

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](http://CoverMyMeds.com). 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 CP24 5 MG, 10 MG</i>	1	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
Amphetamines			<i>dextroamphetamine sulfate CP24 15 MG</i>	1	SON; QL(4 EA daily); 4 max fill(s) per 30 day(s) retail
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	2	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	<i>dextroamphetamine sulfate SOLN</i>	NP	SON; 4 max fill(s) per 30 day(s) retail
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	NP	SON; 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 (<i>amphetamine</i>)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	<i>dextroamphetamine sulfate TABS</i>	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
<i>amphetamine sulfate TABS</i>	NP	SON; 4 max fill(s) per 30 day(s) retail	DYANAVEL XR SUER	NP	SON; QL(8 ML daily); 4 max fill(s) per 30 day(s) retail
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	DYANAVEL XR TBCR	NP	SON; 4 max fill(s) per 30 day(s) retail
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	EVEKEO TABS (<i>amphetamine sulfate</i>)	NF	SON; 4 max fill(s) per 30 day(s) retail
<i>amphetamine-dextroamphetamine TABS</i>	1	SON; 4 max fill(s) per 30 day(s) retail	EVEKEO TABS (<i>amphetamine sulfate</i>)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP	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
DEXEDRINE CP24 10 MG (<i>dextroamphetamine sulfate</i>)	NP	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA	<i>lisdexamfetamine dimesylate CAPS</i>	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
DEXEDRINE CP24 15 MG (<i>dextroamphetamine sulfate</i>)	NP	SON; QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; PA	<i>lisdexamfetamine dimesylate CHEW</i>	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
			<i>methamphetamine hcl</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYDAYIS CP24 (amphetamine-dextroamphetamine)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	guanfacine hcl (adhd)	1	SON; 2 max fill(s) per 30 day(s) retail
VYVANSE CAPS	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	guanfacine hcl (adhd)	1	2 max fill(s) per 30 day(s) retail
VYVANSE CHEW	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	INTUNIV (guanfacine hcl (adhd))	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
XELSTRYM	NP	SON; 4 max fill(s) per 30 day(s) retail; PA	KAPVAY TB12 (clonidine hcl (adhd))	NF	SON; 2 max fill(s) per 30 day(s) retail
Analeptics			ONYDA XR SUER	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
caffeine citrate SOLN PO	1	QL(45 ML per fill retail)	QELBREE 100 MG, 150 MG	2	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Anti-Obesity Agents			QELBREE 200 MG	2	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
liraglutide (weight management) 18 MG/3ML	CO		STRATTERA (atomoxetine hcl)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
SAXENDA 18 MG/3ML (liraglutide (weight management))	CO		Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
WEGOVY	CO	2 max fill(s) per 30 day(s) retail	SUNOSI	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZEPBOUND SOAJ	CO		Histamine H3-Receptor Antagonist/Inverse Agonists		
ZEPBOUND SOLN	CO		WAKIX	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZEPBOUND SOLN	CO	2 max fill(s) per 30 day(s) retail	Stimulants - Misc.		
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents					
atomoxetine hcl	1	SON; 2 max fill(s) per 30 day(s) retail			
atomoxetine hcl	1	2 max fill(s) per 30 day(s) retail			
clonidine hcl (adhd) TB12	1	SON; 2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR CP24 (methylphenidate hcl)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	FOCALIN TABS 2.5 MG, 10 MG (dexmethylphenidate hcl)	NF	SON; 4 max fill(s) per 30 day(s) retail
armodafinil	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FOCALIN TABS (dexmethylphenidate hcl)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
AZSTARYS	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	FOCALIN TABS 5 MG (dexmethylphenidate hcl)	NP	4 max fill(s) per 30 day(s) retail; PA
CONCERTA TBCR (methylphenidate hcl)	2	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	JORNAY PM CP24	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
COTEMPLA XR-ODT TBED	NP	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA	METHYLIN SOLN (methylphenidate hcl)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
DAYTRANA PTCH (methylphenidate)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	methylphenidate hcl CHEW	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
dexmethylphenidate hcl CP24	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	methylphenidate hcl CP24	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
dexmethylphenidate hcl TABS	1	SON; 4 max fill(s) per 30 day(s) retail	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 (dexmethylphenidate hcl)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	methylphenidate hcl CPCR	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 30 MG, 35 MG (dexmethylphenidate hcl)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	methylphenidate hcl SOLN	1	SON; 4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 15 MG, 20 MG, 40 MG (dexmethylphenidate hcl)	NF	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	methylphenidate hcl TABS	1	SON; 4 max fill(s) per 30 day(s) retail
			methylphenidate hcl TB24	1	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
			methylphenidate hcl TBCR 72 MG	NP	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl</i> <i>TBCR 10 MG, 20 MG</i>	1	SON; QL(3 EA daily); 4 max fill(s) per 30 day(s) retail	PROVIGIL 100 MG (<i>modafinil</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl</i> <i>TBCR 45 MG, 63 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail	QUILLICHEW ER CHER	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl</i> <i>TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	QUILLIVANT XR SRER	NP	SON; QL(12 ML daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate PTCH</i>	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail
<i>modafinil 200 MG</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
<i>modafinil 100 MG</i>	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RELEXXII TBCR 72 MG	NP	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
NUVIGIL (<i>armodafinil</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
NUVIGIL (<i>armodafinil</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RITALIN TABS 5 MG (<i>methylphenidate hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
PROVIGIL 100 MG (<i>modafinil</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RITALIN TABS (<i>methylphenidate hcl</i>)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
PROVIGIL 200 MG (<i>modafinil</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
PROVIGIL 200 MG (<i>modafinil</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Allergenic Extracts		
			GRASTEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
			ODACTRA SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
AMEBICIDES		
Amebicides		

Drug Name	Drug Tier	Requirements/ Limits
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	NP	QL(8.4 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
BETHKIS NEBU (<i>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>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	NP	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP
TOBI NEBU (<i>tobramycin</i>)	NP	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	
<i>tobramycin sulfate SOLR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>	1	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP	Anti-TNF-alpha - Monoclonal Antibodies		
<i>tobramycin NEBU</i>	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP	ABRILADA (1 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ABRILADA (2 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Antirheumatic - Enzyme Inhibitors			ABRILADA (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
OLUMIANT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF (2 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; PA
RINVOQ LQ SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; PA
