	EMBECTA INSULIN SYRINGE U-100	137	emtricitabine CAPS	66
ELEVIDYS 67.5-68.4 KG	166	EMBECTA PEN NEEDLE NANO 137		emtricitabine-rilpivirine-tenofovir disoproxil fumarate	66
ELEVIDYS 68.5-69.4 KG	166	EMBECTA PEN NEEDLE NANO 2 GEN	137	emtricitabine-tenofovir disoproxil fumarate	66
ELEVIDYS 69.5 KG PLUS	166	EMBECTA PEN NEEDLE ULTRAFINE	137	EMTRIVA CAPS (Use emtricitabine) .	66
ELFABRIO	100	EMBRACE LANCETS ULTRA THIN 30G	127	EMTRIVA SOLN	66
ELIGARD SC	56	EMBRACE LANCING DEVICE/EJECTOR MISC	127	EMVERM CHEW	16
ELIMITE CREA (Use permethrin) .	93	EMBRACE PEN NEEDLES	137	enalapril maleate & hydrochlorothiazide	50
ELIQUIS (1.5 MG PACK) TBSO PO .	22	EMBRACE PRESSURE ACTIVATED 21G	127	enalapril maleate SOLN	48
ELIQUIS (2 MG PACK) TBSO PO .	22	EMBRACE PRESSURE ACTIVATED 28G	127	enalapril maleate TABS	48
ELIQUIS CPSP PO 0.15 MG	22	EMCYT	56	enalaprilat SOLN	48
ELIQUIS DVT/PE STARTER PACK TBPk	22	EMEND BIPACK CAPS 80 MG (Use aprepitant)	42	ENBREL MINI SOCT	10
ELIQUIS TABS	23	EMEND SOLR (Use fosaprepitant dimeglumine)	42	ENBREL SOLN	10
ELIQUIS TBSO PO 0.5 MG	23	EMEND SUSR	42	ENBREL SOSY	10
ELLA	78	EMEND TRIPACK CAPS (Use aprepitant)	42	ENBREL SURECLICK SOAJ	10
ELLUME COVID-19 HOME TEST KIT	94	EMFLAZA SUSP (Use deflazacort) 79		ENCCELTO IMPL IZ 200000 CELLS 170	
ELMIRON CAPS	110	EMFLAZA TABS (Use deflazacort) 79		ENDARI (Use glutamine (sickle cell))	115
ELOCTATE	112	EMGALITY (300 MG DOSE) SOSY 150		ENDOMETRIN INST 100 MG (Use progesterone (vaginal))	192
eltrombopag olamine PACK 12.5 MG, 25 MG	116	EMGALITY SOAJ	150	ENDUR-AMIDE TBCR	194
eltrombopag olamine TABS 12.5 MG, 25 MG	116	EMGALITY SOSY	150	ENERGIX-B SUSP 20 MCG/ML .	190
eltrombopag olamine TABS 50 MG, 75 MG	116	EMPAVELI	113	ENERGIX-B SUSY	190
ELYXYB	151	EMSAM	30	ENJAYMO	113
EMBECTA AUTOSHIELD DUO .	137			enoxaparin sodium SOLN IJ 300 MG/3ML	23
EMBECTA INS SYR U/F 1/2 UNIT 137				enoxaparin sodium SOSY	23
EMBECTA INSULIN SYR ULTRAFINE	137			ENSACOVE CAPS PO 25 MG, 100 MG	58
EMBECTA INSULIN SYRINGE .	137				

ENSPRYNG	155	EPINEPHRINE PF SOLN IJ 1 MG/ML (Use epinephrine)	193	ERAXIS	42
ENSTILAR FOAM	89	EPINEPHRINE SOLN IJ (Use epinephrine)	193	ergocalciferol CAPS	193
entacapone	60	epinephrine SOLN IJ	193	ergocalciferol SOLN PO 200 MCG/ML	193
entecavir TABS	68	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	192	ergoloid mesylates TABS	179
ENTRESTO CPSP	73	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	192	ERGOMAR SUBL	151
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan)	73	EPIVIR SOLN (Use lamivudine) ...	66	ergotamine w/ caffeine SUPP	150
ENTYVIO PEN SOAJ	106	EPIVIR TABS (Use lamivudine) ...	66	ERIVEDGE	56
ENTYVIO SOLR	107	eplerenone	51	ERLEADA	56
ENVARUSUS XR TB24	155	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	116	erlotinib hcl	56
EOHILIA SUSP	79	EPRONTIA SOLN 25 MG/ML (Use topiramate)	25	ERMEZA SOLN PO	182
EPANED SOLN (Use enalapril maleate)	48	EPSOLAY CREA	82	ERTACZO	84
EPCLUSA PACK	68	EPYSQLI SOLN IV 300 MG/30ML 113		ertapenem sodium IJ	52
EPCLUSA TABS	68	EPZICOM (Use abacavir sulfate- lamivudine)	66	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	121
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML 193		EQ GAUZE PADS	122	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	122
ephedrine sulfate (pressors) SOLN IV	193	EQ SPACE CHAMBER ANTI- STATIC DEVI	145	erythromycin (acne aid) GEL	82
EPIDIOLEX	25	EQ SPACE CHAMBER ANTI- STATIC L DEVI	145	erythromycin (acne aid) PADS	82
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	82	EQ SPACE CHAMBER ANTI- STATIC M DEVI	145	erythromycin (acne aid) SOLN	82
EPIDUO GEL (Use adapalene- benzoyl peroxide)	82	EQ SPACE CHAMBER ANTI- STATIC S DEVI	145	erythromycin (ophth)	170
EPIFOAM FOAM	89	EQL ALCOHOL SWABS	134	erythromycin base CPEP	122
epinastine hcl (ophth)	172	EQL GAUZE PADS	122	erythromycin base TABS	122
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	192	EQUETRO	62	erythromycin base TBEC 500 MG 122	
epinephrine (anaphylaxis) SOAJ .	192			erythromycin base TBEC	122
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	192			erythromycin ethylsuccinate SUSR 122	
				erythromycin ethylsuccinate TABS 122	
				erythromycin stearate TABS 250 MG 122	

ERZOFRI	63	ESTRACE CREA (Use estradiol vaginal)	192	etoposide CAPS	60
ESBRIET CAPS (Use pirfenidone) 180		ESTRACE TABS (Use estradiol) .	104	etravirine	66
ESBRIET TABS 267 MG (Use pirfenidone)	181	estradiol & norethindrone acetate TABS 1 MG-0.5 MG	103	EUCRISA	92
ESBRIET TABS 801 MG (Use pirfenidone)	180	estradiol & norethindrone acetate TABS	103	EULEXIN	56
ESBRIET TABS 801 MG (Use pirfenidone)	181	estradiol GEL	104	EVAMIST SOLN	104
ESCITALOPRAM OXALATE CAPS PO 15 MG	30	estradiol PTTW	104	EVEKEO TABS (Use amphetamine sulfate)	1
escitalopram oxalate SOLN	30	estradiol PTWK	104	EVENITY	97
escitalopram oxalate TABS	30	estradiol TABS	104	EVERLYWELL COVID-19 HOME TEST	94
ESGIC TABS (Use butalbital-acetaminophen-caffeine)	10	estradiol vaginal CREA	192	everolimus (immunosuppressant) 155	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	25	estradiol vaginal TABS	192	everolimus TABS	58
esmolol hcl SOLN 100 MG/10ML ..	70	estradiol valerate 10 MG/ML	104	everolimus TBSO	58
ESMOLOL HCL SOLN	70	estradiol valerate 20 MG/ML, 40 MG/ML	104	EVISTA (Use raloxifene hcl)	99
esmolol hcl-sodium chloride	70	ESTRING RING 7.5 MCG/24HR ..	192	EVKEEZA	45
esomeprazole magnesium CPDR 20 MG	185	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	104	EVOTAZ	66
esomeprazole magnesium CPDR 185		eszopiclone	119	EVOXAC (Use cevimeline hcl) ..	157
esomeprazole magnesium PACK 2.5 MG, 5 MG	185	ethacrynate sodium	95	EVRYSDI	166
esomeprazole magnesium PACK 185		ethacrynic acid	95	EVRYSDI PO 5 MG	166
esomeprazole magnesium TBEC 185		ethambutol hcl TABS	55	EXCILON AMD DRAIN SPONGES PADS	122
esomeprazole sodium 40 MG	185	ethosuximide CAPS	29	EXCILON AMD NON-WOVEN SPONGES PADS	122
ESPEROCT	112	ethosuximide SOLN	29	EXCILON DRAIN SPONGES PADS .	123
estazolam	119	ETHYL CHLORIDE	92	EXELON (Use rivastigmine)	175
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	103	ethynodiol diacet & eth estrad	77	exemestane	56
		etodolac CAPS	8	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	36
		etodolac TABS	8	EXFORGE (Use amlodipine besylate-valsartan)	50
		etodolac TB24	8	EXFORGE HCT (Use amlodipine-	
		etonogestrel-ethinyl estradiol	78		

valsartan-hydrochlorothiazide)50	FANAPT TITRATION PACK C63	FEMARA (Use letrozole)56
EXJADE TBSO (Use deferasirox) .40	FANTASY LUBRICATED MISC ..123	FEMCAP DEVI 123
EXKIVITY56	FANTASY	FEMLYV TBDP 77
EX-LAX CHEW (Use sennosides)	LUBRICATED/SPERMICIDE MISC	FEMRING192
121	123	
EXONDYS 51166	FARESTON (Use toremifene citrate)	fenofibrate CAPS46
	56	fenofibrate micronized 43 MG, 67
EXTENCILLINE SUSR 174	FARXIGA (Use dapagliflozin	MG, 130 MG, 134 MG, 200 MG ...46
	propanediol)39	fenofibrate TABS 40 MG, 120 MG .46
EXXUA TB24 PO 18.2 MG, 36.3 MG,	FASENRA PEN SOAJ19	fenofibrate TABS 48 MG, 54 MG, 145
54.5 MG, 72.6 MG31	FASENRA SOSY 19	MG, 160 MG46
EXXUA TITRATION PACK TB24 PO	FASTEP COVID-19 ANTIGEN TEST	fenofibric acid46
18.2 MG31	KIT94	fenoprofen calcium CAPS 400 MG .8
EYSUVIS SUSP171	FC2 FEMALE CONDOM 123	fenoprofen calcium TABS8
EZALLOR SPRINKLE CPSP47	fe fumarate-vitamin c-vitamin b12-	FENOPRON CAPS8
ezetimibe47	folic acid117	FENSOLVI (6 MONTH) SC99
ezetimibe-simvastatin45	fe fum-iron polysacch complex-fa-b	
	complex-c-zn-mn-cu117	fentanyl citrate LPOP 200 MCG,
EZ-LETS LANCETS 21G 127	febuxostat111	1200 MCG12
EZ-LETS LANCETS 26G 127	FEIBA112	fentanyl citrate SOLN IJ 100
EZ-LETS LANCETS 28G 127	felbamate SUSP28	MCG/2ML, 250 MCG/5ML, 500
EZ-LETS LANCETS 30G 127	felbamate TABS 400 MG28	MCG/10ML, 1000 MCG/20ML, 2500
FABHALTA113	felbamate TABS 600 MG28	MCG/50ML12
FABIOR FOAM82	FELBATOL SUSP (Use felbamate)	fentanyl citrate TABS 200 MCG, 400
FABRAZYME 100	28	MCG, 600 MCG, 800 MCG12
famciclovir69	FELBATOL TABS 400 MG (Use	fentanyl PT72 12 MCG/HR, 25
famotidine in nacl SOLN184	felbamate)28	MCG/HR, 50 MCG/HR, 75 MCG/HR,
famotidine SOLN 20 MG/2ML, 40	FELBATOL TABS 600 MG (Use	100 MCG/HR12
MG/4ML, 200 MG/20ML184	felbamate)28	fentanyl PT72 37.5 MCG/HR, 62.5
famotidine SUSR 184	FELDENE CAPS 10 MG (Use	MCG/HR, 87.5 MCG/HR12
famotidine TABS184	piroxicam)8	FENTORA TABS 100 MCG (Use
FANAPT63	FELDENE CAPS 20 MG (Use	fentanyl citrate)12
FANAPT TITRATION PACK A63	piroxicam)8	FENTORA TABS 200 MCG, 400
FANAPT TITRATION PACK B63	felodipine71	MCG, 600 MCG, 800 MCG (Use
		fentanyl citrate)12
		FEOSOL TABS (Use ferrous sulfate
		dried)117

FERAHEME (Use ferumoxytol) ..117	FIASP SOLN37	FLAGYL CAPS (Use metronidazole) . 51
FER-IN-SOL SOLN (Use ferrous sulfate)118	FIBRICOR (Use fenofibric acid) ..46	FLAREX171
ferric citrate109	fidaxomicin TABS 200 MG 122	flavoxate hcl189
FERRIPROX SOLN40	FIFTY50 ALCOHOL PREP 134	flecainide acetate18
FERRIPROX TABS (Use deferiprone)40	FIFTY50 PEN NEEDLES137	FLEET ENEMA ENEM (Use sodium phosphates)121
FERRIPROX TWICE-A-DAY TABS 40	FIFTY50 SAFETY SEAL LANCETS . 127	FLEQSUVY SUSP (Use baclofen) 162
FERRLECIT (Use sodium ferric gluconate complex in sucrose) ...118	FIFTY50 SUPERIOR COMFORT SYR 137	FLEXICHAMBER ADULT MASK/SMALL145
ferrous fumarate w/ b12-vit c-fa-ifc 117	FIFTY50 UNILET LANCETS 33G 127	FLEXICHAMBER CHILD MASK/LARGE 145
FERROUS GLUCONATE TABS 324 MG118	FILSPARI 110	FLEXICHAMBER CHILD MASK/SMALL145
ferrous gluconate TABS 118	FILSUVEZ93	FLEXICHAMBER DEVI145
ferrous sulfate dried TABS 118	FILTER AIR PP MISC145	FLINTSTONES + EXTRA IRON CHEW159
ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML, 15 MG/ML118	FINACEA FOAM93	FLINTSTONES COMPLETE CHEW . 159
ferrous sulfate TABS 325 MG, 65 MG, 325 MG118	FINACEA GEL (Use azelaic acid) .93	FLINTSTONES GUMMIES BONE BUILD CHEW159
FERROUS SULFATE TBEC (Use ferrous sulfate)118	finasteride (alopecia)91	FLINTSTONES-IMMUNITY SUPPORT CHEW159
ferrous sulfate TBEC 118	finasteride110	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG159
ferumoxytol118	FINE 30127	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 20
fesoterodine fumarate188	FINGERSTIX LANCETS127	FLOVENT HFA (Use fluticasone propionate hfa)20
FETROJA76	finolimod hcl 177	FLOWFLEX COVID-19 AG HOME TEST KIT94
FETZIMA CP2432	FINTEPLA25	FLUAD190
FETZIMA TITRATION C4PK 32	FIORICET CAPS (Use butalbital- acetaminophen-cafeine) 10	FLUAD QUADRIVALENT190
FEVERALL JUNIOR STRENGTH SUPP11	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (Use butalbital- acetaminophen-cafeine w/ codeine) . 13	
FIASP FLEXTOUCH SOPN37	FIRAZYR SOSY (Use icatibant acetate)113	
FIASP PENFILL SOCT37	FIRDAPSE 54	
	FIRVANQ SOLR PO (Use vancomycin hcl)52	

FLUARIX QUADRIVALENT SUSY 190	fluocinonide SOLN89	fluticasone propionate hfa20
FLUARIX SUSY 190	fluorometholone (ophth) SUSP ...171	fluticasone propionate LOTN 89
FLUBLOK QUADRIVALENT190	fluorouracil (topical) CREA 0.5 % ..85	fluticasone propionate OINT89
FLUBLOK SOSY 190	fluorouracil (topical) CREA 5 % ...85	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT21
FLUCELVAX QUADRIVALENT SUSP 190	fluorouracil (topical) SOLN85	fluticasone-salmeterol AEPB 21
FLUCELVAX QUADRIVALENT SUSY 190	fluoxetine hcl (pmdd) TABS 179	fluticasone-salmeterol AERO22
FLUCELVAX SUSP 190	fluoxetine hcl CAPS30	fluvastatin sodium CAPS 47
FLUCELVAX SUSY 190	fluoxetine hcl CPDR30	fluvastatin sodium TB24 47
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML 43	FLUOXETINE HCL TABS (Use fluoxetine hcl) 30	fluvoxamine maleate CP2430
fluconazole SUSR43	fluoxetine hcl TABS30	fluvoxamine maleate TABS30
fluconazole TABS43	fluphenazine decanoate64	FLUZONE HIGH-DOSE QUADRIVALENT 190
flucytosine43	fluphenazine hcl CONC64	FLUZONE HIGH-DOSE SUSY ...190
fludrocortisone acetate TABS80	fluphenazine hcl ELIX64	FLUZONE QUADRIVALENT SUSP 190
FLULAVAL QUADRIVALENT SUSY . 190	fluphenazine hcl SOLN 64	FLUZONE QUADRIVALENT SUSY 190
FLULAVAL SUSY 190	fluphenazine hcl TABS64	FLUZONE SUSP 190
FLUMIST190	flurandrenolide CREA89	FLUZONE SUSY 190
FLUMIST QUADRIVALENT 190	flurandrenolide LOTN89	FLYP HYPERSONIQ CARTRIDGE MISC145
flunisolide (nasal) 164	flurazepam hcl 119	FML FORTE SUSP171
fluocinolone acetonide (otic)173	flurbiprofen sodium172	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) 171
fluocinolone acetonide CREA89	flurbiprofen TABS 100 MG8	FOCALIN TABS (Use dexmethylphenidate hcl) 2
fluocinolone acetonide OIL 89	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT20	FOCALIN TABS 2.5 MG, 10 MG (Use dexmethylphenidate hcl) 2
fluocinolone acetonide OINT89	fluticasone furoate-vilanterol21	FOCALIN XR CP24 (Use dexmethylphenidate hcl)2
fluocinolone acetonide SOLN89	fluticasone propionate (inhalation) AEPB20	FOCALIN XR CP24 15 MG, 20 MG,
fluocinonide CREA89	fluticasone propionate (nasal) SUSP . 164	
fluocinonide emulsified base89	fluticasone propionate CREA 0.05 % 89	
fluocinonide GEL89		
fluocinonide OINT89		

40 MG (Use dexmethylphenidate hcl)	FOTIVDA	58	MG/ML	95
.....2	FRAGMIN SOLN 10000 UNIT/4ML,		furosemide TABS	95
FOCINVEZ SOLN	95000 UNIT/3.8ML	23	FUZEON SOLR	66
folic acid CAPS 0.8 MG	FRAGMIN SOSY	23	FYARRO	58
.....115	FRAICHE 5000 PREVI	157	FYCOMPA SUSP	24
folic acid SOLN	115		FYCOMPA TABS 2 MG, 4 MG, 6	
folic acid TABS 1 MG, 800 MCG	FRAICHE 5000 SENSITIVE GEL	157	MG, 8 MG, 10 MG, 12 MG (Use	
.....115	FREESTYLE LANCETS	127	perampanel)	24
fondaparinux sodium	127		FYLNETRA	116
.....23	FREESTYLE LIBRE 14 DAY		gabapentin (once-daily) TABS	179
FORA LANCETS	READER	127	gabapentin CAPS	25
FORA LANCING DEVICE MISC	127		gabapentin SOLN	25
FORFIVO XL TB24 (Use bupropion	FREESTYLE LIBRE 14 DAY		gabapentin TABS 600 MG, 800 MG	
hcl)	SENSOR	127	25	
.....30	127		GABARONE TABS 100 MG, 400 MG	
formaldehyde SOLN 10 %	FREESTYLE LIBRE 2 PLUS		25	
.....65	SENSOR	127	GALAFOLD	100
formoterol fumarate NEBU	127		galantamine hydrobromide CP24	175
.....22	FREESTYLE LIBRE 2 READER	127	galantamine hydrobromide SOLN	
FORTEO SOPN (Use teriparatide)	FREESTYLE LIBRE 2 SENSOR	127	175	
97	127		galantamine hydrobromide TABS	175
FORTESTA GEL TD (Use	FREESTYLE LIBRE 3 PLUS		GAMIFANT	155
testosterone)	SENSOR	128	GANCICLOVIR SODIUM SOLN	67
.....15	128		ganciclovir sodium SOLR	67
FORZINITY SOLN SC 280	FREESTYLE LIBRE 3 READER	128	GARDASIL 9 SUSP 0.5 ML	190
MG/3.5ML	128		GARDASIL 9 SUSY 0.5 ML	190
.....100	FREESTYLE LIBRE 3 SENSOR	128	GASTROCROM (Use cromolyn	
FOSAMAX PLUS D	128		sodium (mastocytosis))	106
.....97	FREESTYLE LIBRE READER	128	gatifloxacin (ophth)	170
FOSAMAX TABS 70 MG (Use	128		GATTEX	109
alendronate sodium)	FREESTYLE UNISTICK II LANCETS	128	GAUZE DRESSING PADS	123
.....97	128		GAUZE PADS PADS	123
fosamprenavir calcium TABS	FROVA (Use frovatriptan succinate)	151		
.....66	151			
fosaprepitant dimeglumine SOLR	frovatriptan succinate	151		
.....42	151			
foscarnet sodium 6000 MG/250ML	FRUZAQLA	55		
67	55			
fosfomycin tromethamine	FT PRENATAL TABS	160		
.....53	160			
fosinopril sodium &	FULL KIT NEBULIZER SET MISC	145		
hydrochlorothiazide	145			
.....50	FULPHILA	116		
fosinopril sodium	116			
.....48	FUROCIX CTKT	95		
fosphenytoin sodium	95			
.....29	furosemide SOLN IJ 10 MG/ML	95		
FOSRENOL CHEW (Use lanthanum	95			
carbonate)	furosemide SOLN PO 8 MG/ML, 10			
.....109				
FOSRENOL PACK				
.....109				