RINVOQ TB24	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	2 max fill(s) per 30 day(s) retail; PA
XELJANZ XR TB24	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	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-AATY (1 PEN) AJKT 80 MG/0.8ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ TABS	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
Antirheumatic Antimetabolites			ADALIMUMAB-AATY (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; PA
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	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA (2 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ SOAJ	NP	2 max fill(s) per 30 day(s) retail; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
HYRIMOZ SOSY 20 MG/0.2ML	NP	2 max fill(s) per 30 day(s) retail; PA	YUSIMRY	NP	2 max fill(s) per 30 day(s) retail; PA
IDACIO (2 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; PA	Gold Compounds		
IDACIO (2 SYRINGE) PSKT	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; PA	Interleukin-1 Blockers		
SIMLANDI (1 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ARCALYST	NP	2 max fill(s) per 30 day(s) retail; SP; PA
SIMLANDI (2 PEN) AJKT	NP	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	NP	2 max fill(s) per 30 day(s) retail; SP; PA	KINERET SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI ARIA SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Interleukin-1beta Blockers		
SIMPONI SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ILARIS SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Interleukin-6 Receptor Inhibitors		
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ACTEMRA ACTPEN SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	NP	2 max fill(s) per 30 day(s) retail; PA	ACTEMRA SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
			ACTEMRA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
			AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>fenoprofen calcium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>ibuprofen TABS 300 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA	NALFON TABS 600 MG	NP	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>naproxen sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>indomethacin CPCR</i>	NP	2 max fill(s) per 30 day(s) retail	NAPRELAN TB24 500 MG (<i>naproxen sodium</i>)	NF	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>naproxen</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>indomethacin SUSP</i>	NP	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>ibuprofen</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	2 max fill(s) per 30 day(s) retail
<i>ketoprofen CAPS 25 MG</i>	NP	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TB24 750 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>ketoprofen CP24</i>	NP	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TB24 375 MG, 500 MG</i>	NP	2 max fill(s) per 30 day(s) retail
<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>	NP	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>	NP	2 max fill(s) per 30 day(s) retail; PA
LURBIRO TABS 100 MG (<i>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>	NP	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>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>oxaprozin TABS</i>	NP	2 max fill(s) per 30 day(s) retail
<i>meloxicam CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>piroxicam CAPS</i>	NP	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	NP	2 max fill(s) per 30 day(s) retail
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>sulindac TABS</i>	1	2 max fill(s) per 30 day(s) retail
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>tolmetin sodium CAPS</i>	NP	2 max fill(s) per 30 day(s) retail
			<i>tolmetin sodium TABS 600 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tolmetin sodium TABS 600 MG</i>	NP	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 (<i>naproxen-esomeprazole magnesium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	ENBREL SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
VIMOVO 375 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>)	NF	2 max fill(s) per 30 day(s) retail	ENBREL SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
VYSCOXIA PO 10 MG/ML	NP	2 max fill(s) per 30 day(s) retail; PA	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Phosphodiesterase 4 (PDE4) Inhibitors			Analgesic Combinations		
OTEZLA XR TB24 PO 75 MG	NP	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>	NP	2 max fill(s) per 30 day(s) retail
OTEZLA/OTEZLA XR INITIATION PK TBPk	NP	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 TABS	2	2 max fill(s) per 30 day(s) retail; SP; PA	BUTALBITAL-APAP-CAFFEINE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
OTEZLA TBPk	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>butalbital-aspirin-caffeine CAPS</i>	NP	2 max fill(s) per 30 day(s) retail
Pyrimidine Synthesis Inhibitors			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ARAVA (<i>leflunomide</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>leflunomide</i>	1	2 max fill(s) per 30 day(s) retail	Analgesics - Sodium Channel Pain Signal Inhibitors		
Selective Costimulation Modulators			JOURNAVX	NP	2 max fill(s) per 30 day(s) retail; PA
ORENCIA CLICKJECT SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Analgesics Other		
ORENCIA SOLR	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acetaminophen CHEW</i>	1	2 max fill(s) per 30 day(s) retail
ORENCIA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acetaminophen LIQD 160 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
Soluble Tumor Necrosis Factor Receptor Agents			<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
ENBREL MINI SOCT	NP	2 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	2 max fill(s) per 30 day(s) retail	DOLOBID TABS	NP	2 max fill(s) per 30 day(s) retail; PA
<i>acetaminophen SUSP 160 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail	ECOTRIN TBEC (<i>aspirin</i>)	NF	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>salsalate</i>	NP	2 max fill(s) per 30 day(s) retail
<i>acetaminophen TABS 325 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen TBCR</i>	1	2 max fill(s) per 30 day(s) retail	Opioid Agonists		
FEVERALL JUNIOR STRENGTH SUPP	1	2 max fill(s) per 30 day(s) retail	ACTIQ LPOP 400 MCG (<i>fentanyl citrate</i>)	NF	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	NF	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 8 HOUR TBCR (<i>acetaminophen</i>)	NF	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 CHEWABLES CHEW (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	CONZIP CP24 (<i>tramadol hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	DEMEROL SOLN IJ (<i>meperidine hcl</i>)	NF	
TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
TYLENOL FOR CHILDREN + ADULTS SUSP (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>fentanyl citrate LPOP 200 MCG, 1200 MCG</i>	NP	4 max fill(s) per 30 day(s) retail; PA
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NF	2 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	
Salicylates			<i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>aspirin CHEW</i>	1	2 max fill(s) per 30 day(s) retail	<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	4 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>aspirin TBEC 81 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail			
<i>diflunisal TABS</i>	NP	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 TBSO</i>	NP	4 max fill(s) per 30 day(s) retail; PA
FENTORA TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	4 max fill(s) per 30 day(s) retail	METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
FENTORA TABS 100 MCG (<i>fentanyl citrate</i>)	NF		METHADOSE CONC (<i>methadone hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocodone bitartrate CP12</i>	NP	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate beads</i>	NP	4 max fill(s) per 30 day(s) retail
<i>hydrocodone bitartrate T24A</i>	NP	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>	NP	4 max fill(s) per 30 day(s) retail