GAVRETO	58	GEODON (Use ziprasidone hcl) ..	62	28G	128
gefitinib	56	GEODON (Use ziprasidone mesylate)	62	GLOBAL INJECT EASE LANCETS 30G	128
GELCLAIR	157	GEODON 40 MG, 60 MG (Use ziprasidone hcl)	62	GLOBAL INSULIN SYRINGES ..	137
gemfibrozil TABS	46	GILENYA (Use fingolimod hcl) ...	177	GLOBAL LANCING DEVICE MISC 128	
GEMTESA	189	GILENYA	177	GLOPERBA SOLN PO	111
GENABIO COVID-19 RAPID TEST KIT	94	GILOTRIF	56	GLUCAGON EMERGENCY	35
GENOTROPIN CART SC	99	GIMOTI SOLN NA	106	GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)	35
GENOTROPIN MINISQUICK PRSY 99		GIVLAARI	111	glucagon SOLR IJ 1 MG	35
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	4	GLASSIA SOLN	180	GLUCOCOM LANCETS 28G	128
gentamicin sulfate (ophth) SOLN ..	170	glatiramer acetate SOSY	177	GLUCOCOM LANCETS 30G	128
gentamicin sulfate (topical) CREA ..	83	GLEEVEC TABS (Use imatinib mesylate)	58	GLUCOCOM LANCETS 33G	128
gentamicin sulfate (topical) OINT ..	83	GLEOSTINE 10 MG, 40 MG, 100 MG	55	GLUCOPRO INSULIN SYRINGE 137	
gentamicin sulfate IJ	4	glimepiride 1 MG, 2 MG, 4 MG	39	GLUCOSE CHEW	35
GENTEEL BUTTERFLY TOUCH LANCET	128	glimepiride 3 MG	39	glucose LIQD	167
GENTEEL PLUS LANCING (BLACK) MISC	128	glipizide TABS 2.5 MG	39	GLUCOSE LIQD	35
GENTEEL PLUS LANCING (PURPLE) MISC	128	glipizide TABS 5 MG, 10 MG	39	GLUCOTROL XL TB24 (Use glipizide)	39
GENTEEL PLUS LANCING (WHITE) MISC	128	glipizide TB24	39	GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)	39
GENTEEL PLUS LANCING DEV(BLUE) MISC	128	glipizide-metformin hcl	33	glutamine (sickle cell)	115
GENTEEL PLUS LANCING DEV(PINK) MISC	128	GLOBAL ALCOHOL PREP EASE 134		glyburide micronized 1.5 MG, 3 MG, 6 MG	39
GENTLE IRON	117	GLOBAL EASE INJECT PEN NEEDLES	137	glyburide TABS	39
GENTLE-LET GP LANCETS	128	GLOBAL EASY GLIDE INSULIN SYR	137	glyburide-metformin	33
GENTLE-LET LANCETS	128	GLOBAL EASY GLIDE PEN NEEDLES	137	GLYCATE TABS	183
GENVOYA	66	GLOBAL INJECT EASE INSULIN SYR	137	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM	120
		GLOBAL INJECT EASE LANCETS		glycerin-hypromellose-polyethylene glycol 400	168

glycerol phenylbutyrate 1.1 GM/ML 100	160	griseofulvin microsize TABS	43
GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML (Use glycopyrrolate)	183	griseofulvin ultramicrosize	43
glycopyrrolate SOLN IJ	183	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML	81
glycopyrrolate SOLN PO 1 MG/5ML	183	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML	81
glycopyrrolate SOSY IJ	183	guaifenesin TABS	81
GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	183	guaifenesin TB12 1200 MG	81
glycopyrrolate TABS 1 MG, 2 MG	183	guaifenesin TB12	81
GLYNASE (Use glyburide micronized)	39	guanfacine hcl (adhd)	2
GLYRX-PF SOLN IJ	183	guanfacine hcl	49
GLYXAMBI	33	GUMMI BEAR MULTIVITAMIN/MIN CHEW	159
GNP ALCOHOL SWABS	134	GVOKE HYOPEN 1-PACK SOAJ	35
GNP GLUCOSE CHEW	35	GVOKE HYOPEN 2-PACK SOAJ	35
GNP INSULIN SYRINGE	137	GVOKE KIT SOLN	35
GNP INSULIN SYRINGES	138	GVOKE PFS SOSY 1 MG/0.2ML	35
GNP INSULIN SYRINGES 28GX1/2"	138	GYNAZOLE-1	191
GNP INSULIN SYRINGES 29GX1/2"	138	HADLIMA PUSHTOUCH SOAJ	6
GNP INSULIN SYRINGES	138	HADLIMA SOSY	6
GNP INSULIN SYRINGES 30GX5/16"	138	HAEGARDA SOLR SC	113
GNP INSULIN SYRINGES 31GX5/16"	138	HAEMOLANCE	128
GNP LANCING SYSTEM DEVICE MISC	128	HAEMOLANCE LOW FLOW LANCETS	128
GNP PEN NEEDLES	138	HAEMOLANCE PLUS	128
GNP PRENATAL TABS	160	HAEMOLANCE PLUS HIGH FLOW	128
GNP PRENATAL/FOLIC ACID TABS	160	HAEMOLANCE PLUS LOW FLOW	128
		HAEMOLANCE PLUS MAX FLOW	128
		griseofulvin microsize SUSP	43
GNP STERILE LANCETS 28G	128		
GNP STERILE LANCETS 30G	128		
GNP STERILE LANCETS 33G	128		
GNP TRUETRACK TEST STRIPS STRP	94		
GNP ULTICARE PEN NEEDLES	138		
GNP ULTIGUARD SAFEPAK NEEDLE	138		
GNP ULTRA COM INSULIN SYRINGE	138		
GOCOVRI CP24	61		
GOJJI LANCING DEVICE/CLEAR CAP MISC	128		
GOJJI STERILE LANCETS	128		
GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	120		
GOMEKLI CAPS PO 1 MG, 2 MG	58		
GOMEKLI TBSO PO 1 MG	58		
GOODSENSE ALCOHOL SWABS	134		
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	94		
GRALISE TABS (Use gabapentin (once-daily))	179		
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	41		
granisetron hcl TABS	41		
GRANIX SOLN 300 MCG/ML	116		
GRANIX SOSY	116		
GRASTEK SUBL	3		

HUMALOG JUNIOR KWIKPEN SOPN37	HYDREA (Use hydroxyurea)60	hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %16
HUMALOG KWIKPEN SOPN37	hydrochlorothiazide CAPS96	hydrocortisone butyrate CREA 90
HUMALOG MIX 50/50 KWIKPEN SUPN37	hydrochlorothiazide TABS96	hydrocortisone butyrate LOTN 90
HUMALOG MIX 75/25 KWIKPEN SUPN37	hydrocodone bitartrate CP12 12	hydrocortisone butyrate OINT 90
HUMALOG MIX 75/25 SUSP37	hydrocodone bitartrate T24A 12	hydrocortisone butyrate SOLN 90
HUMALOG SOCT37	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 14	hydrocortisone sod succinate 100 MG 79
HUMALOG SOLN IJ37	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML 13	hydrocortisone TABS 79
HUMALOG TEMPO PEN SOPN .. 37	hydrocodone-acetaminophen SOLN . 13	hydrocortisone valerate CREA 90
HUMATE-P SOLR112	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG- 7.5 MG 14	hydrocortisone valerate OINT 90
HUMATROPE CART IJ99	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 14	hydrocortisone w/acetic acid173
HUMIRA (2 PEN) AJKT6	hydrocortisone (intrarectal)16	hydromorphone hcl LIQD 12
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML6	hydrocortisone (rectal) EX 2.5 % .. 16	HYDROMORPHONE HCL SUPP . 12
HUMIRA (2 SYRINGE) PSKT6	hydrocortisone (rectal) EX 16	hydromorphone hcl TABS 12
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML6	hydrocortisone (topical) CREA89	hydromorphone hcl TB2412
HUMIRA-PSORIASIS/UVEIT STARTER AJKT6	hydrocortisone (topical) LOTN 2.5 % . 89	hydroxocobalamin acetate SOLN 115
HUMULIN 70/30 KWIKPEN SUPN 37	hydrocortisone (topical) OINT 1 %, 2.5 %89	hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG54
HUMULIN 70/30 SUSP37	hydrocortisone (topical) SOLN 2.5 % 90	hydroxychloroquine sulfate 300 MG 54
HUMULIN N KWIKPEN SUPN 37	hydrocortisone acetate (rectal)16	hydroxyurea60
HUMULIN N SUSP 37	HYDROCORTISONE ACETATE CREA90	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 17
HUMULIN R SOLN IJ37		hydroxyzine hcl SYRP 17
HUMULIN R U-500 (CONCENTRATED) SOLN SC37		hydroxyzine hcl TABS 17
HUMULIN R U-500 KWIKPEN SOPN SC37		hydroxyzine pamoate CAPS17
HYCANTIN CAPS60		HYFTOR91
hydralazine hcl SOLN51		HYMPAVZI112
hydralazine hcl TABS51		hyoscyamine sulfate ELIX183
		hyoscyamine sulfate SOLN PO 0.125 MG/ML183

hyoscyamine sulfate SUBL 0.125 MG183	IBTROZI CAPS PO 200 MG58	imatinib mesylate TABS 58
hyoscyamine sulfate TABS 0.125 MG183	ibuprofen CHEW 9	IMBRUVICA CAPS 58
hyoscyamine sulfate TB12 0.375 MG 183	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML9	IMBRUVICA SUSP 58
hyoscyamine sulfate TBDP 0.125 MG184	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG9	IMBRUVICA TABS58
HYPERRHO SOSY IM 1500 UNIT 173	ibuprofen TABS 300 MG9	IMCIVREE SOLN SC100
HYPERSAL NEBU (Use sodium chloride (inhalant))81	ibuprofen-famotidine9	imipramine hcl TABS 32
HYPERSAL NEBU81	ibutilide fumarate19	imipramine pamoate 32
HYPODERMIC NEEDLE 138	ICAR-C (Use iron-vitamin c)117	imiquimod 3.75 %91
HYRIMOZ SOAJ7	icatibant acetate SOSY113	imiquimod 5 % 91
HYRIMOZ SOSY 20 MG/0.2ML7	ICLUSIG58	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)151
HYRIMOZ-CROHNS/UC STARTER SOAJ7	icosapent ethyl 0.5 GM 45	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML151
HYRIMOZ-PED<40KG CROHN STARTER SOSY7	icosapent ethyl 1 GM 45	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML151
HYRIMOZ-PED>=40KG CROHN START SOSY7	IDACIO (2 PEN) AJKT7	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML151
HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ7	IDACIO (2 SYRINGE) PSKT7	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)151
HYSINGLA ER T24A 12	IDACIO-CROHNS/UC STARTER AJKT7	IMITREX TABS (Use sumatriptan succinate)151
HY-VEE LANCETS 128	IDACIO-PSORIASIS STARTER AJKT7	IMKELDI SOLN 58
HY-VEE THIN LANCETS128	IDELVION112	IMODIUM A-D CAPS (Use loperamide hcl) 40
HYZAAR (Use losartan potassium & hydrochlorothiazide) 50	IDHIFA58	IMODIUM A-D TABS (Use loperamide hcl) 40
ibandronate sodium SOLN97	IGALMI FILM 119	IMOVAX RABIES SUSR 190
ibandronate sodium TABS97	IHEALTH COVID-19 RAPID TEST KIT94	IMULDOSA SOLN IV 130 MG/26ML . 107
IBRANCE CAPS58	IHEALTH LANCING DEVICE MISC 129	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML86
IBRANCE TABS58	ILARIS SOLN7	IMURAN TABS (Use azathioprine) 155
IBSRELA108	ILEVRO 172	
	ILUMYA86	
	IMAAVY SOLN IV 1200 MG/6.5ML 154	

IMVEXXY MAINTENANCE PACK INST192	INFUVITE PEDIATRIC SOLN IV .160	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML37
IMVEXXY STARTER PACK INST 192	INGREZZA CAPS 60 MG176	INSULIN GLARGINE-YFGN SOLN 37
IN TOUCH LANCING DEVICE MISC 129	INGREZZA CAPS 80 MG176	INSULIN GLARGINE-YFGN SOPN 37
IN TOUCH STERILE LANCETS 30G129	INGREZZA CPPK176	INSULIN LISPRO (1 UNIT DIAL) SOPN37
INBRIJA CAPS61	INGREZZA CPSP 40 MG, 60 MG 176	INSULIN LISPRO JUNIOR KWIKPEN SOPN37
IN-CHECK DIAL FLOW TRAINER DEVI146	INJECTAFER118	INSULIN LISPRO PROT & LISPRO SUPN38
IN-CHECK INSPIRATORY FLOW MTR DEVI146	INLURIYO TABS PO 200 MG56	INSULIN LISPRO SOLN IJ38
INCONTROL ULTICARE PEN NEEDLES138	INLYTA55	INSULIN SYRINGE138
INCRELEX99	INNOPRAN XL71	INSULIN SYRINGE-NEEDLE U-100 138
INCRUSE ELLIPTA19	INNOSPIRE REPLACEMENT FILTER MISC146	INSUPEN PEN NEEDLES138
indapamide TABS 1.25 MG, 2.5 MG . 96	INPEFA73	INSUPEN SENSITIVE138
INDERAL LA CP24 (Use propranolol hcl)70	INQOVI57	INSUPEN ULTRAFIN138
INDERAL XL70	INREBIC58	INSUPEN32G EXTR3ME138
INDICAID COVID-19 RAPID TEST KIT94	INSPIREASE MISC146	INTELENCE (Use etravirine)66
indomethacin CAPS 25 MG, 50 MG 9	INSPIREASE RESERVOIR BAGS 146	INTELENCE66
indomethacin CPCR9	INSPIRA (Use eplerenone)51	INTELISWAB COVID-19 RAPID TEST KIT94
indomethacin SUPP9	INSULIN ASP PROT & ASP FLEXPEN SUPN37	INTRAROSA191
indomethacin SUSP9	INSULIN ASPART FLEXPEN SOPN . 37	INTUNIV (Use guanfacine hcl (adhd))2
INFANRIX183	INSULIN ASPART PENFILL SOCT 37	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)63
INFANTS ADVIL SUSP (Use ibuprofen)9	INSULIN ASPART PROT & ASPART SUSP37	INVEGA HAFYERA63
INFED118	INSULIN ASPART SOLN IJ37	INVEGA SUSTENNA63
INFLECTRA SOLR107	INSULIN DEGLUDEC FLEXTOUCH SOPN37	INVEGA TRINZA63
INFLIXIMAB107	INSULIN DEGLUDEC SOLN37	INVELTYS SUSP171
	INSULIN GLARGINE MAX SOLOSTAR SOPN37	

INVOKAMET TABS	33	JADENU TABS (Use deferasirox) .	40
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	33	JAKAFI	58
INVOKAMET XR TB24 500 MG-50 MG	33	JALYN (Use dutasteride-tamsulosin hcl)	110
INVOKANA	39	JANUMET TABS	33
INZIRQO SUSR PO 10 MG/ML ...	96	JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	33
IOPIDINE	169	JANUMET XR TB24 1000 MG-50 MG	33
IPOL IJ	190	JANUVIA	36
ipratropium bromide (nasal)	164	JARDIANCE	39
ipratropium bromide SOLN 0.02 %	19	JASCAYD TABS PO 9 MG, 18 MG 181	
ipratropium-albuterol SOLN	22	JATENZO CAPS	15
IQIRVO	108	JAYPIRCA	58
irbesartan	49	JENTADUETO TABS	33
irbesartan-hydrochlorothiazide ...	50	JENTADUETO XR TB24	33
IRESSA (Use gefitinib)	56	JESDUVROQ	116
iron combinations CAPS	117	JIVI	112
iron sucrose 20 MG/ML	118	JOENJA	154
iron-vitamin c	117	JORNAY PM CP24	3
irrigation solutions, physiological	156	JOURNAVX	10
ISENTRESS CHEW	66	JUBBONTI SOSY SC 60 MG/ML ..	97
ISENTRESS HD TABS	66	JULUCA	66
ISENTRESS PACK	66	JUXTAPID 20 MG, 30 MG	47
ISENTRESS TABS	66	JUXTAPID 5 MG, 10 MG	47
isoniazid SOLN	55	JYLAMVO SOLN PO	55
isoniazid SYRP	55	JYNARQUE TABS 15 MG (Use tolvaptan)	103
isoniazid TABS	55	JYNARQUE TABS 30 MG (Use tolvaptan)	103
isopropyl alcohol-glycerin	173	JYNARQUE TBPK 15 MG (Use	
isosorbide dinitrate TABS	17		
isosorbide dinitrate-hydralazine hcl			
isotretinoin	82		
isradipine CAPS	71		
ISTALOL SOLN (Use timolol maleate (ophth))	168		
ISTODAX SOLR (Use romidepsin)	58		
ISTURISA 1 MG	96		
ISTURISA 5 MG	96		
ITOVEBI	58		
itraconazole CAPS	43		
itraconazole SOLN	43		
ivabradine hcl TABS	75		
ivermectin (rosacea)	93		
ivermectin	16		
ivermectin	17		
IWILFIN	60		
IXIARO	190		
IXINITY SOLR	112		
IYUZEH SOLN	172		
J & J GAUZE PADS	123		
J & J GAUZE SPONGES 12-PLY MISC	123		
J & J GAUZE SPONGES 16-PLY MISC	123		
J & J GAUZE SPONGES 8-PLY MISC	123		
JADENU SPRINKLE PACK (Use deferasirox)	40		

tolvaptan)103	KEPPRA TABS (Use levetiracetam) . 25	KIMONO MISC123
JYNNEOS190	KEPPRA XR TB24 (Use levetiracetam)25	KIMONO PLUS MISC123
KALBITOR114	KERENDIA102	KIMONO PS MISC123
KALETRA SOLN66	KERLIX SPONGES PADS123	KIMONO PS PLUS MISC123
KALETRA TABS (Use lopinavir- ritonavir)66	KERYDIN (Use tavaborole)84	KIMONO SENSATION MISC123
KALYDECO PACK180	KESIMPTA177	KIMONO SENSATION PLUS MISC 123
KALYDECO TABS180	ketoconazole (topical) CREA84	KIMONO SPECIAL DEVI123
KAMELEON LUBRICATED MISC 123	ketoconazole (topical) FOAM84	KINERET SOSY7
KANUMA100	ketoconazole (topical) SHAM 2 % .84	KINNEY LANCETS129
KAPSPARGO SPRINKLE CS24 ...70	ketoconazole43	KINNEY THIN LANCETS129
KAPVAY TB12 (Use clonidine hcl (adhd))2	KETODAN84	KINRAY INSULIN SYRINGE138
KARBINAL ER SUER (Use carbinoxamine maleate)44	ketoprofen CAPS 25 MG9	KINRIX SUSY183
KATE FARMS STANDARD 1.0 LIQD PO94	ketoprofen CP249	KIRSTY SOLN IJ 100 UNIT/ML ...38
KATERZIA71	ketorolac tromethamine (ophth) .172	KIRSTY SOPN SC 100 UNIT/ML .38
KAZANO (Use alogliptin-metformin hcl)33	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML9	KISQALI (200 MG DOSE)58
KEBILIDI100	ketorolac tromethamine TABS9	KISQALI (400 MG DOSE)58
KENALOG AERS (Use triamcinolone acetone (topical))90	ketotifen fumarate (ophth) 0.035 % 172	KISQALI (600 MG DOSE)58
KENALOG-10 SUSP (Use triamcinolone acetone)79	KEVEYIS (Use dichlorphenamide) 95	KISQALI FEMARA (200 MG DOSE) . 57
KENALOG-40 SUSP (Use triamcinolone acetone)79	KEVZARA SOAJ8	KISQALI FEMARA (400 MG DOSE) . 57
KENALOG-80 SUSP79	KEVZARA SOSY8	KISQALI FEMARA (600 MG DOSE) . 57
KENDALL HYDROPHILIC FOAM DRESS PADS123	KHINDIVI SOLN PO 1 MG/ML79	KISUNLA175
KENGREAL115	KIMONO COLORS DEVI123	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)4
KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)25	KIMONO MAXX-LARGE FLARE MISC123	KLONOPIN TABS (Use clonazepam)24
	KIMONO MICRO THIN MISC123	KLONOPIN TABS 1 MG (Use clonazepam)24
	KIMONO MICRO THIN PLUS MISC . 123	KLOXXADO LIQD40