<i>hydromorphone hcl LIQD</i>	NP	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML</i>	NP	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 SUPP</i>	1	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 TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>hydromorphone hcl TB24</i>	NP	4 max fill(s) per 30 day(s) retail	<i>morphine sulfate TBCR</i>	1	4 max fill(s) per 30 day(s) retail
HYSINGLA ER T24A	NP	4 max fill(s) per 30 day(s) retail; PA	MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>levorphanol tartrate TABS</i>	NP	4 max fill(s) per 30 day(s) retail	<i>oxycodone hcl CAPS</i>	NP	4 max fill(s) per 30 day(s) retail
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	NP	4 max fill(s) per 30 day(s) retail	<i>oxycodone hcl CONC 100 MG/5ML</i>	NP	4 max fill(s) per 30 day(s) retail
<i>meperidine hcl TABS 50 MG</i>	NP	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>methadone hcl CONC</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	4 max fill(s) per 30 day(s) retail
METHADONE HCL POWD	NP		<i>oxycodone hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>methadone hcl SOLN PO</i>	NP	4 max fill(s) per 30 day(s) retail; PA	OXYCONTIN T12A	NP	4 max fill(s) per 30 day(s) retail; PA
<i>methadone hcl SOLN IJ 10 MG/ML</i>	NP		<i>oxymorphone hcl TABS</i>	NP	4 max fill(s) per 30 day(s) retail
METHADONE HCL SOLN IJ (<i>methadone hcl</i>)	NP		<i>oxymorphone hcl TB12</i>	NP	4 max fill(s) per 30 day(s) retail
<i>methadone hcl TABS</i>	NP	4 max fill(s) per 30 day(s) retail; PA	QDOLO SOLN (<i>tramadol hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	4 max fill(s) per 30 day(s) retail
ROXYBOND TABA	NP	4 max fill(s) per 30 day(s) retail; PA	APADAZ	NP	4 max fill(s) per 30 day(s) retail; PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	4 max fill(s) per 30 day(s) retail	BENZHYDROCODONE-ACETAMINOPHEN	NP	4 max fill(s) per 30 day(s) retail
<i>tramadol hcl SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	4 max fill(s) per 30 day(s) retail
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	<i>butalbital-aspirin-caffeine w/cod</i>	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
<i>tramadol hcl TABS 100 MG</i>	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	<i>butalbital-aspirin-caffeine w/cod</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<i>tramadol hcl TABS 50 MG</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>tramadol hcl TABS 25 MG</i>	NP	2 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	<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 hcl TABS 75 MG</i>	2	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	<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
<i>tramadol hcl TB24</i>	1	4 max fill(s) per 30 day(s) retail	<i>hydrocodone-acetaminophen SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>tramadol hcl TB24</i>	NP	4 max fill(s) per 30 day(s) retail	<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 Combinations			<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
<i>acetaminophen w/ codeine SOLN</i>	1	4 max fill(s) per 30 day(s) retail			
<i>acetaminophen w/ codeine TABS</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 21 yrs old)			
<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			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	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	<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	2 max fill(s) per 30 day(s) retail; ST; MP
AVEED SOLN	NP	2 max fill(s) per 30 day(s) retail; ST; MP	<i>testosterone GEL TD 1.62 %, 1.62 %</i>	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	NP	2 max fill(s) per 30 day(s) retail; ST; MP	<i>testosterone SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>danazol CAPS</i>	1	2 max fill(s) per 30 day(s) retail	TLANDO CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
FORTESTA GEL TD (<i>testosterone</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	UNDECATREX CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
JATENZO CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>methyltestosterone CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VOGELXO GEL TD (<i>testosterone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>methyltestosterone TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	XYOSTED SOAJ	NP	2 max fill(s) per 30 day(s) retail; ST; MP
NATESTO GEL NA	NP	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 (<i>testosterone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Intrarectal Steroids		
<i>testosterone cypionate SOLN IM</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>budesonide (intrarectal)</i>	1	4 max fill(s) per 30 day(s) retail
<i>testosterone cypionate SOLN IM</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>testosterone enanthate SOLN IM</i>	NP	2 max fill(s) per 30 day(s) retail; ST; MP	CORTIFOAM EX 10 %	NP	4 max fill(s) per 30 day(s) retail
<i>testosterone GEL TD 1 %</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydrocortisone (intrarectal)</i>	1	4 max fill(s) per 30 day(s) retail
			Rectal Combinations		
			<i>hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROCTOFOAM HC FOAM EX	2	4 max fill(s) per 30 day(s) retail	TUMS EXTRA STRENGTH 750 CHEW (<i>calcium carbonate antacid</i>))	NF	2 max fill(s) per 30 day(s) retail; MP
Rectal Steroids			TUMS EXTRA STRENGTH CHEW (<i>calcium carbonate antacid</i>))	NF	2 max fill(s) per 30 day(s) retail; MP
<i>hydrocortisone (rectal) EX 2.5 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA	TUMS LASTING EFFECTS CHEW (<i>calcium carbonate antacid</i>))	NF	2 max fill(s) per 30 day(s) retail; MP
<i>hydrocortisone (rectal) EX</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC	TUMS SMOOTHIES CHEW (<i>calcium carbonate antacid</i>))	NF	2 max fill(s) per 30 day(s) retail; MP
<i>hydrocortisone acetate (rectal)</i>	1	4 max fill(s) per 30 day(s) retail	TUMS ULTRA 1000 CHEW (<i>calcium carbonate antacid</i>))	NF	2 max fill(s) per 30 day(s) retail; MP
Vasodilating Agents			ANTHELMINTICS - Drugs to Treat Worm Infections		
<i>nitroglycerin (intra-anal)</i>	1	2 max fill(s) per 30 day(s) retail; PA	Anthelmintics		
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>albendazole</i>	1	2 max fill(s) per 30 day(s) retail
ANTACIDS			BENZNIDAZOLE	NP	2 max fill(s) per 30 day(s) retail; PA
Antacid Combinations			BILTRICIDE (<i>praziquantel</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	1	2 max fill(s) per 30 day(s) retail; MP	EMVERM CHEW	NP	2 max fill(s) per 30 day(s) retail; PA
<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>ivermectin</i>	NP	2 max fill(s) per 30 day(s) retail; PA
MAG-AL LIQD	2	2 max fill(s) per 30 day(s) retail; MP	<i>ivermectin</i>	1	2 max fill(s) per 30 day(s) retail
Antacids - Calcium Salts			<i>praziquantel</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	STROMECTOL (<i>ivermectin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
CALCIUM CARBONATE ANTACID SUSP	1	2 max fill(s) per 30 day(s) retail; MP	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
CALCIUM CARBONATE ANTACID TABS	1	2 max fill(s) per 30 day(s) retail; MP			
TUMS E-X 750 CHEW (<i>calcium carbonate antacid</i>))	NF	2 max fill(s) per 30 day(s) retail; MP			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM INTENSOL CONC	NP	SON; 2 max fill(s) per 30 day(s) retail	<i>lorazepam</i> TABS	1	2 max fill(s) per 30 day(s) retail
<i>alprazolam</i> TABS	1	SON; 2 max fill(s) per 30 day(s) retail	LOREEV XR CS24	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
<i>alprazolam</i> TB24	NP	SON; 2 max fill(s) per 30 day(s) retail	<i>oxazepam</i> CAPS	NP	SON; 2 max fill(s) per 30 day(s) retail
<i>alprazolam</i> TBDP	NP	SON; 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 0.5 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail
ATIVAN SOLN (<i>lorazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	XANAX XR TB24 (<i>alprazolam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
<i>chlordiazepoxide hcl</i> CAPS	1	SON; 2 max fill(s) per 30 day(s) retail	XANAX TABS (<i>alprazolam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
<i>clorazepate dipotassium</i> TABS	NP	SON; 2 max fill(s) per 30 day(s) retail	XANAX TABS (<i>alprazolam</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>diazepam</i> CONC	1	SON; 2 max fill(s) per 30 day(s) retail	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>diazepam</i> SOLN IJ 5 MG/ML, 10 MG/2ML	1	SON; 2 max fill(s) per 30 day(s) retail; PA	Antiarrhythmics - Misc.		