KOATE SOLR 250 UNIT 112	KUVAN PACK (Use sapropterin dihydrochloride)100	LAMICTAL ODT TBDP (Use lamotrigine) 26
KOATE SOLR 500 UNIT, 1000 UNIT 112	KUVAN TABS (Use sapropterin dihydrochloride)101	LAMICTAL STARTER KIT 25 MG (Use lamotrigine) 26
KOATE-DVI SOLR 500 UNIT, 1000 UNIT 112	K-Y ME & YOU EXTRA LUBRICATED DEVI 123	LAMICTAL TABS (Use lamotrigine) 26
KOGENATE FS KIT 112	K-Y ME & YOU INTENSE DEVI ..123	LAMICTAL XR KIT26
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)33	KYLEENA 78	LAMICTAL XR TB24 (Use lamotrigine) 26
KONVOMEK SUSR 188	KYMRIAH56	lamivudine (hbv) TABS 68
KORLYM (Use mifepristone (hyperglycemia))35	labetalol hcl SOLN 69	lamivudine SOLN 66
KOSELUGO58	LABETALOL HCL SOLN 69	lamivudine TABS 66
KOSELUGO PO 5 MG, 7.5 MG ... 58	LABETALOL HCL SOSY 10 MG/2ML70	lamivudine-zidovudine 66
KOVALTRY 112	labetalol hcl TABS 100 MG, 200 MG, 300 MG70	lamotrigine CHEW 26
KP PRENATAL MULTIVITAMINS TABS160	labetalol hcl TABS 400 MG70	lamotrigine KIT 25 MG26
K-PHOS NO 2109	lacosamide SOLN IV 200 MG/20ML . 25	lamotrigine TABS 26
K-PHOS TABS (Use potassium phosphate monobasic) 153	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 25	lamotrigine TB2426
KRAZATI 58	lacosamide TABS25	lamotrigine TBDP 26
KRINTAFEL54	lactic acid (ammonium lactate) CREA91	LAMPIT52
KROGER AUTOLET LANCING DEVICE MISC 129	lactic acid (ammonium lactate) LOTN 12 %91	LAMZEDE101
KROGER HEALTHPRO LANCET 26G129	lactulose (encephalopathy) 108	LANCET DEVICE MISC129
KROGER LANCETS129	lactulose PACK120	LANCET DEVICE WITH EJECTOR MISC129
KROGER LANCETS SUPER THIN 129	lactulose SOLN 10 GM/15ML 121	LANCETS129
KROGER LANCETS THIN 129	lactulose SOLN120	LANCETS 28G THIN 129
KROGER PEN NEEDLES138	LAGEVRIO69	LANCETS 30G129
KRYSTEXXA111	LAMICTAL CHEW (Use lamotrigine) . 26	LANCETS 33G129
K-TAB TBCR 20 MEQ (Use potassium chloride)153	LAMICTAL ODT KIT (Use lamotrigine) 26	LANCETS MICRO THIN 33G129
		LANCETS SUPER THIN129
		LANCETS SUPER THIN 28G ... 129
		LANCETS THIN129
		LANCETS ULTRA THIN129

LANCETS ULTRA THIN 30G129	LENVIMA (10 MG DAILY DOSE) .55	26
LANCING DEVICE MISC129	LENVIMA (12 MG DAILY DOSE) .55	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML26
LANOXIN PEDIATRIC SOLN IJ ...72	LENVIMA (14 MG DAILY DOSE) .55	levetiracetam TABS 500 MG26
LANOXIN SOLN IJ (Use digoxin) .72	LENVIMA (18 MG DAILY DOSE) .55	levetiracetam TABS26
lanreotide acetate102	LENVIMA (20 MG DAILY DOSE) .55	levetiracetam TB2426
LANREOTIDE ACETATE102	LENVIMA (24 MG DAILY DOSE) .55	LEVETIRACETAM TB3D26
lansoprazole CPDR185	LENVIMA (4 MG DAILY DOSE) ..55	LEVICYN GEL92
lansoprazole TBDD185	LENVIMA (8 MG DAILY DOSE) ..56	levobunolol hcl 0.5 %168
lanthanum carbonate CHEW109	LEQEMBI175	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML101
LANTIDRA33	LEQEMBI IQLIK SC 360 MG/1.8ML 175	levocarnitine (metabolic modifiers) TABS101
LANTUS SOLN38	LEQSELVI TABS PO 8 MG91	levocetirizine dihydrochloride SOLN 45
LANTUS SOLOSTAR SOPN38	LEQVIO48	levocetirizine dihydrochloride TABS 45
LANZO MISC129	LESCOL XL TB24 (Use fluvastatin sodium)47	levofloxacin (ophth) 0.5 %170
lapatinib ditosylate58	LETAIRIS (Use ambrisentan)74	levofloxacin SOLN PO105
LASIX TABS (Use furosemide)95	letrozole56	levofloxacin TABS105
latanoprost SOLN172	leucovorin calcium TABS60	levonorgestrel & eth estradiol TABS 77
LATUDA (Use lurasidone hcl)62	LEUKINE SOLR IJ116	levonorgestrel (emergency oc) 1.5 MG78
LAZCLUZE56	leuprolide acetate (3 month) INJ 22.5 MG56	levonorgestrel-eth estradiol (triphasic)77
LDO PLUS GEL92	leuprolide acetate KIT IJ 1 MG/0.2ML56	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG77
LEADER ADVANCED LANCING DEVICE MISC129	levalbuterol hcl22	levonorgestrel-ethinyl estradiol (continuous)77
LEADER UNIFINE PENTIPS138	levalbuterol tartrate22	levonorgestrel-ethinyl estradiol-iron 77
LEADER UNIFINE PENTIPS PLUS . 138	levamlodipine maleate72	LEVOPHED IV (Use norepinephrine bitartrate)193
LEDIPASVIR-SOFOSBUVIR TABS 68	LEVEMIR SOLN38	
leflunomide10	LEVETIRACETAM IN NACL (Use levetiracetam in sodium chloride) .26	
LEMTRADA177	LEVETIRACETAM IN NACL26	
lenalidomide154	levetiracetam in sodium chloride .26	
LENMELDY176	levetiracetam SOLN IV 500 MG/5ML	
LENTOCILIN SUSR174		

levorphanol tartrate TABS 12	LIDOCAINE OINT (Use lidocaine) .92	LITE TOUCH LANCETS129
LEVOTHYROXINE SODIUM SOLN IV182	lidocaine OINT 5 % 92	LITE TOUCH LANCING PEN MISC 129
LEVOTHYROXINE SODIUM SOLR IV (Use levothyroxine sodium) ... 182	lidocaine PTCH 5 % 92	LITETOUCH INSULIN SYRINGE 138
levothyroxine sodium SOLR IV ...182	lidocaine-prilocaine CREA 92	LITETOUCH LANCETS129
levothyroxine sodium TABS 182	lidocaine-prilocaine KIT 92	LITETOUCH MASK LARGE MISC 146
LEVSIN TABS (Use hyoscyamine sulfate)184	LIDODERM PTCH (Use lidocaine) 92	LITETOUCH MASK MEDIUM MISC . 146
LEVSIN/SL SUBL (Use hyoscyamine sulfate)184	LIDOTRAL CREA 92	LITETOUCH MASK SMALL MISC 146
LEVULAN KERASTICK SOLR 85	LIKMEZ SUSP 51	LITETOUCH PEN NEEDLES138
LEXAPRO TABS (Use escitalopram oxalate) 30	LILETTA (52 MG) 78	LITFULO 91
LEXETTE FOAM (Use halobetasol propionate)90	LINCOCIN (Use lincomycin hcl) .. 53	lithium 62
LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))85	lincomycin hcl 53	lithium carbonate CAPS 62
LEXIVA SUSP 66	LINEZOLID IN SODIUM CHLORIDE 53	lithium carbonate TABS 62
LEXIVA TABS (Use fosamprenavir calcium) 66	linezolid SOLN 53	lithium carbonate TBCR 62
LIALDA TBEC (Use mesalamine) 107	linezolid SUSR 53	LITHOBID TBCR (Use lithium carbonate) 62
LIBERTY MEDICAL LANCETS ..129	linezolid TABS 53	LITHOSTAT110
LIBERTY MINI LANCING DEVICE MISC129	LINZESS 108	LIVALO (Use pitavastatin calcium) 47
LIBERVANT FILM 24	liothyronine sodium SOLN182	LIVDELZI108
lidocaine hcl (mouth-throat) 2 % ..156	liothyronine sodium TABS182	LIVE BETTER LANCET SUPER THIN129
lidocaine hcl (mouth-throat) 4 % ..156	LIPITOR TABS (Use atorvastatin calcium) 47	LIVMARLI 106
lidocaine hcl CREA 3 % 92	LIPOFEN CAPS (Use fenofibrate) .46	LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG 106
lidocaine hcl GEL 2 % 92	LIQREV SUSP 74	LIVTENCITY 67
lidocaine hcl PRSY 92	liraglutide (weight management) 18 MG/3ML 2	LIXOFEN KIT 85
lidocaine hcl SOLN 92	liraglutide 36	LO LOESTRIN FE TABS 77
	lisdexamfetamine dimesylate CAPS 1	LOCOID LOTN (Use hydrocortisone
	lisdexamfetamine dimesylate CHEW 1	
	lisinopril & hydrochlorothiazide50	
	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 48	

butyrate)90	49	LUER LOCK SAFETY SYRINGES 138
LODOCO73	LOTEMAX GEL (Use loteprednol etabonate)171	LUMAKRAS58
lofexidine hcl175	LOTEMAX OINT171	LUMIGAN SOLN 0.01 %172
LOKELMA 10 GM156	LOTEMAX SM GEL171	LUMIZYME101
LOKELMA 5 GM156	LOTEMAX SUSP (Use loteprednol etabonate)171	LUNESTA (Use eszopiclone)119
LOMOTIL TABS (Use diphenoxylate w/ atropine)40	LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)48	LUPKYNIS155
LONSURF57	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .50	LUPRON DEPOT (1-MONTH) KIT IM56
loperamide hcl CAPS40	loteprednol etabonate GEL171	LUPRON DEPOT (3-MONTH) KIT IM57
loperamide hcl TABS40	loteprednol etabonate SUSP171	LUPRON DEPOT (4-MONTH) IM .57
LOPID TABS (Use gemfibrozil)46	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)50	LUPRON DEPOT (6-MONTH) IM .57
lopinavir-ritonavir SOLN66	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))84	LUPRON DEPOT-PED (1-MONTH) . 99
lopinavir-ritonavir TABS66	LOTRONEX (Use alosetron hcl) .108	LUPRON DEPOT-PED (3-MONTH) . 99
LOPRESSOR SOLN PO 10 MG/ML . 70	lovastatin TABS47	LUPRON DEPOT-PED (6-MONTH) IM99
LOPRESSOR TABS (Use metoprolol tartrate)70	LOVAZA (Use omega-3-acid ethyl esters)45	lurasidone hcl62
loratadine & pseudoephedrine TB12 . 81	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)23	LURBIRO TABS 100 MG (Use flurbiprofen)9
loratadine & pseudoephedrine TB24 . 81	LOVENOX SOSY (Use enoxaparin sodium)23	LUTATHERA60
loratadine SOLN45	loxapine succinate63	LUTRATE DEPOT INJ 22.5 MG ...57
loratadine TABS45	lubiprostone106	LUXTURNA170
lorazepam CONC18	LUCEMYRA (Use lofexidine hcl) 175	LYBALVI176
lorazepam SOLN18	LUCIRA CHECK IT COVID-19 TEST KIT94	LYFGENIA115
lorazepam TABS18	LUCIRA COVID-19 ALL-IN-ONE KIT 94	LYNPARZA TABS58
LORBRENA58		LYRICA CAPS (Use pregabalin) ..26
LOREEV XR CS2418		LYRICA CR 330 MG (Use pregabalin (once-daily))179
losartan potassium & hydrochlorothiazide50		LYRICA CR 82.5 MG, 165 MG (Use pregabalin (once-daily))179
losartan potassium 25 MG49		
losartan potassium 50 MG, 100 MG		

LYRICA SOLN (Use pregabalin) .. 26	MARPLAN30	hydrochlorothiazide) 95
LYSODREN57	MASK VORTEX/CHILD/FROG ..146	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)95
LYTGOBI (12 MG DAILY DOSE) .58	MASK	
LYTGOBI (16 MG DAILY DOSE) .58	VORTEX/TODDLER/LADYBUG .146	MAYZENT STARTER PACK TBPk 0.25 MG178
LYTGOBI (20 MG DAILY DOSE) .58	MASONATAL TABS161	MAYZENT TABS 178
LYUMJEV KWIKPEN SOPN38	MATULANE 60	meclizine hcl CHEW 41
LYUMJEV SOLN38	MAVENCLAD (10 TABS)177	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG41
LYUMJEV TEMPO PEN SOPN ... 38	MAVENCLAD (4 TABS) 177	meclizine hcl TABS 50 MG 41
LYVISPAH PACK162	MAVENCLAD (5 TABS) 177	meclofenamate sodium CAPS9
MACROBID (Use nitrofurantoin monohyd macro)53	MAVENCLAD (6 TABS) 177	MEDIC INSULIN SYRINGE138
MACRODANTIN (Use nitrofurantoin macrocrystal)53	MAVENCLAD (7 TABS) 177	MEDICHOICE SAFETY LANCET 129
mafenide acetate PACK 87	MAVENCLAD (8 TABS) 177	MEDICHOICE SAFETY LANCET EXTRA129
MAG-AL LIQD16	MAVENCLAD (9 TABS) 177	MEDICHOICE SAFETY LANCET NORM129
MAGELLAN INSULIN SAFETY SYR138	MAVYRET PACK68	MEDICHOICE SAFETY LANCET NORM129
MAGELLAN TUBERCULIN SYRINGE MISC 138	MAVYRET TABS68	MEDICHOICE SAFETY LANCET NORM129
magnesium citrate 1.745 GM/30ML 121	MAXALT TABS 10 MG (Use rizatriptan benzoate)151	MEDICHOICE SAFETY LANCET NORM129
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 121	MAXALT-MLT TBPk 10 MG (Use rizatriptan benzoate)151	MEDICHOICE SAFETY LANCET NORM129
MALARONE (Use atovaquone-proguanil hcl)54	MAXALCOMFORT II PEN NEEDLE 138	MEDLANCE EXTRA 21G129
malathion93	MAXI-COMFORT INSULIN SYRINGE 138	MEDLANCE LITE 25G129
MARATHON MEDICAL PENTIPS 138	MAXALCOMFORT SYR 27G X 1/2" 138	MEDLANCE PLUS EXTRA 21G .129
maraviroc TABS66	MAXIDEX SUSP OP171	MEDLANCE PLUS LANCETS ...129
MARINOL CAPS 2.5 MG (Use dronabinol)42	MAXITROL OINT (Use neomycin-polymyx-dexameth)171	MEDLANCE PLUS LITE 25G ...129
MARINOL CAPS 5 MG, 10 MG (Use dronabinol)42	MAXITROL SUSP (Use neomycin-polymyx-dexameth)171	MEDLANCE PLUS SPECIAL 0.8MM129
	MAXX MISC 124	MEDLANCE PLUS SUPERLITE 30G129
	MAXX PLUS MISC 123	MEDLANCE PLUS UNIVERSAL 21G129
	MAXZIDE TABS (Use triamterene &	MEDLANCE UNIVERSAL 21G ..129

MEDROL TABS	80	MENEST 2.5 MG	104	metformin hcl SOLN	34
MEDROL TBPK (Use methylprednisolone)	80	MENOSTAR PTWK	104	metformin hcl TABS 500 MG, 750 MG, 850 MG, 1000 MG	34
medroxyprogesterone acetate (contraceptive) SUSP IM	78	MENQUADFI 0.5 ML	189	metformin hcl TABS 625 MG	34
medroxyprogesterone acetate (contraceptive) SUSY IM	78	MENVEO SOLN	189	metformin hcl TB24 500 MG, 1000 MG	35
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	174	MENVEO SOLR	189	metformin hcl TB24 500 MG, 750 MG	35
mefenamic acid CAPS	9	meperidine hcl SOLN PO 50 MG/5ML	12	methadone hcl CONC	12
mefloquine hcl	54	meperidine hcl TABS 50 MG	12	METHADONE HCL POWD	12
megestrol acetate (appetite)	175	meprobamate	17	methadone hcl SOLN PO	12
megestrol acetate SUSP	57	MEPRON (Use atovaquone)	52	methadone hcl TABS	12
MEIJER ALCOHOL SWABS	134	MEPSEVII	101	methadone hcl TBSO	12
MEIJER LANCETS	129	mercaptopurine SUSP 2000 MG/100ML	55	METHADOSE CONC (Use methadone hcl)	12
MEIJER LANCETS UNIVERSAL 21G	129	mercaptopurine TABS	55	METHADOSE SUGAR-FREE CONC (Use methadone hcl)	12
MEIJER LANCETS UNIVERSAL 30G	129	MERILOG SOLN SC 100 UNIT/ML 38		methamphetamine hcl	1
MEIJER LANCETS UNIVERSAL 33G	130	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	38	methazolamide TABS	95
MEIJER PEN NEEDLES	138	mesalamine CP24	107	methenamine hippurate	53
MEKINIST SOLR	58	mesalamine CPCR	107	methenamine mandelate	53
MEKINIST TABS	59	mesalamine CPDR	107	methenamine-hyoscamine-methylene blue-sodium phosphate TABS	52
MEKTOVI	59	mesalamine ENEM	107	methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	52
meloxicam CAPS	9	mesalamine SUPP	107	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG	52
meloxicam TABS	9	mesalamine TBEC 1.2 GM	107	methimazole TABS	182
memantine hcl CP24	175	mesalamine TBEC 800 MG	107	methocarbamol SOLN	162
memantine hcl SOLN	176	mesalamine w/ cleanser	107	methocarbamol TABS 1000 MG	162
memantine hcl TABS	176	mesna TABS	60	methocarbamol TABS 500 MG	163
memantine hcl-donepezil hcl CP24 175		MESNEX TABS	60	methocarbamol TABS 750 MG	162
MENACTRA	189	metaxalone 400 MG	162	methotrexate sodium SOLN 1	
		METAXALONE 640 MG	162		
		metaxalone 800 MG	162		

GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 55	methyltestosterone CAPS 15	MICARDIS (Use telmisartan) 49
methotrexate sodium SOLR 55	methyltestosterone TABS 15	MICARDIS HCT (Use telmisartan- hydrochlorothiazide) 50
methotrexate sodium TABS 2.5 MG 55	metoclopramide hcl SOLN IJ 5 MG/ML 106	MICATIN CREA (Use miconazole nitrate (topical)) 84
methoxsalen rapid 86	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 106	miconazole nitrate (topical) CREA .84
methscopolamine bromide 184	metoclopramide hcl TABS 106	miconazole nitrate vaginal CREA 2 % 191
methsuximide 29	metolazone 96	miconazole nitrate vaginal SUPP 200 MG 191
methyl dopa TABS 49	metoprolol & hydrochlorothiazide TABS 50	miconazole-zinc oxide-white petrolatum 84
methylergonovine maleate TABS 173	metoprolol succinate TB24 70	MICROCHAMBER DEVI 146
METHYLIN SOLN (Use methylphenidate hcl) 3	metoprolol tartrate SOLN IV 5 MG/5ML 70	MICROCHAMBER MISC 146
methylphenidate hcl CHEW 3	metoprolol tartrate TABS 70	MICRODOT PEN NEEDLE 138
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG 3	METROCREAM CREA (Use metronidazole (topical)) 93	MICROLET LANCETS 130
methylphenidate hcl CP24 3	METROGEL GEL 1 % (Use metronidazole (topical)) 93	MICROLET NEXT LANCING DEVICE MISC 130
methylphenidate hcl CPR 3	metronidazole (topical) CREA 93	MICROSPACER MISC 146
methylphenidate hcl SOLN 3	metronidazole (topical) GEL 93	midazolam hcl SOLN IJ 119
methylphenidate hcl TABS 3	metronidazole (topical) LOTN 93	midazolam hcl SYRP 119
methylphenidate hcl TB24 3	metronidazole CAPS 51	MIDAZOLAM HCL-SODIUM CHLORIDE SOLN IV 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML . 119
methylphenidate hcl TBCR 10 MG, 20 MG 3	metronidazole TABS 125 MG 52	MIDAZOLAM HCL-SODIUM CHLORIDE SOSY 0.9 %-2 MG/2ML, 0.9 %-5 MG/5ML, 0.9 %-50 MG/50ML, 0.9 %-55 MG/55ML ... 119
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG 3	metronidazole TABS 250 MG, 500 MG 52	MIDAZOLAM SOLN 119
methylphenidate hcl TBCR 45 MG, 63 MG 3	metronidazole vaginal 191	MIDAZOLAM SOSY IJ 2 MG/2ML, 3 MG/3ML 119
methylphenidate hcl TBCR 72 MG . 3	metyrosine 48	MIDAZOLAM-SODIUM CHLORIDE . 119
methylphenidate PTCH 3	mexiletine hcl 18	midodrine hcl 193
methylprednisolone acetate SUSP 80	MIACALCIN IJ (Use calcitonin (salmon)) 97	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 80	micalfungin sodium 43	
methylprednisolone TABS 80	MICAFUNGIN SODIUM 43	
methylprednisolone TBPk 80	MICAFUNGIN SODIUM-NACL ... 43	