<i>diazepam</i> SOLN PO 5 MG/5ML	1	SON; 2 max fill(s) per 30 day(s) retail	<i>adenosine</i> SOLN	1	PA
<i>diazepam</i> TABS	1	SON; 2 max fill(s) per 30 day(s) retail	Antiarrhythmics Type I-A		
<i>lorazepam</i> CONC	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	<i>disopyramide phosphate</i> CAPS	1	2 max fill(s) per 30 day(s) retail; MP
<i>lorazepam</i> CONC	1	SON; 2 max fill(s) per 30 day(s) retail	NORPACE CR CP12	NP	2 max fill(s) per 30 day(s) retail; MP
<i>lorazepam</i> SOLN	1	SON; 2 max fill(s) per 30 day(s) retail; PA	NORPACE CAPS (<i>disopyramide phosphate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lorazepam</i> TABS	1	SON; 2 max fill(s) per 30 day(s) retail	<i>quinidine gluconate</i> TBCR	1	2 max fill(s) per 30 day(s) retail; MP
			<i>quinidine sulfate</i> TABS	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
			Antiarrhythmics Type I-B		

Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propafenone hcl CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propafenone hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amiodarone hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
CORVERT (<i>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	NP	2 max fill(s) per 30 day(s) retail; MP
TIKOSYN (<i>dofetilide</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TIKOSYN (<i>dofetilide</i>)	NF	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
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	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOLR	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TEZSPIRE SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TEZSPIRE SOSY	NP	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	NP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	2	2 max fill(s) per 30 day(s) retail; MP	Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
SPIRIVA RESPIMAT AERS IN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	OHTUVAYRE	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tiotropium bromide</i> CAPS IN 18 MCG	1	2 max fill(s) per 30 day(s) retail; MP	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
TUDORZA PRESSAIR	NP	2 max fill(s) per 30 day(s) retail; MP	DALIRESP (<i>roflumilast</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
YUPELRI	NP	2 max fill(s) per 30 day(s) retail; MP	<i>roflumilast</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Leukotriene Modulators			Steroid Inhalants		
ACCOLATE (<i>zafirlukast</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ALVESCO	NP	2 max fill(s) per 30 day(s) retail; MP
ACCOLATE (<i>zafirlukast</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i> (inhalation))	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>montelukast sodium</i> CHEW	1	2 max fill(s) per 30 day(s) retail; MP	ASMANEX (120 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
<i>montelukast sodium</i> PACK	1	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
<i>montelukast sodium</i> TABS	1	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
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ASMANEX (60 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ASMANEX HFA AERO	NP	2 max fill(s) per 30 day(s) retail; MP
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>budesonide</i> (inhalation) SUSP	1	2 max fill(s) per 30 day(s) retail; MP
<i>zafirlukast</i>	1	2 max fill(s) per 30 day(s) retail; MP	FLOVENT DISKUS AEPB (<i>fluticasone propionate</i> (inhalation))	NF	2 max fill(s) per 30 day(s) retail; MP
<i>zileuton</i> TB12	NP	2 max fill(s) per 30 day(s) retail; MP			
ZYFLO TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA (<i>fluticasone propionate hfa</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>albuterol sulfate AERS</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	2 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
<i>fluticasone propionate (inhalation) AEPB</i>	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 propionate hfa</i>	2	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
PULMICORT FLEXHALER AEPB	2	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
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA
QVAR REDHALER	NP	2 max fill(s) per 30 day(s) retail; MP	<i>arformoterol tartrate</i>	NP	4 max fill(s) per 30 day(s) retail; MP
Sympathomimetics			BEVESPI AEROSPHERE	NP	2 max fill(s) per 30 day(s) retail; MP
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	BREO ELLIPTA	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BREZTRI AEROSPHERE	NP	2 max fill(s) per 30 day(s) retail; MP
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BROVANA (<i>arformoterol tartrate</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BROVANA (<i>arformoterol tartrate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP	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	NP	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
			DUAKLIR PRESSAIR	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DULERA	2	2 max fill(s) per 30 day(s) retail; MP	SYMBICORT (budesonide-formoterol fumarate dihydrate)	2	2 max fill(s) per 30 day(s) retail; MP
fluticasone furoate-vilanterol	NP	2 max fill(s) per 30 day(s) retail; MP	terbutaline sulfate SOLN	1	4 max fill(s) per 30 day(s) retail; MP; PA
fluticasone-salmeterol AEPB	NP	2 max fill(s) per 30 day(s) retail; MP; PA	terbutaline sulfate TABS	NP	4 max fill(s) per 30 day(s) retail; MP
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	2 max fill(s) per 30 day(s) retail; MP	TRELEGY ELLIPTA	NP	2 max fill(s) per 30 day(s) retail; MP
fluticasone-salmeterol AERO	2	2 max fill(s) per 30 day(s) retail; MP	umeclidinium-vilanterol	2	2 max fill(s) per 30 day(s) retail; MP; PA
formoterol fumarate NEBU	NP	4 max fill(s) per 30 day(s) retail; MP	VENTOLIN HFA AERS (albuterol sulfate)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
ipratropium-albuterol SOLN	1	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (levalbuterol tartrate)	NF	4 max fill(s) per 30 day(s) retail; MP
levalbuterol hcl	NP	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (levalbuterol tartrate)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
levalbuterol tartrate	NP	4 max fill(s) per 30 day(s) retail; MP	Xanthines		
PERFOROMIST NEBU (formoterol fumarate)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	AMINOPHYLLINE SOLN 25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
PROAIR RESPICLICK AEPB	NP	4 max fill(s) per 30 day(s) retail; MP	THEO-24 CP24	2	2 max fill(s) per 30 day(s) retail; MP
PROVENTIL HFA AERS (albuterol sulfate)	NF	4 max fill(s) per 30 day(s) retail; MP	theophylline ELIX	1	2 max fill(s) per 30 day(s) retail; MP
SEREVENT DISKUS	2	4 max fill(s) per 30 day(s) retail; MP	theophylline SOLN	1	2 max fill(s) per 30 day(s) retail; MP
STIOLTO RESPIMAT	2	2 max fill(s) per 30 day(s) retail; MP	theophylline TB12 300 MG, 450 MG	1	2 max fill(s) per 30 day(s) retail; MP
STRIVERDI RESPIMAT	NP	4 max fill(s) per 30 day(s) retail; MP	theophylline TB24	1	2 max fill(s) per 30 day(s) retail; MP
			ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	2 max fill(s) per 30 day(s) retail
Direct Factor Xa Inhibitors			<i>enoxaparin sodium SOSY</i>	1	2 max fill(s) per 30 day(s) retail
ELIQUIS (1.5 MG PACK) TBSO PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fondaparinux sodium</i>	NP	2 max fill(s) per 30 day(s) retail