MIEBO	172	MIRCERA	116	mometasone furoate (nasal) SUSP 164	
MIFEPREX (Use mifepristone) ..	102	MIRENA (52 MG)	78	mometasone furoate CREA	90
mifepristone (hyperglycemia)	35	mirtazapine TABS	29	mometasone furoate OINT	90
mifepristone	102	mirtazapine TBDP	29	mometasone furoate SOLN	90
miglitol	32	MIRVASO (Use brimonidine tartrate (topical))	93	MONOFERRIC	118
miglustat	115	misoprostol	187	MONOJECT BLUNTIP SYR/CANNULA	139
milrinone lactate	73	MITIGARE CAPS (Use colchicine) 111		MONOJECT HYPODERMIC NEEDLE	139
milrinone lactate in dextrose	73	MM INSULIN SYRINGE/NEEDLE 139		MONOJECT INSULIN SYRINGE 139	
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	77	MM LANCING DEVICE MISC	130	MONOJECT MAGELLAN SAFETY NDL	139
MINI LANCING DEVICE MISC	130	MM PEN NEEDLES	139	MONOJECT MAGELLAN SYRINGE 139	
MINIELITE FILTER REPLACEMENTS MISC	146	MM TWIST LANCETS	130	MONOJECT PHARMACY TRAY 139	
MINIPRESS CAPS (Use prazosin hcl)	49	M-M-R II SOLR	190	MONOJECT SYRINGE	139
MINIVELLE PTTW (Use estradiol) 104		M-NATAL PLUS TABS	161	MONOJECT SYRINGE PHARMACY TRAY	139
MINOCIN SOLR	182	MNEXSPIKE SUSY 10 MCG/0.2ML . 190		MONOJECT SYRINGE REG LUER . 139	
minocycline hcl CAPS	182	MOBILE LANCETS 30G	130	MONOJECT SYRINGE REGULAR TIP	139
minocycline hcl TABS	182	modafinil 100 MG	3	MONOJECT TB SAFETY SYRINGE MISC	139
minocycline hcl TB24	182	modafinil 200 MG	3	MONOJECT TB SYRINGE	139
minoxidil 2.5 MG, 10 MG	51	MODERNA COVID-19 BIVALENT 190		MONOJECT ULTRA COMFORT SYRINGE	139
MIPLYFFA	179	MODERNA COVID-19 VAC 6M-11Y SUSP	190	MONOLET LANCETS	130
mirabegron TB24	189	MODERNA COVID-19 VAC 6M-11Y SUSY	190	MONOLET OPD LANCETS	130
MIRALAX POWD (Use polyethylene glycol 3350)	121	MODERNA COVID-19 VACCINE SUSP	190	MONOLETTOR SAFETY LANCETS 130	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 4.5 MG (Use pramipexole dihydrochloride)	61	MODEYSO CAPS PO 125 MG	57		
MIRAPEX ER TB24 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (Use pramipexole dihydrochloride)	61	moexipril hcl	48		
MIRASORB SPONGES MISC	123	MOI-STIR SOLN	157		
		molindone hcl	64		

montelukast sodium CHEW 20	MRESVIA 190	CHEW 159
montelukast sodium PACK 20	MS CONTIN TBCR (Use morphine sulfate) 12	MVW COMPLETE FORMULATION D3000 CHEW 159
montelukast sodium TABS 20	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin) 81	MVW COMPLETE FORMULATION D5000 CHEW 159
MONUROL (Use fosfomycin tromethamine) 53	MUCOSITISRX PACK 157	MYALEPT 101
morphine sulfate beads 12	MUGARD LIQD 157	MYAMBUTOL TABS 400 MG (Use ethambutol hcl) 55
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 12	MULPLETA 116	MYCAMINE 43
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML . 12	MULTAQ 19	MYCAPSSA CPDR 102
morphine sulfate SUPP 12	MULTI PRENATAL TABS 161	MYCOBUTIN (Use rifabutin) 55
morphine sulfate TABS 12	MULTI-LANCET DEVICE MISC .. 130	mycophenolate mofetil CAPS 155
morphine sulfate TBCR 12	multiple vitamins w/ minerals TABS 158	mycophenolate mofetil SUSR 155
MOTEGRITY (Use prucalopride succinate) 105	MULTIVITAMIN DROPS/IRON SOLN 159	mycophenolate mofetil TABS 155
MOTOFEN 40	MULTIVITAMIN INFANT & TODDLER SOLN PO 160	mycophenolate sodium 155
MOTPOLY XR CP24 26	MULTIVITAMIN INFANT & TODDLER SOLN 159	MYDAYIS CP24 (Use amphetamine-dextroamphetamine) 1
MOTRIN CHILDRENS CHEW (Use ibuprofen) 9	MULTIVITAMIN/FLUORIDE CHEW 159	MYDRIACYL SOLN (Use tropicamide) 169
MOTRIN INFANTS DROPS SUSP (Use ibuprofen) 9	MULTIVITAMIN/FLUORIDE SOLN 159	MYFEMBREE 104
MOUNJARO 36	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML 159	MYFORTIC (Use mycophenolate sodium) 155
MOUTH KOTE SOLN 157	MULTIVITAMINS PLUS IRON CHILD CHEW 160	MYGLUCOHEALTH LANCETS 30G 130
MOVANTIK 108	MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG 159	MYHIBBIN SUSP 155
moxifloxacin hcl (ophth) SOLN OP 170	MULTIVIT-MIN GUMMIES CHILDRENS CHEW 159	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone) 105
moxifloxacin hcl TABS 105	mupirocin calcium (topical) 83	MYRBETRIQ SRER 189
MPD SAFETY LANCET 21G 130	mupirocin OINT 83	MYRBETRIQ TB24 (Use mirabegron) 189
MPD SAFETY LANCET 23G 130	MVW COMPLETE FORMULATION	MYTESI 40
MPD SAFETY LANCET 28G 130		nabumetone 9
MPD SAFETY LANCET 30G 130		nadolol TABS 20 MG, 40 MG, 80 MG

.....71	naproxen sodium TB24 375 MG, 500 MG9	isethionate)52
naftifine hcl CREA84	naproxen sodium TB24 750 MG9	NEBUSAL NEBU81
naftifine hcl GEL 2 %84	naproxen SUSP9	nefazodone hcl 200 MG31
NAFTIN GEL 2 % (Use naftifine hcl) .84	naproxen TABS9	nefazodone hcl 50 MG, 100 MG, 150 MG, 250 MG31
NAGLAZYME101	naproxen TBEC9	NEFFY SOLN NA192
NALFON CAPS (Use fenoprofen calcium)9	naproxen-esomeprazole magnesium9	NEMLUVIO91
NALFON TABS 600 MG9	naratriptan hcl151	neomycin sulfate TABS4
NALOCET TABS14	NARCAN LIQD (Use naloxone hcl) 41	neomycin-bacitracin zn-polymyxin 170
naloxone hcl LIQD40	NARDIL (Use phenelzine sulfate) .30	neomycin-polymy-dexameth OINT 171
naloxone hcl SOCT41	NASONEX 24HR SUSP (Use mometasone furoate (nasal))164	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %171
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML41	NATACYN170	neomycin-polymyxin-gramicidin .170
naloxone hcl SOSY41	NATAZIA77	neomycin-polymyxin-hc (ophth) .171
naltrexone hcl41	nateglinide39	neomycin-polymyxin-hc (otic) SOLN .173
NAMENDA TABS (Use memantine hcl)176	NATESTO GEL NA15	neomycin-polymyxin-hc (otic) SUSP .173
NAMENDA TITRATION PAK TABS (Use memantine hcl)176	NATROBA (Use spinosad)93	NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG 161
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use memantine hcl)176	NAYZILAM24	NEONATAL PLUS TABS161
NAMZARIC CP24 (Use memantine hcl-donepezil hcl)176	nebivolol hcl70	NEORAL CAPS (Use cyclosporine modified (for microemulsion))155
NAMZARIC CP24176	NEBULIZER AIR TUBE/PLUGS MISC146	NEORAL SOLN (Use cyclosporine modified (for microemulsion))155
NAPRELAN TB24 (Use naproxen sodium)9	NEBULIZER CUP/TUBING DEVI 146	NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML54
NAPRELAN TB24 500 MG (Use naproxen sodium)9	NEBULIZER MASK ADULT MISC 146	NEOSTIGMINE METHYLSULFATE
NAPROSYN SUSP (Use naproxen) 9	NEBULIZER MASK ADULT/TUBING MISC146	
naproxen sodium TABS 220 MG9	NEBULIZER MASK CHILD MISC 146	
naproxen sodium TABS 275 MG, 550 MG9	NEBULIZER MASK PED/TUBING MISC146	
	NEBUPENT IN (Use pentamidine	

RFID SOSY (Use neostigmine methylsulfate)	54	NEXICLON XR TB24 (Use clonidine)	49	NICORETTE MINI LOZG 2 MG (Use nicotine polacrilex)	179
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	54	NEXIUM CPDR (Use esomeprazole magnesium)	185	NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex)	179
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	54	NEXIUM I.V. 40 MG (Use esomeprazole sodium)	185	nicotine polacrilex GUM	179
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)	54	NEXIUM PACK (Use esomeprazole magnesium)	186	nicotine polacrilex LOZG	180
neostigmine methylsulfate SOSY ..	54	NEXLETOL	45	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	180
NEO-SYNALAR	83	NEXLIZET	45	NICOTROL NS SOLN	180
NEO-VITAL RX TABS	161	NEXPLANON	78	nifedipine CAPS	72
NEPHRONEX LIQD	158	NEXTSTELLIS	77	nifedipine TB24	72
NERLYNX	59	NEXVIAZYME	101	NIKTIMVO	154
NESINA (Use alogliptin benzoate)	36	NGENLA	99	NILANDRON (Use nilutamide)	57
NEULASTA ONPRO SOSY 6 MG/0.6ML	116	niacin (antihyperlipidemic) TBCR ..	47	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	59
NEULASTA SOSY	116	niacin TABS 500 MG	194	nilotinib hcl 50 MG, 150 MG, 200 MG	59
NEUPOGEN SOLN	116	niacin TBCR 500 MG, 750 MG ...	194	nilutamide	57
NEUPOGEN SOSY	116	niacinamide TABS 500 MG	194	nimodipine CAPS	72
NEUPRO	61	niacinamide TBCR 500 MG	194	nimodipine SOLN	72
NEURONTIN CAPS (Use gabapentin)	26	nicardipine hcl CAPS	72	NINLARO	59
NEURONTIN SOLN (Use gabapentin)	26	NICARDIPINE HCL IN NAACL SOLN (Use nicardipine hcl in sodium chloride)	72	NIPRIDE RTU (Use nitroprusside sodium-sodium chloride)	51
NEURONTIN TABS (Use gabapentin)	26	nicardipine hcl in sodium chloride SOLN	72	nisoldipine	72
NEVANAC	172	NICARDIPINE HCL SOLN (Use nicardipine hcl)	72	nitazoxanide TABS	52
nevirapine SUSP	66	nicardipine hcl SOLN	72	nitisinone CAPS 2 MG, 5 MG, 10 MG	101
nevirapine TABS	66	NICORETTE GUM 2 MG (Use nicotine polacrilex)	179	nitisinone CAPS 20 MG	101
nevirapine TB24 400 MG	66	NICORETTE MINI LOZG (Use nicotine polacrilex)	179	NITRO-BID OINT	17
NEXAVAR (Use sorafenib tosylate) .				NITRO-DUR PT24 (Use nitroglycerin)	17

NITROFURANTOIN	53	norelgestromin-ethinyl estradiol ...	78	(Use desipramine hcl)	32
nitrofurantoin macrocrystal 25 MG	53	NOREPINEPHRINE BITARTRATE		NORTHERA (Use droxidopa)	192
nitrofurantoin macrocrystal 50 MG,		IV 1 MG/ML	193	nortriptyline hcl CAPS	32
100 MG	53	norepinephrine bitartrate IV	193	nortriptyline hcl SOLN	32
nitrofurantoin monohyd macro	53	norethin acet & estrad-fe CAPS ...	77	NORVASC TABS (Use amlodipine	
nitroglycerin (intra-anal)	16	norethin acet & estrad-fe CHEW ...	77	besylate)	72
nitroglycerin CPCR	17	norethin acet & estrad-fe TABS 1		NORVASC TABS 5 MG, 10 MG (Use	
nitroglycerin PT24	17	MG-20 MCG-75 MG, 1.5 MG-30		amlodipine besylate)	72
NITROGLYCERIN SOLN IV	17	MCG-75 MG	77	NORVIR CAPS	66
nitroglycerin SOLN TL 0.4		norethindrone & eth estradiol	77	NORVIR PACK	66
MG/SPRAY	17	norethindrone & ethinyl estradiol-fe	77	NORVIR TABS (Use ritonavir)	66
nitroglycerin SUBL	17	norethindrone (contraceptive)	78	NOSE CLIP MISC	146
NITROLINGUAL SOLN TL (Use		norethindrone acet & eth estra TABS		NOURIANZ	60
nitroglycerin)	17	77		NOVA SAFETY LANCETS 23G .	130
nitroprusside sodium	51	norethindrone acetate TABS	175	NOVA SAFETY LANCETS 28G .	130
nitroprusside sodium-sodium chloride		norethindrone acetate-ethinyl		NOVA SUREFLEX LANCETS ...	130
.....	51	estradiol	104	NOVA SUREFLEX LANCING	
NITROSTAT SUBL (Use		norethindrone acetate-ethinyl		DEVICE MISC	130
nitroglycerin)	17	estradiol-fe	77	NOVAVAX COVID-19 VACCINE	
NITROSTAT SUBL 0.3 MG (Use		norethindrone-eth estradiol (triphasic)		SUSP	190
nitroglycerin)	17		77	NOVAVAX COVID-19 VACCINE	
NITYR TABS	101	norgestimate-ethinyl estradiol		SUSY	190
NIVA THYROID TABS	182	(triphasic)	77	NOVOEIGHT	112
NIVA-PLUS TABS	161	norgestimate-ethinyl estradiol ...	77	NOVOFINE AUTOCOVER PEN	
NIVESTYM SOLN	116	norgestrel & ethinyl estradiol 30		NEEDLE	139
NIVESTYM SOSY	116	MCG-0.3 MG	77	NOVOFINE PEN NEEDLE	139
NIX LICE KILLING SPRAY LIQD XX .		NORLIQVA SOLN	72	NOVOFINE PLUS PEN NEEDLE	
93		NORM-JECT LUER SLIP SYRINGE		139	
nizatidine CAPS	184	139		NOVOLIN 70/30 FLEXPEN RELION	
NOC DURNA SUBL	102	NORPACE CAPS (Use disopyramide		SUPN	38
NOKOR VENTED NEEDLE	139	phosphate)	18	NOVOLIN 70/30 FLEXPEN SUPN	38
NORDITROPIN FLEXPEN SOPN .	99	NORPACE CR CP12	18	NOVOLIN 70/30 RELION SUSP ..	38
		NORPRAMIN TABS 10 MG, 25 MG		NOVOLIN 70/30 SUSP	38

NOVOLIN N FLEXPEN RELION SUPN	38	NU GAUZE 4PLY PADS	123	throat))	157
NOVOLIN N FLEXPEN SUPN	38	NU GAUZE GENERAL-USE SPONGES MISC	123	nystatin (mouth-throat)	157
NOVOLIN N RELION SUSP	38	NUBEQA	57	nystatin (topical) CREA	84
NOVOLIN N SUSP	38	NUCALA SOAJ	19	nystatin (topical) OINT	84
NOVOLIN R FLEXPEN RELION SOPN IJ	38	NUCALA SOLR	19	nystatin (topical) POWD EX	84
NOVOLIN R FLEXPEN SOPN IJ	38	NUCALA SOSY	19	nystatin TABS	43
NOVOLIN R RELION SOLN IJ	38	NUEDEXTA	179	nystatin-triamcinolone CREA	84
NOVOLIN R SOLN IJ	38	NULIBRY	101	nystatin-triamcinolone OINT	84
NOVOLOG 70/30 FLEXPEN RELION SUPN	38	NULOJIX	155	NYVEPRIA	116
NOVOLOG FLEXPEN RELION SOPN	38	NUPLAZID CAPS	62	OBIZUR	112
NOVOLOG FLEXPEN SOPN	38	NUPLAZID TABS 10 MG	62	OCALIVA	105
NOVOLOG MIX 70/30 FLEXPEN SUPN	38	NURTEC	150	OCEAN NASAL SPRAY SOLN (Use saline)	164
NOVOLOG MIX 70/30 RELION SUSP	38	NUTRIVIT	158	OCREVUS	178
NOVOLOG MIX 70/30 SUSP	38	NUTROPIN AQ NUSPIN 10 SOPN 99		OCREVUS ZUNOVO	178
NOVOLOG MIX 70/30 SOLN IJ	38	NUTROPIN AQ NUSPIN 20 SOPN 99		octreotide acetate KIT	102
NOVOLOG PENFILL SOCT	38	NUTROPIN AQ NUSPIN 5 SOPN .99		octreotide acetate SOLN	102
NOVOLOG RELION SOLN IJ	38	NUVARING (Use etonogestrel-ethinyl estradiol)	78	octreotide acetate SOSY	103
NOVOLOG SOLN IJ	39	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	191	OCUFLOX (Use ofloxacin (ophth)) 170	
NOVOSEVEN RT	112	NUVESSA	191	ODACTRA SUBL	4
NOXAFIL PACK	43	NUVIGIL (Use armodafinil)	3	ODEFSEY	66
NOXAFIL SOLN (Use posaconazole)	43	NUWIQ KIT	112	ODOMZO	56
NOXAFIL SUSP (Use posaconazole)	43	NUWIQ SOLR	112	OFEV	181
NOXAFIL TBEC (Use posaconazole) 43		NUZYRA SOLR	181	ofloxacin (ophth)	170
NP THYROID TABS	182	NUZYRA TABS	181	ofloxacin (otic)	173
NPLATE	116	NYMALIZE SOLN 6 MG/ML	72	ofloxacin 300 MG, 400 MG	105
		NYPOZI	116	OGSIVEO	59
		NYSTATIN (Use nystatin (mouth-		OHC COVID-19 ANTIGEN SELF TEST KIT	94
				OHTUVAYRE	20

OJEMDA SUSR	59	186	ONETOUCH DELICA PLUS	
OJEMDA TABS	59	omeprazole TBEC	LANCET30G	130
OJJAARA	59	omeprazole-sodium bicarbonate	ONETOUCH DELICA PLUS	
olanzapine SOLR	64	CAPS	LANCET33G	130
olanzapine TABS	64	omeprazole-sodium bicarbonate	ONETOUCH DELICA PLUS	
olanzapine TBDP	64	PACK	LANCING MISC	130
olanzapine-fluoxetine hcl	176	OMISIRGE	ONETOUCH DELICA SAFETY	
olmesartan medoxomil	49	OMNARIS SUSP	LANCING	130
olmesartan medoxomil-amlodipine-		OMNITROPE SOCT	ONETOUCH ULTRASOFT 2	
hydrochlorothiazide	50	OMNITROPE SOLR SC	LANCETS	130
olmesartan medoxomil-		OMVOH SOAJ	ONEVITE CALCIUM+D3 TABS ..	153
hydrochlorothiazide	51	OMVOH SOLN	ONFI SUSP (Use clobazam)	24
olopatadine hcl (nasal)	164	OMVOH SOSY	ONFI TABS (Use clobazam)	24
olopatadine hcl 0.2 %	172	ON/GO COVID-19 ANTIGEN TEST	ONGENTYS	60
OLPRUVA (2 GM DOSE) THPK ..	101	KIT	ONGLYZA (Use saxagliptin hcl) ..	36
OLPRUVA (3 GM DOSE) THPK ..	101	ON/GO ONE COVID-19 HOME	ONPATTRO	180
OLPRUVA (4 GM DOSE) THPK ..	101	TEST KIT	ONUREG TABS	55
OLPRUVA (5 GM DOSE) THPK ..	101	ONAPGO SOCT 98 MG/20ML	ONYDA XR SUER	2
OLPRUVA (6 GM DOSE) THPK ..	101	ondansetron hcl SOLN PO 4	OPFOLDA	101
OLPRUVA (6.67 GM DOSE) THPK		MG/5ML	OPILL	78
101		ondansetron hcl SOSY	OPIPZA FILM	65
OLUMIANT	5	41	opium tincture	40
OLUX-E (Use clobetasol propionate		ondansetron TBDP 16 MG	OPSUMIT	74
emulsion)	90	ondansetron TBDP 4 MG, 8 MG ..	OPSYNVI 20 MG-10 MG	73
OMBRA COMPRESSOR AIR		ONE FLOW SPIROMETER DEVI	OPSYNVI 40 MG-10 MG	73
FILTERS MISC	146	147	OPTICHAMBER DIAMOND DEVI	
OMBRA TABLE TOP		ONE-A-DAY WOMENS 50 PLUS	147	
COMPRESSOR DEVI	146	TABS (Use multiple vitamins w/	OPTICHAMBER DIAMOND MISC	
OMECLAMOX-PAK	188	minerals)	147	
omega-3-acid ethyl esters	45	ONE-A-DAY WOMENS 50+	OPTICHAMBER DIAMOND-LG	
omeprazole CPDR 10 MG	186	ADVANTAGE TABS (Use multiple	MASK DEVI	147
omeprazole CPDR 20 MG, 40 MG		vitamins w/ minerals)	OPTICHAMBER DIAMOND-MD	
		ONENATAL RX TABS 1 MG	MASK MISC	147
		161		

OPTICHAMBER DIAMOND-SM MASK MISC	147	188 MG-150 MG	180	OVACE PLUS WASH GEL (Use sulfacetamide sodium)	87
OPTIMAL D3 M CAPS	193	ORKAMBI PACK 94 MG-75 MG	180	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	87
OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals)	158	ORKAMBI TABS	180	OVACE WASH LIQD (Use sulfacetamide sodium)	87
OPVEE NA	41	ORLADEYO	114	OVIDE (Use malathion)	93
OPZELURA	91	ORLYNVAH TABS PO	53	oxaprozin TABS	9
ORACEA (Use doxycycline (rosacea))	93	orphenadrine citrate SOLN 30 MG/ML	163	oxazepam CAPS	18
ORACIT	109	orphenadrine citrate TB12	163	oxcarbazepine SUSP	27
ORAL CITRATE	109	orphenadrine w/ aspirin & caff ...	164	oxcarbazepine TABS	27
ORAL RELIEF SPRAY SOLN	157	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	164	oxcarbazepine TB24	27
ORALAIR SUBL	4	ORSERDU	57	OXERVATE	171
ORAMAGIC PLUS SUSR	156	oseltamivir phosphate CAPS	69	oxiconazole nitrate CREA	84
ORAMAGICRX SUSR	157	oseltamivir phosphate SUSR	69	OXISTAT CREA (Use oxiconazole nitrate)	84
ORAPEUTIC GEL	157	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	34	OXISTAT LOTN	84
ORAPRED ODT TBDP (Use prednisolone sodium phosphate) ..	80	OSENVELT SOLN SC 120 MG/1.7ML	97	OXLUMO	109
ORAVIG	157	OSMOLEX ER TB24 129 MG, 193 MG	61	OXTELLAR XR TB24 (Use oxcarbazepine)	27
ORENCIA CLICKJECT SOAJ	10	OSPHERA	99	oxybutynin chloride SOLN	188
ORENCIA SOLR	10	OTEZLA TABS	10	oxybutynin chloride TABS 2.5 MG 188	
ORENCIA SOSY	10	OTEZLA TBPK	10	oxybutynin chloride TABS 5 MG .	188
ORENITRAM TBCR	73	OTEZLA XR TB24 PO 75 MG	10	oxybutynin chloride TB24	188
ORFADIN CAPS 2 MG, 5 MG, 10 MG (Use nitisinone)	101	OTEZLA/OTEZLA XR INITIATION PK TBPK	10	oxycodone hcl CAPS	12
ORFADIN CAPS 20 MG (Use nitisinone)	101	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	5	oxycodone hcl CONC 100 MG/5ML 13	
ORFADIN SUSP	101	OTULFI SOLN SC 45 MG/0.5ML ..	86	oxycodone hcl SOLN	13
ORGOVYX	57	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	86	oxycodone hcl T12A 20 MG, 40 MG .	13
ORIAHNN	104			oxycodone hcl TABS	13
ORILISSA	98			oxycodone w/ acetaminophen TABS	

325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ...	14	CSPK	4	pantoprazole sodium SOLR	186
OXYCONTIN T12A	13	PALFORZIA (6 MG DAILY DOSE) CSPK	4	pantoprazole sodium TBEC	186
oxymorphone hcl TABS	13	PALFORZIA (80 MG DAILY DOSE) CSPK	4	PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML	186
oxymorphone hcl TB12	13	PALFORZIA INITIAL ESCALATION CSPK	4	PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	186
OXYTROL PTTW	188	paliperidone	63	PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML	186
oyster shell	153	palonosetron hcl SOLN	41	PAPZIMEOS SUSP SC	69
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	36	PALONOSETRON HCL SOLN ...	41	PARAGARD INTRAUTERINE COPPER	78
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	36	palonosetron hcl SOSY	41	PARI ALTERA NEBULIZER HANDSET MISC	147
OZEMPIC (2 MG/DOSE) SOPN ...	36	PALSONIFY TABS PO 20 MG, 30 MG	103	PARI BABY CONVERSION KIT MISC	147
OZOBAX DS SOLN PO (Use baclofen)	163	PALYNZIQ 10 MG/0.5ML	101	PARI BUBBLES PEDIATRIC MASK MISC	147
OZOBAX SOLN PO (Use baclofen) 163		PALYNZIQ 2.5 MG/0.5ML	101	PARI ERAPID NEBULIZER HANDSET MISC	147
PALFORZIA (12 MG DAILY DOSE) CSPK	4	PALYNZIQ 20 MG/ML	101	PARI EXPIRATORY FILTER SET DEVI	147
PALFORZIA (120 MG DAILY DOSE) CSPK	4	PAMELOR CAPS (Use nortriptyline hcl)	32	PARI MANUAL INTERRUPTER DEVI	147
PALFORZIA (160 MG DAILY DOSE) CSPK	4	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	97	PARI MASK SET MISC	147
PALFORZIA (20 MG DAILY DOSE) CSPK	4	PAMIDRONATE DISODIUM SOLN 97		PARI SMARTMASK BABY/ELBOW MISC	147
PALFORZIA (200 MG DAILY DOSE) CSPK	4	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT	94	PARI SOFT PLASTIC ADULT MASK MISC	147
PALFORZIA (240 MG DAILY DOSE) CSPK	4	PANDA MASK LARGE	147	PARI SOFT PLASTIC PED MASK MISC	147
PALFORZIA (3 MG DAILY DOSE) CSPK	4	PANDA MASK MEDIUM	147	PARI TREK S COMBO PACK DEVI . 147	
PALFORZIA (300 MG MAINTENANCE) PACK	4	PANDA MASK SMALL	147	PARI VORTEX ADULT MASK ...	147
PALFORZIA (300 MG TITRATION) PACK	4	PANDEL	90	PARI VORTEX PEDIATRIC MASK 147	
PALFORZIA (40 MG DAILY DOSE)		PANHEMATIN 350 MG	114		
		pantoprazole sodium PACK	186		
		PANTOPRAZOLE SODIUM SOLR 40 MG (Use pantoprazole sodium) 186			

paricalcitol CAPS 101	MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG160	penicillin g potassium 5000000 UNIT, 20000000 UNIT174
PARLODEL CAPS (Use bromocriptine mesylate) 61	pediatric multiple vitamins CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT160	penicillin g sodium 174
PARLODEL TABS (Use bromocriptine mesylate) 61	pediatric multiple vitamins w/ iron CHEW 18 MG160	penicillin v potassium SOLR174
paroxetine hcl SUSP30	pediatric multivitamins w/fl CHEW 159	penicillin v potassium TABS174
paroxetine hcl TABS31	pediatric multivitamins w/fl SOLN 159	PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))85
paroxetine hcl TB2431	PEDIATRIC PANDA MASK148	PENTACEL 183
paroxetine mesylate (vasomotor) 180	pediatric vitamins acd w/ fluoride SOLN 159	PENTAM IJ (Use pentamidine isethionate)52
PAXIL CR TB24 (Use paroxetine hcl)31	pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML 160	pentamidine isethionate IN 52
PAXIL SUSP (Use paroxetine hcl) .31	PEDVAX HIB SUSP189	PENTASA CPCR (Use mesalamine) . 107
PAXIL TABS (Use paroxetine hcl) .31	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid120	PENTASA CPCR 250 MG107
PAXLOVID (150/100) 67	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR120	PENTIPS139
PAXLOVID (300/100 & 150/100) .67	peg 3350-potassium chloride-sod bicarbonate-sod chloride120	PENTIPS GENERIC PEN NEEDLES139
PAXLOVID (300/100) 67	PEGASYS SOLN 68	pentobarbital sodium SOLN119
pazopanib hcl59	PEGASYS SOSY68	pentoxifylline 114
PAZOPANIB HCL 400 MG 59	PEMAZYRE 59	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)184
PC PEDIATRIC POLY-VITA/FE DROP SOLN160	PEN NEEDLE/5-BEVEL TIP139	PEPCID AC TABS (Use famotidine) . 184
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO 160	PEN NEEDLES 139	PEPTO BISMOL SUSP 525 MG/30ML (Use bismuth subsalicylate) 40
PC UNIFINE PENTIPS 139	PENBRAYA189	perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG24
ped multivitamins w/fl & iron SOLN 158	penciclovir 87	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)14
PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..80	penicillamine CAPS154	PERFECT LANCETS 28G130
PEDIARIX SUSY 183	penicillamine TABS154	PERFECT LANCETS 30G130
PEDIATRIC MOUTHPIECE MISC 148	PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML 174	
pediatric multiple vitamins CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10		

PERFECT POINT SAFETY LANCETS	130	CAPS (Use simethicone)	105	PIASKY	113
PERFECT POINT SAFETY NEEDLE	139	PHEBURANE PLLT	101	PIFELTRO	66
PERFOROMIST NEBU (Use formoterol fumarate)	22	phenazopyridine hcl TABS 100 MG, 200 MG	110	PILLOW MASK/ADULT MISC	148
perindopril erbumine	48	phenelzine sulfate	30	PILLOW MASK/CHILD MISC	148
permethrin AERO	93	PHENERGAN SOLN IJ (Use promethazine hcl)	45	PILLOW MASK/PEDIATRIC MISC	148
permethrin CREA	93	phenobarbital ELIX	119	pilocarpine hcl (oral)	157
permethrin LIQD EX	93	phenobarbital sodium SOLN	119	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	169
perphenazine TABS	65	phenobarbital TABS	119	pilocarpine hcl SOLN 1.25 %	169
perphenazine-amitriptyline	176	phenobarbital-hyoscyamine-atropine-scopolamine TABS	184	PILOT COVID-19 AT-HOME TEST KIT	94
PERSERIS PRSY	63	phenoxybenzamine hcl	48	pimecrolimus	91
PERTZYE CPEP	94	phenylephrine hcl (mydriatic) SOLN	169	pimozide	179
PFIZER COVID-19 VAC BIVALENT .	191	phenylephrine hcl (oral) TABS ...	164	pindolol TABS	71
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	191	PHENYLEPHRINE HCL (PRESSORS) SOLN IV (Use phenylephrine hcl (pressors))	193	pioglitazone hcl	39
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	191	phenylephrine hcl (pressors) SOLN IV	193	pioglitazone hcl-glimepiride	34
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	191	PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	169	pioglitazone hcl-metformin hcl TABS .	34
PFIZER-BIONTECH COVID-19 VACC SUSP	191	phenytoin CHEW	29	PIP LANCETS 28G	130
PFLEX MISC	148	phenytoin sodium extended 100 MG, 200 MG, 300 MG	29	PIP LANCETS 30G	130
PHARMACIST CHOICE ALCOHOL .	134	phenytoin sodium extended 200 MG, 300 MG	29	PIP PEN NEEDLES 31G X 5MM	139
PHARMACIST CHOICE LANCETS .	130	phenytoin sodium SOLN	29	PIP PEN NEEDLES 32G X 4MM	139
PHARMACIST CHOICE MASK WIPES MISC	148	phenytoin SUSP 125 MG/5ML	29	piperacillin sodium-tazobactam sodium	174
PHAZYME MAXIMUM STRENGTH CAPS (Use simethicone)	105	PHEXX	191	piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	174
PHAZYME ULTRA STRENGTH		PHEXXI	192	PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	174
		PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	59	PIQRAY (200 MG DAILY DOSE) .	59
				PIQRAY (250 MG DAILY DOSE) .	59

PIQRAY (300 MG DAILY DOSE) .59	POLY HUB NEEDLE139	pot phosphate monobasic w/ sod phosphate dibasic & monobasic .153
pirfenidone CAPS181	polyethylene glycol 3350 POWD .121	POTASSIUM ACETATE SOLN (Use potassium acetate) 153
pirfenidone TABS 267 MG181	polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %168	potassium acetate SOLN 2 MEQ/ML .153
pirfenidone TABS 534 MG181	POLYMEM NON-ADHESIVE PADS .123	potassium bicarbonate TBEF153
pirfenidone TABS 801 MG181	polymyxin b-trimethoprim170	potassium chloride CPCR153
piroxicam CAPS9	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (Use bacitracin-polymyxin b) 83	potassium chloride microencapsulated crystals er ...153
pitavastatin calcium47	POLY-VI-FLOR CHEW 0.25 MG, 1 MG159	potassium chloride microencapsulated crystals er 20 MEQ 153
PIXEL COVID-19 PCR HOME TEST94	POLY-VI-FLOR SUSP159	potassium chloride PACK PO 20 MEQ 153
PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ...78	polyvinyl alcohol 1.4 %168	POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)154
PLAVIX 75 MG (Use clopidogrel bisulfate)115	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %168	potassium chloride SOLN IV 2 MEQ/ML 153
PLEGRIDY SOAJ178	POLY-VI-SOL SOLN PO160	POTASSIUM CHLORIDE SOLN IV 154
PLEGRIDY SOSY IM178	POLY-VITA SOLN PO160	potassium chloride SOLN PO 10 %, 10 % 153
PLEGRIDY STARTER PACK SOAJ .178	POLY-VITA/IRON SOLN160	potassium chloride SOLN PO 20 % 153
PLEGRIDY STARTER PACK SOSY SC178	POLY-VITE PEDIATRIC SOLN PO 160	potassium chloride TBCR 15 MEQ 154
PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...82	POLY-VITE/IRON SOLN160	potassium chloride TBCR 8 MEQ, 10 MEQ 154
PLEXION CREA (Use sulfacetamide sodium w/ sulfur)82	POMALYST57	potassium citrate (alkalinizer) TBCR .109
PLEXION LOTN (Use sulfacetamide sodium w/ sulfur)83	POMBILITI101	potassium citrate-citric acid SOLN 109
PLIAGLIS CREA92	PONVORY STARTER PACK TBPK 178	potassium phosphate monobasic
PLUVICTO60	PONVORY TABS178	
PNEUMOVAX 23 SOLN189	posaconazole SOLN43	
PNEUMOVAX 23 SOSY189	posaconazole SUSP43	
POCKET CHAMBER DEVI148	posaconazole TBEC43	
POCKET SPACER DEVI148	POSFREA SOLN41	
podofilox SOLN91	pot & sod citrates w/citric ac SOLN 109	
POKONZA PACK PO153		

TABS	153	prednisone SOLN	80	prenatal vit w/ docusate-fe fumarate-folic acid TABS	161
PRADAXA CAPS (Use dabigatran etexilate mesylate)	24	prednisone TABS	80	prenatal vit w/ ferrous fumarate-folic acid CHEW	161
PRADAXA CAPS 75 MG (Use dabigatran etexilate mesylate)	24	prednisone TBPK	80	prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	161
PRADAXA PACK	24	PREFERRED PLUS UNIFINE PENTIPS	139	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	161
PRALUENT SOAJ	48	pregabalin (once-daily) 330 MG ..	179	PRENATAL VITAMIN AND MINERAL TABS	161
pramipexole dihydrochloride TABS 61		pregabalin (once-daily) 82.5 MG, 165 MG	179	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	161
pramipexole dihydrochloride TB24 61		pregabalin CAPS	27	PRENATAL/IRON TABS	161
prasugrel hcl	115	pregabalin SOLN	27	PRETOMANID	55
pravastatin sodium	47	PREHEVBRIO	191	PREVACID 24HR CPDR (Use lansoprazole)	187
praziquantel	17	PREMARIN	192	PREVACID CPDR 30 MG (Use lansoprazole)	187
prazosin hcl CAPS	49	PREMARIN SOLR	104	PREVACID SOLUTAB TBDD (Use lansoprazole)	187
PRECISION SURE-DOSE SYRINGE	139	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)	104	PREVENT DROPSAFE PEN NEEDLES	139
PRECISION THINS GP LANCETS 130		PREMPHASE	104	PREVENT SAFETY PEN NEEDLES	139
PRED FORTE (Use prednisolone acetate (ophth))	171	PREMPRO	104	PREVNAR 13	189
PRED MILD	171	PRENATABS FA TABS	161	PREVNAR 20	189
prednisolone acetate (ophth)	171	PRENATAL (W/IRON & FA) TABS 161		PREVYMIS PACK	67
PREDNISOLONE SODIUM PHOSPHATE	171	PRENATAL MULTIVITAMIN + DHA MISC	161		
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 80		PRENATAL ONE DAILY TABS ..	161		
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	80	PRENATAL PLUS VITAMIN/MINERAL TABS	161		
prednisolone SOLN	80	PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG, 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	161		
prednisolone TABS	80	PRENATAL TABS	161		
PREDNISONE INTENSOL CONC 80					

PREVYMIS SOLN 67	PRO COMFORT SPACER INFANT DEVI 148	PROGLYCEM (Use diazoxide) ... 35
PREVYMIS TABS 67	PROAIR RESPICLICK AEPB 22	PROGRAF CAPS (Use tacrolimus) 155
PREZCOBIX 66	probenecid 111	PROGRAF PACK 155
PREZISTA SUSP 66	PROCARDIA XL TB24 (Use nifedipine) 72	PROGRAF SOLN 155
PREZISTA TABS (Use darunavir) . 66	PROCARE SPACER/ADULT MASK DEVI 148	PROLASTIN-C SOLN 180
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG 66	PROCARE SPACER/CHILD MASK DEVI 148	PROLATE SOLN 14
PRIFTIN 55	PROCHAMBER VHC DEVI 148	PROLATE TABS 14
PRILOSEC PACK 187	prochlorperazine 65	PROLENSA (Use bromfenac sodium (ophth)) 172
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) 54	prochlorperazine edisylate 10 MG/2ML 65	PROLIA SOSY 98
primaquine phosphate TABS 54	prochlorperazine maleate TABS ... 65	PROMACTA PACK 12.5 MG, 25 MG (Use eltrombopag olamine) 117
primidone 125 MG 27	PROCRIT 116	PROMACTA TABS 12.5 MG, 25 MG (Use eltrombopag olamine) 117
primidone 50 MG, 250 MG 27	PROCRIT 117	PROMACTA TABS 50 MG, 75 MG (Use eltrombopag olamine) 117
PRIORIX SUSR 191	PROCTOFOAM HC FOAM EX ... 16	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML 45
PRISTIQ (Use desvenlafaxine succinate) 32	PROCYSBI CPDR 109	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 45
PRISTIQ 50 MG (Use desvenlafaxine succinate) 32	PROCYSBI PACK 109	promethazine hcl SUPP 12.5 MG, 25 MG 45
PRO COMFORT ALCOHOL 134	PRODIGY INSULIN SYRINGE .. 139	promethazine hcl SUPP 45
PRO COMFORT INSULIN SYRINGE 139	PRODIGY LANCETS 28G 130	promethazine hcl TABS 45
PRO COMFORT LANCETS 30G 130	PRODIGY LANCING DEVICE MISC . 130	PROMETRIUM CAPS (Use progesterone) 175
PRO COMFORT LANCETS 31G 130	PRODIGY SAFETY LANCETS 26G . 130	PRONEB ULTRA FILTER SET MISC 148
PRO COMFORT PEN NEEDLES 139	PRODIGY TWIST TOP LANCETS 28G 130	propafenone hcl CP12 18
PRO COMFORT SAFETY LANCETS 30G 130	PROFILNINE 112	propafenone hcl TABS 18
PRO COMFORT SPACER ADULT MISC 148	progesterone (vaginal) INST 100 MG 192	proparacaine hcl 171
PRO COMFORT SPACER CHILD MISC 148	progesterone CAPS 175	PROPECIA (Use finasteride (alopecia)) 91
	progesterone OIL 175	

propranolol hcl CP24	71	130	PYLERA (Use bismuth subcitrate potassium-metronidazole- tetracycline)	188	
propranolol hcl SOLN IV 1 MG/ML	71	psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %	120	pyrazinamide	55
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	71	psyllium POWD 43 %	120	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	93
propranolol hcl TABS	71	PULMICORT FLEXHALER AEPB	20	PYRIDIDIUM TABS (Use phenazopyridine hcl)	110
propylene glycol (ophth)	168	PULMICORT SUSP (Use budesonide (inhalation))	21	PYRIDOSTIGMINE BROMIDE ER TB24 PO 105 MG	40
propylthiouracil	182	PULMOZYME	180	pyridostigmine bromide SOLN PO	54
PROQUAD SUSR	191	PURE COMFORT 3-BALL BREATHE EX DEVI	148	pyridostigmine bromide TABS 30 MG	54
PROSCAR (Use finasteride)	110	PURE COMFORT ALCOHOL PREP	134	pyridostigmine bromide TABS 60 MG	54
protamine sulfate	115	PURE COMFORT LANCETS 30G	130	pyridostigmine bromide TABS 60 MG	54
PROTHELIAL PSTE	157	PURE COMFORT PEN NEEDLE	139	pyridostigmine bromide TBCR	54
PROTONIX PACK (Use pantoprazole sodium)	187	PURE COMFORT SAFETY PEN NEEDLE	139	pyridoxine hcl SOLN	194
PROTONIX SOLR (Use pantoprazole sodium)	187	PURE COMFORT SPACER CHAMBER DEVI	148	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	194
PROTONIX TBEC (Use pantoprazole sodium)	187	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)	55	pyrimethamine	54
protriptyline hcl	32	PX ADVANCED LANCING DEVICE MISC	130	PYRUKYND TABS	115
PROVENGE	56	PX GLUCOSE	35	PYRUKYND TAPER PACK TBPB	115
PROVENTIL HFA AERS (Use albuterol sulfate)	22	PX INSULIN SYRINGE	139	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	86
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)	175	PX LANCET AUTO INJECTOR MISC	131	PYZCHIVA SC 45 MG/0.5ML	86
PROVIGIL 100 MG (Use modafinil)	3	PX LANCETS MICROTHIN 33G	131	QALSODY	165
PROVIGIL 200 MG (Use modafinil)	3	PX LANCETS ULTRA THIN 28G	131	QBRELIS SOLN	48
PROZAC CAPS (Use fluoxetine hcl)	31	PX MINI PEN NEEDLES	139	QC ADVANCED LANCING DEVICE MISC	131
prucalopride succinate	105	PX SHORTLENGTH PEN NEEDLES	140	QC ALCOHOL SWABS	134
PRUDOXIN (Use doxepin hcl (antipruritic))	85			QC ALL PURPOSE DRESSINGS PADS	123
pseudoephedrine hcl TABS	164			QC CALAMINE LOTN	92
PSS SELECT GP LANCETS	130				
PSS SELECT SAFETY LANCETS					