ELIQUIS (2 MG PACK) TBSO PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	2 max fill(s) per 30 day(s) retail
ELIQUIS DVT/PE STARTER PACK TBPB	2	2 max fill(s) per 30 day(s) retail; MP	FRAGMIN SOSY	NP	2 max fill(s) per 30 day(s) retail
ELIQUIS CPSP PO 0.15 MG	NP	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>heparin (porcine) in sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; PA
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	2	2 max fill(s) per 30 day(s) retail; PA
ELIQUIS TBSO PO 0.5 MG	NP	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 (<i>heparin (porcine) in sodium chloride</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	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	1	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</i>	2	2 max fill(s) per 30 day(s) retail; PA
SAVAYSA	NP	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
XARELTO STARTER PACK TBPB	2	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 SUSR 1 MG/ML (<i>rivaroxaban</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>heparin sodium (porcine) lock flush 10 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			
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	2 max fill(s) per 30 day(s) retail; MP			
Heparins And Heparinoid-Like Agents					
ARIXTRA (<i>fondaparinux sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SODIUM (PORCINE) PF SOLN IJ	2	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
<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	Anticonvulsants - Benzodiazepines		
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	2 max fill(s) per 30 day(s) retail; PA	<i>clobazam SUSP</i>	1	SON; QL(16 ML daily); 2 max fill(s) per 30 day(s) retail
HEPARIN SODIUM (PORCINE) SOSY IJ	2	2 max fill(s) per 30 day(s) retail; PA	<i>clobazam TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>clobazam TABS</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
LOVENOX SOSY (<i>enoxaparin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>clonazepam TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail
Thrombin Inhibitors			<i>clonazepam TBDP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
<i>dabigatran etexilate mesylate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	2	2 max fill(s) per 30 day(s) retail; MP	DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
PRADAXA PACK	NP	2 max fill(s) per 30 day(s) retail; MP; PA	KLONOPIN TABS 1 MG (<i>clonazepam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail
ANTICONVULSANTS - Drugs to Treat Seizures			KLONOPIN TABS (<i>clonazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
AMPA Glutamate Receptor Antagonists					
FYCOMPA SUSP	2	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA			
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	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
LIBERVANT FILM	NP	SON; 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	BANZEL SUSP (<i>rufinamide</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
NAYZILAM	NP	SON; 2 max fill(s) per 30 day(s) retail; MP	BANZEL TABS (<i>rufinamide</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
ONFI SUSP (<i>clobazam</i>)	NP	SON; QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA	BRIVIACT SOLN PO 10 MG/ML	NP	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ONFI TABS (<i>clobazam</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	BRIVIACT SOLN IV 50 MG/5ML	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
SYMPAZAN FILM	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	BRIVIACT TABS	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VALTOCO 10 MG DOSE LIQD	2	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine CHEW 100 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine CHEW 200 MG</i>	2	SON; 2 max fill(s) per 30 day(s) retail; MP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine CP12</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
VALTOCO 5 MG DOSE LIQD	2	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine SUSP 100 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
Anticonvulsants - Misc.			<i>carbamazepine SUSP</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>carbamazepine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
			<i>carbamazepine TB12</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARBATROL CP12 (carbamazepine)	2	SON; 2 max fill(s) per 30 day(s) retail; MP	KEPPRA XR TB24 (levetiracetam)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
DIACOMIT CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
DIACOMIT PACK	NP	2 max fill(s) per 30 day(s) retail; MP; PA	KEPPRA TABS (levetiracetam)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
ELEPSIA XR TB24	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	lacosamide SOLN IV 200 MG/20ML	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
EPIDIOLEX	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	SON; QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP
EPRONTIA SOLN 25 MG/ML (topiramate)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	lacosamide SOLN IV 200 MG/20ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	lacosamide TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FINTEPLA	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	lacosamide TABS	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
gabapentin CAPS	1	SON; 2 max fill(s) per 30 day(s) retail; MP	LAMICTAL ODT KIT (lamotrigine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
gabapentin CAPS 300 MG	1	2 max fill(s) per 30 day(s) retail; MP	LAMICTAL ODT TBDP (lamotrigine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
gabapentin SOLN	1	SON; 2 max fill(s) per 30 day(s) retail; MP	LAMICTAL STARTER KIT 25 MG (lamotrigine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
gabapentin TABS 600 MG, 800 MG	1	SON; 2 max fill(s) per 30 day(s) retail; MP	LAMICTAL XR KIT	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
GABARONE TABS 100 MG, 400 MG	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	SON; 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
LAMICTAL CHEW (<i>lamotrigine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL TABS (<i>lamotrigine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine CHEW</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>levetiracetam SOLN PO 100 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine KIT 25 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>levetiracetam TABS 500 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TABS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TB24</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine TB24</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LEVETIRACETAM TB3D	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TBDP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA CAPS (<i>pregabalin</i>)	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LEVETIRACETAM IN NACL	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA CAPS 75 MG (<i>pregabalin</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LEVETIRACETAM IN NACL (<i>levetiracetam in sodium chloride</i>)	1	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA SOLN (<i>pregabalin</i>)	NF	SON; QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>levetiracetam in sodium chloride</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA SOLN (<i>pregabalin</i>)	NP	SON; QL(30 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