QC LANCETS SUPER THIN 30G 131	quetiapine fumarate TABS 150 MG 64	RAGWITEK SUBL 4
QC LANCETS ULTRA THIN131	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 64	RALDESY SOLN PO 10 MG/ML .. 31
QC PEN NEEDLES140	quetiapine fumarate TB24 64	raloxifene hcl 99
QC STERILE PADS PADS123	QUFLORA FE PEDIATRIC LIQD 158	ramelteon 120
QC UNIFINE PENTIPS140	QUICK TOUCH INSULIN PEN NEEDLE140	ramipril CAPS48
QC UNILET LANCETS 28G131	QUICKVUE AT-HOME COVID-19 TEST KIT94	ranolazine TB12 1000 MG17
QC UNILET LANCETS MICRO THIN131	QUILLICHEW ER CHER3	ranolazine TB12 500 MG 17
QDOLO SOLN (Use tramadol hcl) .13	QUILLIVANT XR SRER3	RAPAFLO (Use silodosin) 110
QELBREE 100 MG, 150 MG2	quinapril hcl48	RAPAMUNE SOLN (Use sirolimus) 155
QELBREE 200 MG2	quinapril-hydrochlorothiazide 51	RAPAMUNE TABS (Use sirolimus) 156
QFITLIA SOAJ SC 50 MG/0.5ML 112	quinidine gluconate TBCR18	RAPIVAB69
QFITLIA SOLN SC 20 MG/0.2ML 112	quinidine sulfate TABS18	rasagiline mesylate62
QINLOCK59	quinine sulfate CAPS 324 MG54	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML5
QNASL164	QULIPTA150	RAVICTI 1.1 GM/ML (Use glycerol phenylbutyrate) 101
QNASL CHILDRENS 164	QUTENZA (2 PATCH) 92	RAYA SURE PEN NEEDLE140
QTERN34	QUTENZA (4 PATCH) 92	RAYALDEE 101
QUADRACEL SUSP 183	QUTENZA92	RAYOS TBEC80
QUADRACEL SUSY 183	QUVIVIQ120	RAY-TEC X-RAY DETECTABLE SPNGE MISC123
QUAKE DEVI148	QVAR REDHALER21	READYLANCE SAFETY LANCETS . 131
QUALAQUIN CAPS (Use quinine sulfate) 54	RA GLUCOSE35	REALITY INSULIN SYRINGE ... 140
quazepam119	RABAVERT 191	REALITY LANCETS 131
QUDEXY XR CS24 (Use topiramate) 27	rabeprazole sodium TBEC 187	REALITY LATEX CONDOMS MISC . 124
QUESTRAN LIGHT POWD (Use cholestyramine light)46	RADICAVA ORS STARTER KIT SUSP 165	REALITY LATEX/ULTRA TEXTURED DEVI 124
QUESTRAN PACK (Use cholestyramine)46	RADICAVA ORS SUSP 165	
QUESTRAN POWD (Use cholestyramine)46	RADICAVA SOLN (Use edaravone) 165	

REALITY LATEX/ULTRA THIN DEVI 124	RELION LANCET DEVICES 30G 131	repaglinide39
REALITY SWABS134	RELION LANCETS131	REPATHA PUSHTRONEX SYSTEM SOCT48
REALITY TRIGGER LANCETS .131	RELION LANCETS MICRO-THIN 33G131	REPATHA SOSY48
REBIF REBIDOSE SOAJ178	RELION LANCETS THIN 26G ...131	REPATHA SURECLICK SOAJ48
REBIF REBIDOSE TITRATION PACK SOAJ178	RELION LANCETS ULTRA-THIN 30G131	REPLACEMENT AIR FILTER MISC . 148
REBIF SOSY178	RELION LANCING DEVICE MISC 131	REPLACEMENT FILTERS MISC 148
REBIF TITRATION PACK SOSY .178	RELION PEN NEEDLES140	RESTASIS EMUL (Use cyclosporine (ophth))170
REBINYN112	RELION TRUE METRIX TEST STRIPS STRP94	RESTASIS MULTIDOSE EMUL ..170
REBLOZYL117	RELION ULTRA THIN LANCETS 30G131	RESTORE FOAM DRESSING PADS123
RECLAST SOLN (Use zoledronic acid)98	RELPA (Use eletriptan hydrobromide)152	RESTORE ODOR ABSORBING DRESS PADS123
RECOMBINATE SOLR113	RELPA 40 MG (Use eletriptan hydrobromide)151	RESTORIL (Use temazepam) ...119
RECOMBIVAX HB SUSP191	RELTON CAPS105	RETACRIT117
RECOMBIVAX HB SUSY191	RELYVRIO165	RETEVMO CAPS59
RECORLEV96	REMERON SOLTAB TBDP (Use mirtazapine)29	RETEVMO TABS59
RECTIV (Use nitroglycerin (intra- anal))16	REMERON TABS 15 MG, 30 MG (Use mirtazapine)29	RETHYMIC154
REGLAN TABS (Use metoclopramide hcl)106	REMICADE107	RETROVIR CAPS (Use zidovudine) . 66
REGONOL SOLN IV54	RENAPLEX-D TABS158	RETROVIR SOLN66
RELAFEN DS9	RENFLEXIS107	RETROVIR SYRP (Use zidovudine) . 66
RELENZA DISKHALER69	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG182	REUSABLE COMFORTSEAL MASK- LRG MISC149
RELEUKO SOSY117	RENVELA PACK (Use sevelamer carbonate)109	REUSABLE COMFORTSEAL MASK- MED MISC149
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG3	RENVELA TABS (Use sevelamer carbonate)109	REUSABLE COMFORTSEAL MASK- SML MISC149
RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl)3		REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .74
RELEXXII TBCR 72 MG3		REVATIO TABS (Use sildenafil
RELION ALCOHOL SWABS134		
RELION INSULIN SYRINGE140		

citrate (pulmonary hypertension)) .74	RIGHTEST GL300 LANCETS ...131	rivastigmine 176
REVCOVI 101	RILUTEK TABS (Use riluzole)165	rivastigmine tartrate CAPS 176
REVLIMID154	riluzole TABS 165	RIVFLOZA SOLN109
REVUFORJ57	rimantadine hydrochloride TABS ..69	RIVFLOZA SOSY 128 MG/0.8ML 110
REXTOVY LIQD 41	RIMSO-50110	RIVFLOZA SOSY 160 MG/ML ... 110
REXULTI 65	ringer's irrigation 156	RIXUBIS SOLR113
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)66	RINGERS IRRIGATION 4.5 MEQ/L- 156 MEQ/L-147 MEQ/L-4 MEQ/L 156	rizatriptan benzoate TABS 10 MG 152
REYATAZ PACK66	RINVOQ LQ SOLN5	rizatriptan benzoate TABS 5 MG .152
REYVOW 152	RINVOQ TB245	rizatriptan benzoate TBDP 10 MG 152
REZDIFFRA106	RIOMET SOLN35	rizatriptan benzoate TBDP 5 MG .152
REZLIDHIA59	risedronate sodium TABS98	ROBAXIN SOLN (Use methocarbamol) 163
REZUROCK154	risedronate sodium TBEC 98	ROBINUL TABS (Use glycopyrrolate)184
REZVOGLAR KWIKPEN39	RISPERDAL CONSTA (Use risperidone microspheres)63	ROBINUL-FORTE TABS (Use glycopyrrolate)184
REZZAYO43	RISPERDAL SOLN (Use risperidone)63	ROCALTROL CAPS (Use calcitriol) 101
RHAPSIDO TABS PO 25 MG154	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 63	ROCKLATAN 170
RHOFADE93	risperidone microspheres63	ROCTAVIAN113
RHOGAM ULTRA-FILTERED PLUS SOSY IM173	risperidone SOLN63	roflumilast 20
RHOPRESSA170	risperidone TABS63	ROLVEDON117
ribavirin (hepatitis c) CAPS68	risperidone TBDP63	ROMIDEPSIN SOLN59
ribavirin (hepatitis c) TABS 200 MG 68	RITALIN LA CP24 (Use methylphenidate hcl)3	romidepsin SOLR59
ribavirin69	RITALIN TABS (Use methylphenidate hcl)3	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG59
RIDAURA7	RITEFLO DEVI149	ropinirole hydrochloride TABS61
rifabutin55	ritonavir TABS66	ropinirole hydrochloride TB24 61
RIFADIN SOLR (Use rifampin)55	rivaroxaban SUSR 1 MG/ML 23	rosuvastatin calcium TABS47
rifampin CAPS55	rivaroxaban TABS 2.5 MG23	ROTARIX SUSP191
rifampin SOLR55		
RIGHTEST GD500 LANCING DEVICE MISC131		

ROTATEQ SOLN	191	154	SALIVAMAX PACK	158
ROWASA (Use mesalamine w/ cleanser)	107	RYONCIL 50KG TO <62.5KG KIT IV	salsalate	11
ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	13	154	SALYCIM CREA	92
ROXYBOND TABA	13	RYONCIL 62.5KG TO <75KG KIT IV	SAMI THE SEAL FILTERS MISC	149
ROZEREM (Use ramelteon)	120	154	SAMSCA TABS 15 MG (Use tolvaptan)	103
ROZLYTREK CAPS	59	RYONCIL 75KG TO <87.5KG KIT IV	SAMSCA TABS 30 MG (Use tolvaptan)	103
ROZLYTREK PACK	59	154	SANCUSO PTCH	41
RUBRACA	59	RYONCIL 87.5KG TO <100KG KIT IV	SANDIMMUNE CAPS (Use cyclosporine)	156
RUCONEST	113	154	SANDIMMUNE SOLN PO 100 MG/ML	156
rufinamide SUSP	27	RYPLAZIM	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	103
rufinamide TABS	27	114	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	103
RUKOBIA	66	RYSTIGGO	SAPHRIS (Use asenapine maleate) .	64
RYALTRIS	164	154	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	64
RYANODEX SUSR	163	RYTARY CPRC	sapropterin dihydrochloride PACK	101
RYBELSUS TABS	36	61	sapropterin dihydrochloride TABS	102
RYDAPT	59	RYTHMOL SR CP12 (Use propafenone hcl)	SAPS CARE ALCOHOL PREP ..	134
RYKINDO SRER	63	18	SAPS HEALTH ALCOHOL PREP	134
RYONCIL <12.5KG KIT IV	154	RYZNEUTA SOSY SC 20 MG/ML	SAPS HEALTH CARE ALCOHOL PREP	134
RYONCIL 100KG TO <112.5KG KIT IV	154	117	SAPS HEALTH PLUS LANCETS	131
RYONCIL 112.5KG TO <125KG KIT IV	154	SABRIL PACK (Use vigabatrin) ...	SAPS HEALTH TWIST TOP LANCETS	131
RYONCIL 12.5KG TO <25KG KIT IV	154	28		
RYONCIL 125KG TO <137.5KG KIT IV	154	SABRIL TABS (Use vigabatrin) ...		
RYONCIL 137.5KG TO <150KG KIT IV	154	28		
RYONCIL 25KG TO <37.5KG KIT IV	154	sacubitril-valsartan TABS		
RYONCIL 37.5KG TO <50KG KIT IV		73		
		SAFE-T-LANCE		
		131		
		SAFE-T-LANCE PLUS		
		131		
		SAFETY LANCET 30G/PRESSURE ACT		
		131		
		SAFETY LANCETS		
		131		
		SAFETY LANCETS 21G		
		131		
		SAFETY LANCETS 23G		
		131		
		SAFETY LANCETS 28G		
		131		
		SAFETY PEN NEEDLES		
		140		
		SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)		
		78		
		salicylic acid LIQD 27.5 %		
		91		
		SALICYLIC ACID OINT		
		91		
		saline SOLN 0.65 %		
		164		

SAPS TWIST TOP LANCETS ...131	SELECT-LITE LANCING DEVICE MISC131	SEROQUEL XR TB24 (Use quetiapine fumarate)64
SAPSCARE TWIST TOP LANCETS 131	selegiline hcl CAPS62	SEROSTIM SC 4 MG, 5 MG, 6 MG 99
SAVAYSA23	selegiline hcl TABS62	SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)31
SAVELLA TABS176	selenium sulfide LOTN 2.5 %87	sertraline hcl CAPS 150 MG, 200 MG31
SAVELLA TITRATION PACK MISC 176	SELSUN BLUE DAILY LOTN (Use selenium sulfide)87	sertraline hcl CONC31
saxagliptin hcl36	SELSUN BLUE LOTN (Use selenium sulfide)87	sertraline hcl TABS31
saxagliptin-metformin hcl34	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)87	sevelamer carbonate PACK109
SAXENDA 18 MG/3ML (Use liraglutide (weight management)) ...2	SELZENTRY SOLN66	sevelamer carbonate TABS109
SB ALCOHOL PREP134	SELZENTRY TABS (Use maraviroc) . 67	sevelamer hcl109
SB INSULIN SYRINGE140	SELZENTRY TABS66	SEVENFACT113
SB LANCETS THIN131	SEMGLEE (YFGN) SOLN39	SEZABY SOLR119
SB LANCETS ULTRA THIN131	SEMGLEE (YFGN) SOPN39	SFROWASA ENEM107
SCEMBLIX59	SE-NATAL 19 CHEW161	SHINGRIX191
SCENESSE92	SE-NATAL 19 TABS161	SIDESTREAM ADULT FACE MASK MISC149
scopolamine41	sennosides CAPS121	SIDESTREAM PEDIATRIC FACE MASK MISC149
SECUADO64	sennosides CHEW121	SIDESTREAM PLS ADULT FACE MASK MISC149
SECURESAFE HYPODERMIC NEEDLE140	sennosides LIQD121	SIGNIFOR103
SECURESAFE INSULIN SYRINGE . 140	sennosides SYRP 8.8 MG/5ML ..121	SIGNIFOR LAR103
SECURESAFE SAFETY PEN NEEDLES140	sennosides TABS 8.6 MG, 15 MG, 25 MG121	SIKLOS TABS115
SECURESAFE SYRINGE/NEEDLE . 140	SENOKOT TABS (Use sennosides) 121	sildenafil citrate (pulmonary hypertension) SUSR74
SEGLENTIS14	SENSIPAR (Use cinacalcet hcl) .102	sildenafil citrate (pulmonary hypertension) TABS75
SEGLUROMET34	SEPHIENCE PACK PO 250 MG, 1000 MG102	SILICONE MASK/ADULT MISC ..149
SELARSDI SOLN SC 45 MG/0.5ML . 86	SEREVENT DISKUS22	SILICONE MASK/INFANT MISC .149
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML86	SEROQUEL TABS (Use quetiapine fumarate)64	SILICONE MASK/PEDIATRIC MISC .

149	sodium)20	NITRATE GEL157
SILIGENTLE FOAM DRESSING	sirolimus SOLN156	sodium chloride (gu irrigant) 0.9 %
PADS123	sirolimus TABS156	109
silodosin110	SIRTURO55	sodium chloride (inhalant) NEBU 0.9
SILVADENE (Use silver	SITAGLIPT BASE-METFORM HCL	%, 3 %, 7 %, 10 %81
sulfadiazine)87	ER TB2434	sodium citrate & citric acid109
silver sulfadiazine87	SITAGLIPTIN36	SODIUM EDECRIN (Use
SIMBRINZA169	SITAGLIPTIN BASE-METFORMIN	ethacrynate sodium)95
simethicone CAPS 125 MG105	HCL TABS34	sodium ferric gluconate complex in
simethicone CHEW105	SIVEXTRO SOLR53	sucrose118
simethicone SUSP 20 MG/0.3ML 105	SIVEXTRO TABS53	sodium fluoride (dental) CREA ...157
SIMLANDI (1 PEN) AJKT7	SKYCLARYS165	sodium fluoride (dental) GEL157
SIMLANDI (2 PEN) AJKT7	SKYLA78	sodium fluoride (dental) PSTE DT
SIMLANDI (2 SYRINGE) PSKT 40	SKYRIZI PEN SOAJ86	157
MG/0.4ML7	SKYRIZI SOCT107	sodium fluoride (dental) SOLN 0.2 %
SIMPLE DIAGNOSTICS LANCING	SKYRIZI SOLN107	157
DEV MISC131	SKYRIZI SOSY86	SODIUM FLUORIDE 5000 ENAMEL
SIMPLICITY COVID-19 AT-HOME	SKYSONA176	GEL157
94	SKYTROFA99	SODIUM FLUORIDE 5000
SIMPONI ARIA SOLN7	SLO-NIACIN TBCR 500 MG (Use	SENSITIVE GEL157
SIMPONI SOAJ7	niacin)194	sodium fluoride CHEW153
SIMPONI SOSY7	SLO-NIACIN TBCR 750 MG (Use	sodium fluoride SOLN 0.5 MG/ML
SIMULECT156	niacin)194	153
simvastatin TABS47	SLYND79	SODIUM OXYBATE SOLN175
SINEMET TABS 100 MG-10 MG,	SM ALCOHOL PREP134	sodium phenylbutyrate POWD ...102
100 MG-25 MG (Use carbidopa-	SM STERILE PADS123	sodium phenylbutyrate TABS102
levodopa)61	SM TRUEDRAW LANCING DEVICE	sodium phosphates ENEM 19
SINGLE-LET131	MISC131	GM/118ML-7 GM/118ML121
SINGULAIR CHEW (Use	SMART DIABETES VANTAGE	sodium polystyrene sulfonate POWD
montelukast sodium)20	LANCING MISC131	156
SINGULAIR PACK (Use montelukast	SMARTEST LANCETS 28G131	sodium polystyrene sulfonate SUSP
sodium)20	SOD FLUORIDE-POTASSIUM	CO 15 GM/60ML156
SINGULAIR TABS (Use montelukast		sodium sulfate-potassium sulfate-
		magnesium sulfate120

SOFOSBUVIR-VELPATASVIR TABS68	MG/0.5ML103	SPINRAZA166
SOF-WICK PADS 123	SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML 103	SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)19
SOGROYA99	SOMAVERT99	SPIRIVA RESPIMAT AERS IN 19
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG163	SOOLANTRA (Use ivermectin (rosacea))93	SPIRO PD DEVI149
solifenacin succinate TABS 188	SOOTHENEB NBL 100 ADULT MASK MISC 149	spironolactone & hydrochlorothiazide95
SOLIQUA34	SOOTHENEB NBL 100 CHILD MASK MISC 149	spironolactone SUSP96
SOLIRIS113	SOOTHENEB NBL 100 MED CUP MISC149	spironolactone TABS 96
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl)182	SOOTHENEB NBL 100 MESH CAP MISC149	SPORANOX CAPS (Use itraconazole) 43
SOLOSEC4	sorafenib tosylate59	SPORANOX SOLN (Use itraconazole) 43
SOLTAMOX SOLN 57	SORILUX FOAM86	SPRITAM TB3D 27
SOLU-CORTEF (Use hydrocortisone sod succinate)80	sotalol hcl (afib/af) 71	SPRYCEL (Use dasatinib)59
SOLU-CORTEF80	sotalol hcl TABS 71	STALEVO 100 (Use carbidopa- levodopa-entacapone)61
SOLU-MEDROL (PF)80	SOTYKTU86	STALEVO 125 (Use carbidopa- levodopa-entacapone)61
SOLU-MEDROL80	SOTYLIZE SOLN PO71	STALEVO 150 (Use carbidopa- levodopa-entacapone)61
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (Use methylprednisolone sod succ)80	SOVALDI PACK 68	STALEVO 200 (Use carbidopa- levodopa-entacapone)62
SOLUS V2 LANCETS 28G 131	SOVALDI TABS68	STALEVO 50 (Use carbidopa- levodopa-entacapone)62
SOLUS V2 LANCING DEVICE MISC 131	SOVUNA 200 MG54	STALEVO 75 (Use carbidopa- levodopa-entacapone)62
SOLUS V2 TWIST LANCETS 30G 131	SOVUNA 300 MG54	STAMARIL SUSR 191
SOLUVITA ACD WITH FLUORIDE SOLN 159	SPEEDY SWAB COVID-19 ANTIGEN KIT94	STARJEMZA SOLN IV 130 MG/26ML 107
SOLUVITA SOLN153	SPEVIGO SOLN86	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML86
SOLUVITA WITH FLUORIDE SOLN . 159	SPEVIGO SOSY86	STEGLATRO39
SOMA TABS (Use carisoprodol) . 163	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML 191	STEGLUJAN 34
SOMATULINE DEPOT 120	SPIKEVAX SUSP191	
	SPIKEVAX SUSY191	
	spinosad93	

STELARA 130 MG/26ML	107	170	SULFAMILYLON PACK 5 % (Use mafenide acetate)	87	
STELARA SOSY	86	sulfacetamide sodium (ophth) SOLN .			
STEQEYMA	107	170	sulfasalazine TABS	108	
STEQEYMA	86	sulfacetamide sodium GEL	87	sulfasalazine TBEC	108
STERILANCE TL	131	sulfacetamide sodium LIQD	87	sulindac TABS	9
STIMUFEND	117	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	83	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...	83
STIOLTO RESPIMAT	22	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	83	sumatriptan	152
STIVARGA	59	sulfacetamide sodium w/ sulfur FOAM	83	sumatriptan succinate SOAJ 4 MG/0.5ML	152
STOBOCLO SOSY SC 60 MG/ML	98	sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	83	sumatriptan succinate SOAJ 6 MG/0.5ML	152
STRATTERA (Use atomoxetine hcl) .	2	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	83	sumatriptan succinate SOCT 4 MG/0.5ML	152
STRENSIQ	102	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	83	sumatriptan succinate SOCT 6 MG/0.5ML	152
streptomycin sulfate SOLR	4	sulfacetamide sodium w/ sulfur LOTN 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 % .	83	sumatriptan succinate SOLN 6 MG/0.5ML	152
STRIBILD	67	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	83	sumatriptan succinate TABS	152
STRIVERDI RESPIMAT	22	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	83	sumatriptan-naproxen sodium ...	151
STROMECTOL (Use ivermectin) .	17	sulfacetamide sodium w/ sulfur SUSP	83	SUMAXIN PADS	83
SUBLOCADE SOSY	14	SULFACETAMIDE SODIUM-SULFUR SUSP	83	sunitinib malate	59
SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate)	15	sulfacetamide sod-prednisolone SOLN	171	SUNLENCA SOLN	67
sucralfate SUSP	184	sulfadiazine TABS	181	SUNLENCA TABS PO 300 MG ...	67
sucralfate TABS	184	sulfamethoxazole-trimethoprim SOLN	52	SUNLENCA TBPK 300 MG	67
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	164	sulfamethoxazole-trimethoprim SUSP	52	SUNOSI	2
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) 165		SULFAMILYLON CREA	87	SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	193
SUFLAVE	120			SUPER THIN LANCETS	131
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	72			SUPPRELIN LA	99
sulfacetamide sodium (acne)	83			SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	120
sulfacetamide sodium (ophth) OINT					

SURE COMFORT ALCOHOL PREP134	fumarate)67	polyethylene glycol-propylene glycol (ophth)) 168
SURE COMFORT INSULIN SYRINGE 140	SYMLINPEN 120 SOPN33	TABLOID55
SURE COMFORT LANCETS 18G 131	SYMLINPEN 60 SOPN 33	TABRECTA59
SURE COMFORT LANCETS 21G 132	SYMPAZAN FILM24	TACLONEX OINT (Use calcipotriene- betamethasone dipropionate) 90
SURE COMFORT LANCETS 23G 132	SYMPROIC 108	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)90
SURE COMFORT LANCETS 28G 132	SYMTUZA67	tacrolimus (topical) OINT 91
SURE COMFORT LANCETS 30G 132	SYNAGIS SOLN173	tacrolimus CAPS156
SURE COMFORT LANCING PEN MISC132	SYNALAR (CREAM) 90	tacrolimus SOLN 5 MG/ML156
SURE COMFORT PEN NEEDLES 140	SYNALAR (OINTMENT) 90	tadalafil (pulmonary hypertension) TABS75
SURELITE LANCETS 132	SYNALAR CREA (Use fluocinolone acetoneide)90	tadalafil 5 MG 73
SUSTOL PRSY41	SYNALAR OINT (Use fluocinolone acetoneide)90	TADLIQ SUSP75
SUTAB120	SYNALAR SOLN (Use fluocinolone acetoneide)90	TAFINLAR CAPS59
SUTENT (Use sunitinib malate) ...59	SYNALAR TS 90	TAFINLAR TBSO59
SWIM EAR (Use isopropyl alcohol (otic))173	SYNAREL100	tafluprost 172
SYMBICORT (Use budesonide- formoterol fumarate dihydrate) 22	SYNJARDY TABS 34	TAGRISSO56
SYMBRAVO TABS PO151	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG34	TAKHZYRO SOLN 114
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) 176	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG 34	TAKHZYRO SOSY 150 MG/ML ..114
SYMDEKO180	SYNTHROID TABS (Use levothyroxine sodium) 183	TAKHZYRO SOSY 300 MG/2ML .114
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)67	SYRINGE LUER LOCK140	TALICIA188
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)67	SYRINGE LUER SLIP140	TALTZ SOAJ86
	SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % (Use polyethylene glycol-propylene glycol (ophth)) 168	TALTZ SOSY 86
	SYSTANE ULTRA PF SOLN (Use polyethylene glycol-propylene glycol (ophth)) 168	TALZENNA59
	SYSTANE ULTRA SOLN (Use	TAMIFLU CAPS 30 MG, 75 MG (Use oseltamivir phosphate)69
		TAMIFLU CAPS 45 MG (Use oseltamivir phosphate)69
		TAMIFLU SUSR (Use oseltamivir phosphate)69

tamoxifen citrate TABS	57	TECHLITE PLUS PEN NEEDLES 140	teriparatide SOPN	98	
tamsulosin hcl	110	TEGADERM FOAM PADS	123	TERIPARATIDE SOPN	98
TARCEVA (Use erlotinib hcl)	56	TEGRETOL SUSP (Use carbamazepine)	27	TESTIM GEL TD (Use testosterone) .	15
TARGRETIN (Use bexarotene) ...	60	TEGRETOL TABS (Use carbamazepine)	27	testosterone cypionate SOLN IM ..	15
TARPEYO CPDR	80	TEGRETOL-XR TB12 (Use carbamazepine)	27	testosterone enanthate SOLN IM ..	15
TASCENSO ODT	178	TEKTURNA (Use aliskiren fumarate)	51	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	15
TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	59	telmisartan	49	testosterone GEL TD 1 %, 50 MG/5GM	15
tasimelteon CAPS	120	telmisartan-amlodipine	51	testosterone GEL TD 1 %	15
tavaborole	84	telmisartan-hydrochlorothiazide ...	51	testosterone GEL TD 1.62 %, 1.62 %	15
TAVALISSE	114	temazepam	119	testosterone SOLN	15
TAVNEOS	113	temozolomide CAPS	55	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	183
TAYTULLA CAPS (Use norethin acet & estrad-fe)	78	TENIVAC SUSP 2 LFU-5 LFU ...	183	tetrabenazine 12.5 MG	177
tazarotene CREA	86	tenofovir disoproxil fumarate TABS 67		tetrabenazine 25 MG	177
TAZAROTENE FOAM	83	TENORETIC 100 (Use atenolol & chlorthalidone)	51	tetracaine hcl (ophth)	171
tazarotene GEL	86	TENORETIC 50 (Use atenolol & chlorthalidone)	51	tetracycline hcl CAPS	182
TAZVERIK	59	TENORMIN TABS (Use atenolol) .	70	TETRACYCLINE HCL TABS	182
TDVAX SUSP	183	TEPEZZA	99	TEZRULY PO 1 MG/ML	49
TECARTUS	56	TEPMETKO	59	TEZSPIRE SOAJ	19
TECELRA	56	terazosin hcl	49	TEZSPIRE SOSY	19
TECFIDERA CDPK (Use dimethyl fumarate)	178	terbinafine hcl TABS	43	THALITONE	96
TECFIDERA CPDR (Use dimethyl fumarate)	178	terbutaline sulfate SOLN	22	THALOMID 50 MG, 100 MG	155
TECHLITE AST LANCETS	132	terbutaline sulfate TABS	22	THEO-24 CP24	22
TECHLITE INSULIN SYRINGE ..	140	terconazole vaginal CREA	191	theophylline ELIX	22
TECHLITE LANCETS	132	terconazole vaginal SUPP	191	theophylline SOLN	22
TECHLITE LANCETS 26G	132	teriflunomide	178	theophylline TB12 300 MG, 450 MG .	22
TECHLITE LANCETS 30G	132				
TECHLITE PEN NEEDLES	140				

theophylline TB24	22	TIGECYCLINE	181	tobramycin (ophth) SOLN	170
THERANATAL CORE NUTRITION TABS	162	TIGLUTIK SUSP	165	tobramycin NEBU	5
THERATEARS EXTRA SOLN (Use carboxymethylcellulose sodium (ophth))	168	TIKOSYN (Use dofetilide)	19	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	5
thiamine hcl SOLN	194	timolol	168	tobramycin sulfate SOLR	5
thiamine hcl TABS	194	timolol maleate (ophth) SOLG	168	tobramycin-dexamethasone SUSP 172	
thiamine mononitrate TABS 100 MG . 194		timolol maleate (ophth) SOLN	169	TOBREX OINT	170
thiamine mononitrate TABS 250 MG . 194		timolol maleate TABS	71	TODAYS HEALTH LANCING DEVICE MISC	132
THINLETS GP LANCETS	132	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	169	TODAYS HEALTH PEN NEEDLES . 140	
THIOLA EC TBEC 100 MG (Use tiopronin)	110	TIMOPTIC OCUDOSE SOLN 0.5 % (Use timolol maleate (ophth))	169	TODAYS HEALTH SHORT PEN NEEDLE	140
THIOLA EC TBEC 300 MG (Use tiopronin)	110	TINACTIN CREA (Use tolnaftate) .	84	TODAYS HEALTH THIN LANCETS 28G	132
THIOLA TABS (Use tiopronin) ...	110	tinidazole	52	TODAYS HEALTH THIN LANCETS 30G	132
thioridazine hcl	65	tiopronin TABS	110	TOFIDENCE	8
thiothixene	65	tiopronin TBEC 100 MG	111	TOLAK CREA	85
THRESHOLD IMT MISC	149	tiopronin TBEC 300 MG	111	tolcapone	60
THRESHOLD PEP DEVI	149	tiotropium bromide CAPS IN 18 MCG	19	tolmetin sodium CAPS	10
THRIVITE RX TABS	162	TIVICAY PD TBSO	67	tolmetin sodium TABS 600 MG	10
THYQUIDITY SOLN PO	183	TIVICAY TABS	67	tolnaftate CREA	85
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	183	tizanidine hcl CAPS 2 MG	163	TOLSURA CAPS	43
tiagabine hcl 16 MG	28	tizanidine hcl CAPS 4 MG	163	tolterodine tartrate CP24	188
tiagabine hcl 2 MG, 4 MG, 12 MG .	28	tizanidine hcl CAPS 6 MG	163	tolterodine tartrate TABS	189
TIBSOVO	59	tizanidine hcl TABS 2 MG	163	tolvaptan TABS 15 MG	103
ticagrelor 60 MG, 90 MG	115	tizanidine hcl TABS 4 MG	163	tolvaptan TABS 30 MG	103
TICOVAC	191	TLANDO CAPS	15	tolvaptan TBPk 15 MG	103
TIGAN SOLN	41	TNKASE	115	TOPAMAX SPRINKLE CPSP (Use topiramate)	27
tigecycline	181	TOBI NEBU (Use tobramycin)	4		
		TOBI PODHALER CAPS	4		
		TOBRADEX OINT	172		
		TOBRADEX ST SUSP	172		

TOPAMAX TABS (Use topiramate) 27	tramadol hcl CP24 100 MG, 200 MG, 300 MG13	TREMFYA ONE-PRESS SOPN SC 100 MG/ML86
TOPICORT CREA (Use desoximetasone)90	TRAMADOL HCL SOLN (Use tramadol hcl)13	TREMFYA PEN SOAJ SC 200 MG/2ML108
TOPICORT GEL (Use desoximetasone)90	tramadol hcl SOLN13	TREMFYA SOLN IV108
TOPICORT OINT (Use desoximetasone)90	tramadol hcl TABS 100 MG13	TREMFYA SOSY SC108
TOPICORT SPRAY LIQD (Use desoximetasone)90	tramadol hcl TABS 25 MG13	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML108
topiramate CP2427	tramadol hcl TABS 50 MG13	TRESIBA FLEXTOUCH SOPN39
topiramate CPSP 50 MG27	tramadol hcl TABS 75 MG13	TRESIBA SOLN39
topiramate CPSP27	tramadol hcl TB2413	tretinoin (chemotherapy)60
topiramate CS2427	tramadol-acetaminophen14	tretinoin CREA 0.025 %, 0.05 %, 0.1 %83
topiramate SOLN 25 MG/ML27	trandolapril48	tretinoin GEL 0.01 %, 0.025 %83
topiramate TABS27	trandolapril-verapamil hcl51	tretinoin GEL 0.05 %83
TOPPER DRESSING SPONGES MISC123	tranexamic acid SOLN 1000 MG/10ML118	tretinoin microsphere83
TOPROL XL TB24 (Use metoprolol succinate)70	tranexamic acid TABS118	TRETEN113
toremifene citrate57	TRANEXAMIC ACID-NACL (Use tranexamic acid-sodium chloride) 118	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG55
torsemide TABS95	TRANEXAMIC ACID-NACL118	triamcinolone acetonide (mouth) 157
TOSYMRA152	tranexamic acid-sodium chloride 118	triamcinolone acetonide (nasal) AERO164
TOUJEO MAX SOLOSTAR SOPN 39	TRANSDERM SCOP 1 MG/3DAYS (Use scopolamine)41	triamcinolone acetonide (topical) AERS90
TOUJEO SOLOSTAR SOPN39	TRANSDERM-SCOP (Use scopolamine)42	triamcinolone acetonide (topical) CREA90
TOVET90	tranylcypromine sulfate30	triamcinolone acetonide (topical) LOTN90
TOVIAZ (Use fesoterodine fumarate)189	TRAVATAN Z SOLN (Use travoprost)172	triamcinolone acetonide (topical) OINT90
TRACLEER TABS (Use bosentan) 74	TRAVEL LANCETS ADVANCED 28G132	triamcinolone acetonide SUSP80
TRACLEER TBSO 32 MG (Use bosentan)74	travoprost SOLN173	TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) 81
TRADJENTA36	trazodone hcl TABS31	triamterene & hydrochlorothiazide
	TRELEGY ELLIPTA22	
	TRELSTAR MIXJECT57	

CAPS 25 MG-37.5 MG	95	TRINTELLIX	31	TRUE COMFORT PRO ALCOHOL PREP	134
triamterene & hydrochlorothiazide TABS	95	TRIPTODUR	100	TRUE COMFORT PRO INSULIN SYR	140
triamterene CAPS	96	TRIUMEQ PD TBSO	67	TRUE COMFORT PRO PEN NEEDLES	140
triazolam	119	TRIUMEQ TABS	67	TRUE COMFORT SAFETY LANCETS	132
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	51	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	159	TRUE COMFORT SAFETY PEN NEEDLE	140
TRICOR TABS (Use fenofibrate) ..	46	TRIZIVIR	67	TRUE COMFORT TWIST TOP LANCETS	132
trientine hcl 250 MG	154	TROGARZO	67	TRUE COVER DEVI	124
trientine hcl 500 MG	154	TROJAN BARESKIN DEVI	124	TRUE METRIX BLOOD GLUCOSE TEST STRP	94
TRIESENCE	172	TROJAN ENZ MISC	124	TRUE METRIX LEVEL 1 SOLN ..	132
trifluoperazine hcl TABS	65	TROJAN MAGNUM MISC	124	TRUE METRIX LEVEL 2 SOLN ..	132
trifluridine	170	TROJAN ULTRA THIN MISC	124	TRUE METRIX LEVEL 3 SOLN ..	132
trihexyphenidyl hcl SOLN	60	TROJAN ULTRA THIN/SPERMICIDAL MISC	124	TRUE VITAMIN B1 TABS	194
trihexyphenidyl hcl TABS	60	TROJAN-ENZ LUBRICATED MISC 124		TRUE VITAMIN B6 TABS	194
TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG, 1000 MG-5 MG-10 MG	34	TROJAN-ENZ/SPERMICIDAL MISC . 124		TRUECONTROL GLUCOSE CONT LEV 0 LIQD	132
TRIJARDY XR 1000 MG-5 MG-25 MG	34	TROKENDI XR CP24 (Use topiramate)	27	TRUECONTROL GLUCOSE CONT LEV 1 LIQD	132
TRIKAFTA TBPK	180	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (Use topiramate)	27	TRUEDRAW LANCING DEVICE MISC	132
TRIKAFTA THPK	180	tropicamide SOLN 0.5 %	169	TRUEPLUS 5-BEVEL PEN NEEDLES	140
TRILEPTAL SUSP (Use oxcarbazepine)	27	tropicamide SOLN 1 %	169	TRUEPLUS GLUCOSE CHEW ...	35
TRILEPTAL TABS (Use oxcarbazepine)	27	trospium chloride CP24	189	TRUEPLUS INSULIN SYRINGE	140
TRILIPIX (Use choline fenofibrate) 47		trospium chloride TABS	189	TRUEPLUS LANCETS 26G	132
trimethobenzamide hcl CAPS	42	TRUDHESA	151	TRUEPLUS LANCETS 28G	132
trimethoprim TABS	52	TRUE COMFORT ALCOHOL PREP PADS	134	TRUEPLUS LANCETS 30G	132
trimipramine maleate CAPS	32	TRUE COMFORT INSULIN SYRINGE	140	TRUEPLUS LANCETS 33G	132
TRINATAL RX 1 TABS	162	TRUE COMFORT PEN NEEDLES 140			

TRUEPLUS PEN NEEDLES140	9/RIB/STUD MISC124	TYKERB (Use lapatinib ditosylate) 59
TRUEPLUS SAFETY LANCETS 28G132	TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)67	TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (Use acetaminophen) 11
TRUETRACK TEST STRP 94	TRYNGOLZA 102	TYLENOL 8 HOUR TBCR (Use acetaminophen)11
TRULICITY36	TRYPTYR SOLN OP 0.003 % ... 172	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)11
TRUMENBA 0.5 ML 189	TRYVIO51	TYLENOL CHILDRENS PAIN + FEVER SUSP (Use acetaminophen) . 11
TRUQAP TABS59	TUBING/WING TIP MISC 149	TYLENOL CHILDRENS SUSP (Use acetaminophen)11
TRUQAP TBPB59	TUDORZA PRESSAIR19	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)11
TRUSTEX COLOR CONDOMS + LUBE MISC124	TUKYSA56	TYLENOL FOR CHILDREN + ADULTS SUSP (Use acetaminophen)11
TRUSTEX LUB/RIBBED/STUDED MISC124	TUMS E-X 750 CHEW (Use calcium carbonate (antacid))16	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)11
TRUSTEX LUB/SPERMICIDE EX ST MISC 124	TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))16	TYMLOS98
TRUSTEX LUB/SPERMICIDE XL MISC124	TUMS EXTRA STRENGTH CHEW (Use calcium carbonate (antacid)) .16	TYPHIM VI SOLN 189
TRUSTEX LUBRICATED EX LARGE MISC124	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) .16	TYPHIM VI SOSY 189
TRUSTEX LUBRICATED EXTRA ST MISC 124	TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))16	TYRUKO CONC IV 300 MG/15ML 178
TRUSTEX LUBRICATED MISC ..124	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))16	TYRVAYA169
TRUSTEX LUBRICATED/SPERMICIDE MISC 124	TURALIO 125 MG 59	TYSABRI178
TRUSTEX NATURAL CONDOMS + LUBE MISC124	TWINRIX SUSY 191	TYVASO DPI INSTITUTIONAL KIT POWD73
TRUSTEX NON-LUBRICATED MISC124	TWIRLA 78	TYVASO DPI MAINTENANCE KIT POWD74
TRUSTEX RIA LUB/SPERMICIDE MISC124	TWIST TOP LANCETS 30G132	TYVASO DPI TITRATION KIT POWD74
TRUSTEX RIA LUBRICATED MISC . 124	TWYNEO83	TYVASO REFILL KIT SOLN IN74
TRUSTEX RIA NON-LUBRICATED MISC124	TYBLUME CHEW78	
TRUSTEX-NONNOXYNOL-	TYBOST67	
	TYENNE SOAJ8	
	TYENNE SOLN 8	
	TYENNE SOSY8	
	TYGACIL (Use tigecycline) 181	

TYVASO SOLN IN	74	ULTILET SAFETY LANCETS 23G	132	UNASYN IJ 1 GM-0.5 GM, 2 GM-1	GM (Use ampicillin & sulbactam	174
TYVASO STARTER KIT SOLN IN	74	ULTOMIRIS	113	UNDECATREX CAPS		15
TZIELD	34	ULTRA COMFORT INSULIN		UNIFINE OTC PEN NEEDLES		141
ubiquinol	4	SYRINGE	140	UNIFINE PENTIPS		141
UBRELVY	150	ULTRA FLO INSULIN PEN		UNIFINE PENTIPS PLUS		141
UDENYCA ONBODY SOSY	117	NEEDLES	141	UNIFINE PROTECT PEN NEEDLE		141
UDENYCA SOAJ	117	ULTRA FLO INSULIN SYR 1/2 UNIT	141	UNIFINE SAFECONTROL PEN		141
UDENYCA SOSY	117	ULTRA FLO INSULIN SYRINGE	141	NEEDLE		141
ULORIC (Use febuxostat)	111	ULTRA NEB ACCESSORIES KIT		UNIFINE ULTRA PEN NEEDLE		141
ULTICARE ALCOHOL SWABS	134	MISC	149	UNILET COMFORTOUCH LANCET		132
ULTICARE INSULIN SAFETY SYR	140	ULTRA THIN LANCETS 31G	132	UNILET EXCELITE		132
ULTICARE INSULIN SYRINGE	140	ULTRA THIN PEN NEEDLES	141	UNILET EXCELITE II		132
ULTICARE MICRO PEN NEEDLES	140	ULTRA-CARE ALCOHOL PREP		UNILET G.P. LANCET		132
ULTICARE MINI PEN NEEDLES	140	PADS	134	UNILET G.P. SUPERLITE LANCET		132
ULTICARE PEN NEEDLES	140	ULTRACARE INSULIN SYRINGE	141	UNILET GP 28 ULTRA THIN		132
ULTICARE SHORT PEN NEEDLES	140	ULTRA-CARE LANCETS 30G	132	UNILET LANCET		132
ULTICARE TUBERCULIN SAFETY		ULTRACARE PEN NEEDLES	141	UNILET MICRO-THIN 33G		133
SYR MISC	140	ULTRA-THIN II AUTO LANCET	132	UNILET SUPERLITE LANCET		133
ULTIGUARD SAFEPAK PEN		ULTRA-THIN II INS SYR SHORT	141	UNILET SUPER-THIN 30G		133
NEEDLE	140	ULTRA-THIN II INSULIN SYRINGE	141	UNILET ULTRA-THIN 28G		133
ULTIGUARD SAFEPAK		ULTRA-THIN II LANCETS	132	UNISTIK 1		133
SYR/NEEDLE	140	ULTRA-THIN II MINI PEN NEEDLE	141	UNISTIK 2		133
ULTI-LANCE AUTOMATIC MISC	132	ULTRA-THIN II PEN NEEDLE	141	UNISTIK 2 COMFORT		133
ULTILET ALCOHOL SWABS	134	SHORT	141	UNISTIK 2 EXTRA		133
ULTILET CLASSIC LANCETS	132	ULTRA-THIN II PEN NEEDLES	141	UNISTIK 2 NEONATAL		133
ULTILET LANCETS	132	ULTRAVATE LOTN	91	UNISTIK 2 NORMAL		133
ULTILET PEN NEEDLE	140	umeclidinium-vilanterol	22	UNISTIK 2 SUPER		133
ULTILET SAFETY LANCETS	132					