MOTPOLY XR CP24 100 MG, 150 MG	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>pregabalin CAPS</i>	1	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
MOTPOLY XR CP24 200 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>pregabalin SOLN</i>	1	SON; QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
NEURONTIN CAPS (<i>gabapentin</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>primidone 50 MG, 250 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
NEURONTIN CAPS 400 MG (<i>gabapentin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>primidone 125 MG</i>	2	SON; 2 max fill(s) per 30 day(s) retail; MP
NEURONTIN SOLN (<i>gabapentin</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	QUDEXY XR CS24 (<i>topiramate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN SOLN (<i>gabapentin</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>rufinamide SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN TABS (<i>gabapentin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>rufinamide SUSP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN TABS (<i>gabapentin</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>rufinamide TABS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>oxcarbazepine SUSP</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	SPRITAM TB3D	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>oxcarbazepine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	SPRITAM TB3D	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>oxcarbazepine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	TEGRETOL SUSP (<i>carbamazepine</i>)	2	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>oxcarbazepine TB24</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	TEGRETOL TABS (<i>carbamazepine</i>)	2	SON; 2 max fill(s) per 30 day(s) retail; MP
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL-XR TB12 (carbamazepine)	2	SON; 2 max fill(s) per 30 day(s) retail; MP	TROKENDI XR CP24 (topiramate)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
TOPAMAX SPRINKLE CPSP (topiramate)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
TOPAMAX TABS (topiramate)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	VIMPAT SOLN PO 10 MG/ML (lacosamide)	NP	SON; QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
topiramate CP24	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	VIMPAT SOLN IV 200 MG/20ML (lacosamide)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
topiramate CPSP	1	SON; 2 max fill(s) per 30 day(s) retail; MP	VIMPAT TABS (lacosamide)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
topiramate CPSP 50 MG	2	SON; 2 max fill(s) per 30 day(s) retail; MP	ZONISADE SUSP	2	SON; 2 max fill(s) per 30 day(s) retail; MP
topiramate CS24	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	zonisamide CAPS	1	SON; 2 max fill(s) per 30 day(s) retail; MP
topiramate SOLN 25 MG/ML	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ZTALMY	CO	
topiramate TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP	Carbamates		
TRILEPTAL SUSP (oxcarbazepine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	felbamate SUSP	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
TRILEPTAL TABS (oxcarbazepine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	felbamate TABS 400 MG	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TRILEPTAL TABS (oxcarbazepine)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	felbamate TABS 600 MG	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FELBATOL SUSP (<i>felbamate</i>)	NF	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>vigabatrin</i> TABS	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FELBATOL TABS 600 MG (<i>felbamate</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	VIGAFYDE SOLN	NP	2 max fill(s) per 30 day(s) retail; MP
FELBATOL TABS 400 MG (<i>felbamate</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Hydantoins		
XCOPRI (250 MG DAILY DOSE) TBPk	NP	2 max fill(s) per 30 day(s) retail; MP	CEREBYX (<i>fosphenytoin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
XCOPRI (350 MG DAILY DOSE) TBPk	NP	2 max fill(s) per 30 day(s) retail; MP	DILANTIN (<i>phenytoin sodium extended</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
XCOPRI TABS	NP	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 TBPk	NP	2 max fill(s) per 30 day(s) retail; MP	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
GABA Modulators			DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SABRIL PACK (<i>vigabatrin</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	DILANTIN SUSP (<i>phenytoin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SABRIL TABS (<i>vigabatrin</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>fosphenytoin sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tiagabine hcl</i> 2 MG, 4 MG, 12 MG	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>phenytoin sodium extended</i> 100 MG, 200 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP
<i>tiagabine hcl</i> 16 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>phenytoin sodium extended</i> 200 MG, 300 MG	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>vigabatrin</i> PACK	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>phenytoin sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>phenytoin CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>phenytoin SUSP</i> 125 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP
			Succinimides		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELONTIN (methsuximide)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>divalproex sodium TB24</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>ethosuximide CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>divalproex sodium TBEC</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>ethosuximide SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>methsuximide</i>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>valproic acid CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ZARONTIN CAPS (ethosuximide)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ANTIDEPRESSANTS - Drugs to Treat Depression		
ZARONTIN SOLN (ethosuximide)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Alpha-2 Receptor Antagonists (Tetracyclics)		
Valproic Acid			<i>mirtazapine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
DEPAKOTE ER TB24 250 MG (divalproex sodium)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>mirtazapine TBDP</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
DEPAKOTE ER TB24 (divalproex sodium)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	REMERON SOLTAB TBDP (mirtazapine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	REMERON TABS 15 MG, 30 MG (mirtazapine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
DEPAKOTE TBEC (divalproex sodium)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	Antidepressant Combinations		
DEPAKOTE TBEC 500 MG (divalproex sodium)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	AUVELITY	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>divalproex sodium CSDR</i>	1	2 max fill(s) per 30 day(s) retail; MP	Antidepressants - Misc.		
<i>divalproex sodium CSDR</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>bupropion hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	PAXIL TABS (<i>paroxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluoxetine hcl TABS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluoxetine hcl TABS 60 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluvoxamine maleate CP24</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>sertraline hcl CONC</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluvoxamine maleate TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>sertraline hcl TABS 50 MG, 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>sertraline hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>paroxetine hcl SUSP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>paroxetine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	ZOLOFT TABS (<i>sertraline hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>paroxetine hcl TB24</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ZOLOFT TABS 25 MG (<i>sertraline hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	Serotonin Modulators		
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	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
<i>nefazodone hcl 50 MG, 100 MG, 150 MG, 250 MG</i>	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>desvenlafaxine succinate</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>nefazodone hcl 200 MG</i>	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>desvenlafaxine succinate 50 MG, 100 MG</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
RALDESY SOLN PO 10 MG/ML	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	DRIZALMA SPRINKLE CSDR	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>trazodone hcl TABS 50 MG, 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>duloxetine hcl CPEP</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>trazodone hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
TRINTELLIX	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	FETZIMA TITRATION C4PK	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>vilazodone hcl TABS</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	FETZIMA CP24	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			PRISTIQ (<i>desvenlafaxine succinate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	PRISTIQ 50 MG (<i>desvenlafaxine succinate</i>)	NF	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DESVENLAFAXINE ER	NP	SON; 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
VENLAFAXINE BESYLATE ER	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>doxepin hcl CONC</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>venlafaxine hcl CP24</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>imipramine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>venlafaxine hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>imipramine pamoate</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>venlafaxine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>nortriptyline hcl CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>venlafaxine hcl TB24 225 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>nortriptyline hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
Tricyclic Agents			PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>amitriptyline hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>protriptyline hcl</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>amoxapine</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>trimipramine maleate CAPS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP
ANAFRANIL (<i>clomipramine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>clomipramine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	Alpha-Glucosidase Inhibitors		
<i>desipramine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>acarbose</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>doxepin hcl CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>miglitol</i>	NP	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	NP	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	NP	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	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antidiabetic Combinations			INVOKAMET TABS	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	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	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JANUMET XR TB24 1000 MG-50 MG	NP	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>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JANUMET TABS	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<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 XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<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 TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	KAZANO (<i>alogliptin-metformin hcl</i>)	NP	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>saxagliptin-metformin hcl</i>)	NF	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 (alogliptin-pioglitazone)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRIJARDY XR 1000 MG-5 MG-25 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl- glimepiride	NP	QL(2 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	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl-metformin hcl TABS	NP	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	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	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
saxagliptin-metformin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEGLUROMET	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SITAGLIPT BASE-METFORM HCL ER TB24	NP	2 max fill(s) per 30 day(s) retail; MP; PA	XULTOPHY	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SOLQUA	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ZITUVIMET TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
STEGLUJAN	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Antidiabetic-Antibodies		
			TZIELD	CO	
			Biguanides		
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	metformin hcl SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	metformin hcl TABS 500 MG, 750 MG, 850 MG, 1000 MG	1	2 max fill(s) per 30 day(s) retail; MP
SYNJARDY TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	metformin hcl TABS 625 MG	NP	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, 1000 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	GVOKE HYPOPEN 1-PACK SOAJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	GVOKE HYPOPEN 2-PACK SOAJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA
RIOMET SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	GVOKE KIT SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Diabetic Other			GVOKE PFS SOSY 1 MG/0.2ML	NP	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>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>diazoxide</i>)	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ZEGALOGUE SOAJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>)	2	2 max fill(s) per 30 day(s) retail; MP	ZEGALOGUE SOSY	NP	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>	NP	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	NP	QL(4 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	2	2 max fill(s) per 30 day(s) retail; PA
JANUVIA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>exenatide</i> SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	1	2 max fill(s) per 30 day(s) retail; PA
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>liraglutide</i>	1	2 max fill(s) per 30 day(s) retail; PA
ONGLYZA (<i>saxagliptin hcl</i>)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	MOUNJARO	NP	2 max fill(s) per 30 day(s) retail; PA
<i>saxagliptin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; PA
ZITUVIO	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RYBELSUS TABS	NP	2 max fill(s) per 30 day(s) retail; PA
Dopamine Receptor Agonists - Antidiabetic			TRULICITY	NP	2 max fill(s) per 30 day(s) retail; PA
CYCLOSET	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VICTOZA (<i>liraglutide</i>)	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	2	2 max fill(s) per 30 day(s) retail; PA	ADMELOG SOLN IJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			APIDRA SOLOSTAR SOPN	NP	2 max fill(s) per 30 day(s) retail; MP
			APIDRA SOLN	NP	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	NP	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	NP	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	NP	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	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP
HUMALOG TEMPO PEN SOPN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN DEGLUDEC SOLN	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP
HUMALOG SOLN IJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N RELION SUSP	NP	2 max fill(s) per 30 day(s) retail; MP
KIRSTY SOPN SC 100 UNIT/ML	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N SUSP	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP; PA