UNISTIK 3	133	UROKIT-K 5 TBCR (Use potassium citrate (alkalinizer))	109	valproic acid CAPS	29
UNISTIK 3 COMFORT	133	UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate)	52	valsartan SOLN	49
UNISTIK 3 EXTRA	133	URSO 250 TABS (Use ursodiol) .	105	valsartan TABS	49
UNISTIK 3 GENTLE	133	URSO FORTE TABS (Use ursodiol) .	105	valsartan-hydrochlorothiazide	51
UNISTIK 3 NEONATAL	133	ursodiol CAPS	105	VALTOCO 10 MG DOSE LIQD	24
UNISTIK 3 NORMAL	133	URSODIOL CAPS	105	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	24
UNISTIK CZT COMFORT	133	ursodiol TABS	105	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	24
UNISTIK CZT NORMAL	133	USTEKINUMAB 130 MG/26ML ..	108	VALTOCO 5 MG DOSE LIQD	24
UNISTIK NORMAL	133	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	87	VALTRESX (Use valacyclovir hcl) ..	69
UNISTIK PRO SAFETY LANCET 133		USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	86	VANOCOCIN CAPS (Use vancomycin hcl)	52
UNISTIK SAFETY LANCETS 28G 133		USTEKINUMAB-TTWE	108	vancomycin hcl CAPS	52
UNISTIK SAFETY LANCETS 30G 133		USTEKINUMAB-TTWE	87	vancomycin hcl SOLR IV 1 GM	52
UNISTIK TOUCH SAFETY LANC 21G	133	UZEDY SUSY	63	VANCOMYCIN HCL SOLR IV 1 GM .	52
UNISTIK TOUCH SAFETY LANC 23G	133	VAFSEO 150 MG	117	vancomycin hcl SOLR IV 500 MG .	52
UNISTIK TOUCH SAFETY LANC 28G	133	VAFSEO 300 MG	117	VANCOMYCIN HCL SOLR IV 500 MG	52
UNISTIK TOUCH SAFETY LANC 30G	133	VAGIFEM TABS (Use estradiol vaginal)	192	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	52
UPLIZNA	156	valacyclovir hcl	69	vancomycin hcl SOLR PO 25 MG/ML	52
UPTRAVI SOLR	75	VALCHLOR	85	VANDAZOLE	191
UPTRAVI TABS	75	VALCYTE SOLR (Use valganciclovir hcl)	67	VANFLYTA	59
UPTRAVI TITRATION TBPB	75	VALCYTE TABS (Use valganciclovir hcl)	67	VANISHPOINT INSULIN SYRINGE .	141
urea CREA 40 %	91	valganciclovir hcl SOLR	67	VANISHPOINT SAFETY SYRINGE .	141
URIBEL	52	valganciclovir hcl TABS	68	VANISHPOINT SYRINGE	141
UROKIT-K 10 TBCR (Use potassium citrate (alkalinizer))	109	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	29	VANISHPOINT TUBERCULIN SYRINGE MISC	141
UROKIT-K 15 TBCR (Use potassium citrate (alkalinizer))	109				

VANRAFIA TABS PO 0.75 MG ...110	VENTAVIS IN 20 MCG/ML74	VERISAFE SAFETY STERILE NEEDLE141
VAQTA191	VENTOLIN HFA AERS (Use albuterol sulfate)22	VERKAZIA EMUL170
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML191	VEOPOZ113	VERQUVO75
varenicline tartrate TABS180	VEOZAH100	VERSACLOZ SUSP64
varenicline tartrate TBPK180	verapamil hcl CP2472	VERSAPAP DEVI149
VARIVAX SUSR191	VERAPAMIL HCL ER CP24 (Use verapamil hcl)72	VERSAPAP W/UNIVERSAL TUBING DEVI149
VAXCHORA189	verapamil hcl SOLN 2.5 MG/ML ...72	VERZENIO59
VAXELIS SUSP183	verapamil hcl TABS72	VESICARE LS SUSP189
VAXELIS SUSY183	verapamil hcl TBCR72	VESICARE TABS (Use solifenacin succinate)189
VAXNEUVANCE189	VEREGEN83	VEVYE SOLN170
VAZCULEP SOLN IV (Use phenylephrine hcl (pressors))193	VERELAN CP24 (Use verapamil hcl) 72	VFEND IV SOLR (Use voriconazole) 44
VECTICAL (Use calcitriol (topical)) 87	VERELAN PM CP24 (Use verapamil hcl)72	VFEND SUSR (Use voriconazole) .44
VELPHORO109	VERIFINE INSULIN PEN NEEDLE 141	VFEND TABS 200 MG (Use voriconazole)44
VELSIPITY108	VERIFINE INSULIN SYRINGE ..141	VIBERZI108
VELTASSA 1 GM156	VERIFINE PLUS PEN NEEDLE .141	VIBRAMYCIN CAPS (Use doxycycline hyclate)182
VELTASSA 8.4 GM, 16.8 GM156	VERIFINE SAFE LANCET MINI 21G133	VIBRAMYCIN SUSR (Use doxycycline (monohydrate))182
VEMLIDY68	VERIFINE SAFE LANCET MINI 23G133	VICTOZA (Use liraglutide)36
VENCLEXTA STARTING PACK TBPK56	VERIFINE SAFE LANCET MINI 28G133	vigabatrin PACK28
VENCLEXTA TABS56	VERIFINE SAFE LANCET MINI 30G133	vigabatrin TABS28
VENLAFAXINE BESYLATE ER ..32	VERIFINE UNIVERSAL LANCETS 28G133	VIGAFYDE SOLN28
venlafaxine hcl CP2432	VERIFINE UNIVERSAL LANCETS 30G133	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))170
venlafaxine hcl TABS32	VERIFINE UNIVERSAL LANCETS 33G133	VIIBRYD TABS (Use vilazodone hcl) 31
venlafaxine hcl TB24 225 MG32		VIJOICE PACK156
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG32		VIJOICE TBPK156
VENOFER 20 MG/ML (Use iron sucrose)118		
VENTAVIS IN 10 MCG/ML74		

vilazodone hcl TABS	31	VITAMIN D2 TABS 400 UNIT	193	EX (Use diclofenac sodium (topical)) .	85
VILTEPSO	166	VITAMIN D3 IMMUNE HEALTH		VONJO	59
VIMIZIM	102	LIQD PO	194	VONVENDI	113
VIMOVO 375 MG-20 MG (Use naproxen-esomeprazole magnesium)	10	VITAMIN D3 LIQD PO 125 MCG/ML .	194	VOQUEZNA	187
VIMOVO 500 MG-20 MG (Use naproxen-esomeprazole magnesium)	10	VITAMIN D3 LIQD PO 30 MCG/15ML, 125 MCG/0.5ML	194	VOQUEZNA DUAL PAK	188
VIMPAT SOLN IV 200 MG/20ML (Use lacosamide)	28	VITAMIN D3 TABS (Use cholecalciferol)	194	VOQUEZNA TRIPLE PAK	188
VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	27	VITAMIN D3 TABS	194	VORANIGO	59
VIMPAT TABS (Use lacosamide) .	28	VITAMINS ACD-FLUORIDE SOLN	159	voriconazole SOLR	44
VIOKACE TABS	94	vitamins w/ lipotropics TABS	162	VORICONAZOLE SOLR	44
VIRACEPT TABS	67	VITAROCA PLUS TABS (Use multiple vitamins w/ minerals)	158	voriconazole SUSR	44
VIRAZOLE (Use ribavirin)	69	VITRACKI CAPS	59	voriconazole TABS	44
VIREAD POWD	67	VITRACKI SOLN	59	VORTEX HOLD CHMBR/MASK/CHILD DEVI	150
VIREAD TABS (Use tenofovir disoproxil fumarate)	67	VIVAGUARD LANCETS	133	VORTEX HOLD CHMBR/MASK/TODDLER DEVI .	150
VIREAD TABS	67	VIVAGUARD LANCETS 30G	133	VORTEX VALVE CHAMBER-PEDI MASK DEVI	150
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	18	VIVAGUARD LANCING DEVICE MISC	133	VORTEX VALVED HOLDING CHAMBER DEVI	150
VISTOGARD	40	VIVAGUARD SAFETY LANCETS 28G	133	VOSEVI	68
VITAMIN A/C/D/ INFANT/TODDLER	160	VIVELLE-DOT PTTW (Use estradiol)	105	VOTRIENT (Use pazopanib hcl) ..	59
VITAMIN A-C-D INFANT	160	VIVITROL	41	VOWST	108
VITAMIN B1 LIQD PO 25 MG/ML 194		VIVJOA	44	VOXZOGO	102
VITAMIN B6 LIQD PO 12.5 MG/ML 194		VIVOTIF	189	VOYDEYA TABS	113
VITAMIN D (ERGOCALCIFEROL) CAPS	193	VIZIMPRO	56	VOYDEYA TBPK	113
VITAMIN D2 TABS 2000 UNIT ...	193	VOGELXO GEL TD (Use testosterone)	15	VPRIV	115
		VOGELXO PUMP GEL TD (Use testosterone)	15	VRAYLAR CAPS	62
		VOLTAREN ARTHRITIS PAIN GEL		VTAMA	87

VUSION (Use miconazole-zinc oxide-white petrolatum)85	hcl) 46	18
VYALEV SOLN SC 62	WELCHOL TABS (Use colesevelam hcl) 46	XANAX XR TB24 0.5 MG, 2 MG, 3 MG (Use alprazolam) 18
VYEPTI150	WELIREG 57	XARELTO STARTER PACK TBP 23
VYJUVEK 93	WELLBUTRIN SR TB12 (Use bupropion hcl)30	XARELTO SUSR 1 MG/ML (Use rivaroxaban) 23
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG 102	WESNATAL DHA COMPLETE ..162	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use rivaroxaban)23
VYNDAMAX75	WESTAB PLUS TABS162	XARELTO TABS23
VYNDAQEL 75	white petrolatum-mineral oil 168	XATMEP SOLN PO55
VYONDYS 53166	WIDE-SEAL DIAPHRAGM 60 ...124	XCOPRI (250 MG DAILY DOSE) TBP28
VYSCOX PO 10 MG/ML 10	WIDE-SEAL DIAPHRAGM 65 ...124	XCOPRI (350 MG DAILY DOSE) TBP28
VYTORIN (Use ezetimibe- simvastatin) 45	WIDE-SEAL DIAPHRAGM 70 ...124	XCOPRI TABS28
VYVANSE CAPS1	WIDE-SEAL DIAPHRAGM 75 ...124	XCOPRI TBP28
VYVANSE CHEW1	WIDE-SEAL DIAPHRAGM 80 ...124	XDEMVI170
VYVGART155	WIDE-SEAL DIAPHRAGM 85 ...124	XELJANZ SOLN 5
VYVGART HYTRULO 155	WIDE-SEAL DIAPHRAGM 90 ...124	XELJANZ TABS5
VYVGART HYTRULO SC155	WIDE-SEAL DIAPHRAGM 95 ...124	XELJANZ XR TB24 5
VYZULTA 173	WILATE KIT 113	XELODA (Use capecitabine)55
WAINUA180	WINDMILL TRAINER MISC150	XELPROS EMUL173
WAKIX2	WINLEVI83	XELSTRYM1
WALGREENS GLUCOSE 35	WINREVAIR74	XENAZINE 12.5 MG (Use tetrabenazine) 177
warfarin sodium TABS22	WYOST SOLN SC 120 MG/1.7ML 98	XENAZINE 25 MG (Use tetrabenazine) 177
WAYRILZ TABS PO 400 MG114	XACDURO 52	XENPOZYME102
WEBCOL ALCOHOL PREP LARGE 134	XACIATO GEL191	XEPI84
WEBCOL ALCOHOL PREP MEDIUM 134	XADAGO 62	XERAVA 181
WEGMANS UNIFINE PENTIPS PLUS141	XALATAN SOLN (Use latanoprost) 173	XGEVA SOLN98
WEGOVY2	XALKORI CAPS 59	XHANCE EXHUI 164
WELCHOL PACK (Use colesevelam	XALKORI CPSP 59	
	XANAX TABS (Use alprazolam) ...18	
	XANAX XR TB24 (Use alprazolam)	

XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	34	XULTOPHY	34	YUPELRI	19
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	34	XYLIDERM	92	YUSIMRY	7
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	34	XYLIGEL GEL	158	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	74
XIIDRA	170	XYNTHA	113	zafirlukast	20
XOFLUZA (40 MG DOSE) 40 MG	69	XYNTHA SOLOFUSE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	113	zaleplon	119
XOFLUZA (80 MG DOSE) 80 MG	69	XYNTHA SOLOFUSE 3000 UNIT 113		ZANAFLEX CAPS 2 MG (Use tizanidine hcl)	163
XOLAIR SOAJ	19	XYOSTED SOAJ	15	ZANAFLEX CAPS 4 MG (Use tizanidine hcl)	163
XOLAIR SOLR	19	XYREM SOLN	175	ZANAFLEX CAPS 6 MG (Use tizanidine hcl)	163
XOLAIR SOSY	19	XYWAV	175	ZANAFLEX CAPS 8 MG	163
XOLREMDI	118	YASMIN 28 (Use drospirenone-ethinyl estradiol)	78	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	163
XOPENEX HFA (Use levalbuterol tartrate)	22	YAZ (Use drospirenone-ethinyl estradiol)	78	ZARONTIN CAPS (Use ethosuximide)	29
XOSPATA	59	YCANTH SOLN	92	ZARONTIN SOLN (Use ethosuximide)	29
XPHOZAH	102	YESCARTA	56	ZARXIO	117
XPOVIO (100 MG ONCE WEEKLY) 50 MG	57	YESINTEK SOLN 45 MG/0.5ML ..	87	ZAVESCA (Use miglustat)	115
XPOVIO (40 MG ONCE WEEKLY) 57		YESINTEK SOSY	87	ZAVZPRET	150
XPOVIO (40 MG TWICE WEEKLY) 40 MG	57	YEZTUGO SOLN 463.5 MG/1.5ML 67		ZEGALOGUE SOAJ	35
XPOVIO (60 MG ONCE WEEKLY) 60 MG	57	YEZTUGO TABS PO 300 MG	67	ZEGALOGUE SOSY	35
XPOVIO (60 MG TWICE WEEKLY) 57		YF-VAX SUSR	191	ZEJULA CAPS	59
XPOVIO (80 MG ONCE WEEKLY) 40 MG	57	YONSA	57	ZEJULA TABS	59
XPOVIO (80 MG TWICE WEEKLY) 57		YORVIPATH	102	ZELBORAF	59
XROMI SOLN PO 100 MG/ML ...	115	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	7	ZELSUVMI GEL EX 10.3 %	87
XTANDI CAPS	57	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	7	ZEMAIRA SOLR	180
XTANDI TABS	57	YUFLYMA (2 PEN) AJKT	7	ZEMBRACE SYMTOUCH SOAJ ..	152
		YUFLYMA (2 SYRINGE) PSKT	7	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000	
		YUFLYMA-CD/UC/HS STARTER AJKT	7		

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 UNIT95	ZIEXTENZO117	ZOLGENSMA 11.1-11.5 KG166
ZEPATIER68	ZILBRYSQ 113	ZOLGENSMA 11.6-12.0 KG166
ZEPBOUND SOAJ2	zileuton TB12 20	ZOLGENSMA 12.1-12.5 KG166
ZEPBOUND SOLN2	ZILRETTA SRER 80	ZOLGENSMA 12.6-13.0 KG166
ZEPOSIA 7-DAY STARTER PACK CPPK 178	ZIMHI SOSY 41	ZOLGENSMA 13.1-13.5 KG166
ZEPOSIA CAPS 178	ZIOPTAN (Use tafluprost) 173	ZOLGENSMA 13.6-14.0 KG166
ZEPOSIA STARTER KIT CPPK ..178	ziprasidone hcl 62	ZOLGENSMA 14.1-14.5 KG166
ZERVIAE 172	ziprasidone mesylate62	ZOLGENSMA 14.6-15.0 KG166
ZESTORETIC (Use lisinopril & hydrochlorothiazide) 51	ZIRGAN GEL 170	ZOLGENSMA 15.1-15.5 KG166
ZESTRIL TABS (Use lisinopril)48	ZITHROMAX PACK 121	ZOLGENSMA 15.6-16.0 KG167
ZETIA (Use ezetimibe)47	ZITHROMAX SUSR (Use azithromycin) 121	ZOLGENSMA 16.1-16.5 KG167
ZEVASKYN (UP TO 12 SHEETS) SHEE EX93	ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin) 121	ZOLGENSMA 16.6-17.0 KG167
ZEVRX INSULIN SYRINGE 141	ZITHROMAX TRI-PAK TABS (Use azithromycin) 121	ZOLGENSMA 17.1-17.5 KG167
ZEVRX PEN NEEDLES 141	ZITHROMAX Z-PAK TABS (Use azithromycin) 121	ZOLGENSMA 17.6-18.0 KG167
ZEVRX STERILE ALCOHOL PREP PAD 134	ZITUVIMET TABS 34	ZOLGENSMA 18.1-18.5 KG167
ZEVRX TWIST TOP LANCETS 30G 133	ZITUVIMET XR TB2434	ZOLGENSMA 18.6-19.0 KG167
ZIAGEN SOLN (Use abacavir sulfate) 67	ZITUVIO36	ZOLGENSMA 19.1-19.5 KG167
ZIAGEN TABS (Use abacavir sulfate)67	ZMA CLEAR SUSP83	ZOLGENSMA 19.6-20.0 KG167
zidovudine CAPS 67	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)47	ZOLGENSMA 2.6-3.0 KG167
zidovudine SYRP 67	ZOKINVY156	ZOLGENSMA 2.6-3.0 KG167
zidovudine TABS67	zoledronic acid CONC98	ZOLGENSMA 2.6-3.0 KG167
	zoledronic acid SOLN 5 MG/100ML 98	ZOLGENSMA 2.6-3.0 KG167
	ZOLEDRONIC ACID SOLN98	ZOLGENSMA 2.6-3.0 KG167
	ZOLGENSMA 20.6-21.0 KG166	ZOLGENSMA 2.6-3.0 KG167
	ZOLGENSMA 10.1-10.5 KG166	ZOLGENSMA 2.6-3.0 KG167
	ZOLGENSMA 10.6-11.0 KG166	ZOLGENSMA 2.6-3.0 KG167
		ZOLGENSMA 2.6-3.0 KG167

ZOLGENSMA 8.1-8.5 KG	167	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	176	ZYVOX SOLN	53
ZOLGENSMA 8.6-9.0 KG	167			ZYVOX SUSR (Use linezolid)	53
ZOLGENSMA 9.1-9.5 KG	167	ZURNAI IJ 1.5 MG/0.5ML	41	ZYVOX TABS (Use linezolid)	53
ZOLGENSMA 9.6-10.0 KG	167	ZURZUVAE 20 MG, 25 MG	30		
ZOLINZA	59	ZURZUVAE 30 MG	30		
zolmitriptan SOLN	152	ZYDELIG	60		
zolmitriptan TABS	152	ZYFLO TABS	20		
zolmitriptan TBDP	152	ZYKADIA TABS	60		
ZOLOFT CONC (Use sertraline hcl) 31		ZYLET	172		
ZOLOFT TABS (Use sertraline hcl) 31		ZYMAXID (Use gatifloxacin (ophth)) . 170			
ZOLOFT TABS 25 MG (Use sertraline hcl)	31	ZYMFENTRA (1 PEN) AJKT	108		
ZOLPIDEM TARTRATE CAPS ...	119	ZYMFENTRA (2 PEN) AJKT	108		
zolpidem tartrate SUBL	120	ZYMFENTRA (2 SYRINGE) PSKT 108			
zolpidem tartrate TABS	120	ZYNTEGLO	116		
zolpidem tartrate TBCR	120	ZYPITAMAG 2 MG, 4 MG	47		
ZOMACTON SOLR SC	99	ZYPREXA RELPREVV	64		
ZOMIG SOLN (Use zolmitriptan) .	152	ZYPREXA SOLR (Use olanzapine) 64			
ZONALON (Use doxepin hcl (antipruritic))	85	ZYPREXA TABS (Use olanzapine) 64			
ZONISADE SUSP	28	ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (Use olanzapine)	64		
zonisamide CAPS	28	ZYPREXA ZYDIS TBDP (Use olanzapine)	64		
ZORTRESS (Use everolimus (immunosuppressant))	156	ZYRTEC ALLERGY TABS (Use cetirizine hcl)	45		
ZORYVE CREA EX	92	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	45		
ZORYVE FOAM EX	92				
ZOSYN	174	ZYTIGA (Use abiraterone acetate) 57			
ZTALMY	28				
ZTLIDO PTCH	92	ZYVOX SOLN (Use linezolid)	53		
ZUBSOLV SUBL	15				