LEVEMIR SOLN	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R RELION SOLN IJ	NP	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV KWIKPEN SOPN	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R SOLN IJ	NP	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV TEMPO PEN SOPN	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
LYUMJEV SOLN	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG MIX 70/30 SUSP	NP	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 RELION SUSP	NP	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	NP	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>dapagliflozin propanediol</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
REZVOGLAR KWIKPEN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	INVOKANA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEMGLEE (YFGN) SOLN	NP	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	NP	2 max fill(s) per 30 day(s) retail; MP; PA	STEGLATRO	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TOUJEO MAX SOLOSTAR SOPN	NP	2 max fill(s) per 30 day(s) retail; MP	Sulfonylureas		
TOUJEO SOLOSTAR SOPN	NP	2 max fill(s) per 30 day(s) retail; MP	<i>glimepiride 3 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TRESIBA FLEXTOUCH SOPN	NP	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	NP	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>pioglitazone hcl</i>)	NP	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>glipizide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
Meglitinide Analogues			GLUCOTROL XL TB24 5 MG, 10 MG (<i>glipizide</i>)	NP	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>glyburide micronized</i>)	NF	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	Drug Name	Drug Tier	Requirements/ Limits
to Treat Diarrhea			CHEMET	NP	2 max fill(s) per 30 day(s) retail; PA
Antidiarrheal - Chloride Channel Antagonists			<i>deferasirox PACK</i>	1	2 max fill(s) per 30 day(s) retail; SP
MYTESI	2	2 max fill(s) per 30 day(s) retail; PA	<i>deferasirox TABS</i>	1	2 max fill(s) per 30 day(s) retail; SP
Antidiarrheal/Probiotic Agents - Misc.			<i>deferasirox TBSO</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>bismuth subsalicylate CHEW 262 MG</i>	1	2 max fill(s) per 30 day(s) retail	<i>deferiprone TABS</i>	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>bismuth subsalicylate SUSP 525 MG/30ML</i>	1	2 max fill(s) per 30 day(s) retail	EXJADE TBSO (<i>deferasirox</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>bismuth subsalicylate TABS</i>	1	2 max fill(s) per 30 day(s) retail	FERRIPROX TWICE-A-DAY TABS	NP	2 max fill(s) per 30 day(s) retail; SP; PA
PEPTO BISMOL SUSP 525 MG/30ML (<i>bismuth subsalicylate</i>)	NF	2 max fill(s) per 30 day(s) retail	FERRIPROX SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Antiperistaltic Agents			FERRIPROX TABS (<i>deferiprone</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>diphenoxylate w/ atropine LIQD</i>	NP	2 max fill(s) per 30 day(s) retail	JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>diphenoxylate w/ atropine TABS</i>	NP	2 max fill(s) per 30 day(s) retail	JADENU TABS (<i>deferasirox</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC	Antidotes and Specific Antagonists		
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>deferoxamine mesylate</i>	1	SP
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	DESFERAL 500 MG (<i>deferoxamine mesylate</i>)	NP	SP
<i>loperamide hcl CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; RX/OTC	VISTOGARD	2	
<i>loperamide hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail	Cholinesterase Inhibitors		
MOTOFEN	NP	2 max fill(s) per 30 day(s) retail	PYRIDOSTIGMINE BROMIDE ER TB24 PO 105 MG	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>opium tincture</i>	NP	2 max fill(s) per 30 day(s) retail; PA	Opioid Antagonists		
ANTIDOTES AND SPECIFIC ANTAGONISTS			KLOXXADO LIQD	2	2 max fill(s) per 30 day(s) retail
Antidotes - Chelating Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	<i>ondansetron TBDP 16 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>naloxone hcl SOCT</i>	1	2 max fill(s) per 30 day(s) retail	<i>palonosetron hcl SOLN</i>	NP	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	PALONOSETRON HCL SOLN	NP	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	<i>palonosetron hcl SOSY</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>naltrexone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail	POSFREA SOLN	NP	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	NP	2 max fill(s) per 30 day(s) retail
NARCAN LIQD (<i>naloxone hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	SUSTOL PRSY	NP	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	NP	2 max fill(s) per 30 day(s) retail; PA	ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
VIVITROL	2	SON; 2 max fill(s) per 30 day(s) retail	ANTIVERT TABS 50 MG (<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	NP	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 50 MG</i>	2	2 max fill(s) per 30 day(s) retail
5-HT3 Receptor Antagonists			<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	NP	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>	NP	2 max fill(s) per 30 day(s) retail	TIGAN SOLN	NP	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			
<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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NP	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	MARINOL CAPS 5 MG, 10 MG (<i>dronabinol</i>)	NF	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>trimethobenzamide hcl</i> CAPS	1	2 max fill(s) per 30 day(s) retail	APONVIE EMUL	NP	2 max fill(s) per 30 day(s) retail; PA
Antiemetics - Miscellaneous			<i>aprepitant</i> CAPS	1	2 max fill(s) per 30 day(s) retail
AKYNZEO	NP	2 max fill(s) per 30 day(s) retail; PA	<i>aprepitant</i> CAPS	NP	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	CINVANTI EMUL	NP	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 BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO SOLR	2	2 max fill(s) per 30 day(s) retail; PA	EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
BONJESTA TBCR	NP	2 max fill(s) per 30 day(s) retail; PA	EMEND SOLR (<i>fosaprepitant dimeglumine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	EMEND SUSR	NP	2 max fill(s) per 30 day(s) retail; PA
<i>doxylamine-pyridoxine</i> TBEC	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FOCINVEZ SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
<i>dronabinol</i> CAPS	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>fosaprepitant dimeglumine</i> SOLR	NP	2 max fill(s) per 30 day(s) retail; PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ANTIFUNGALS - Drugs to Treat Fungal Infections		
			Antifungal - Glucan Synthesis Inhibitors		
			BREXAFEMME	NP	2 max fill(s) per 30 day(s) retail; PA
			CANCIDAS (<i>caspofungin acetate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
			<i>caspofungin acetate</i>	1	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CASPOFUNGIN ACETATE	1	4 max fill(s) per 30 day(s) retail; PA	CRESEMBA SOLR	2	4 max fill(s) per 30 day(s) retail; PA
ERAXIS	2	4 max fill(s) per 30 day(s) retail; PA	DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>miconazole sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA	DIFLUCAN SUSR 10 MG/ML (<i>fluconazole</i>)	NF	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>fluconazole</i>)	NF	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	NP	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>amphotericin b liposome</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>itraconazole SOLN</i>	NP	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>	NP	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	NP	2 max fill(s) per 30 day(s) retail; PA
<i>flucytosine</i>	NP	2 max fill(s) per 30 day(s) retail	NOXAFIL SOLN (<i>posaconazole</i>)	NP	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>posaconazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>griseofulvin microsize TABS</i>	NP	2 max fill(s) per 30 day(s) retail	NOXAFIL TBEC (<i>posaconazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>griseofulvin ultramicrosize</i>	NP	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>	NP	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>	NP	2 max fill(s) per 30 day(s) retail
Imidazole-Related Antifungals			SPORANOX CAPS (<i>itraconazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
CRESEMBA CAPS	NP	2 max fill(s) per 30 day(s) retail; PA			

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

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

Drug Name	Drug Tier	Requirements/ Limits
promethazine hcl TABS	1	2 max fill(s) per 30 day(s) retail
Antihistamines - Piperidines		
cycloheptadine hcl SYRP	1	2 max fill(s) per 30 day(s) retail
cycloheptadine hcl TABS	1	2 max fill(s) per 30 day(s) retail
ANTIHYPERLIPIDEMICS - 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
Angiopoietin-like Protein Inhibitors		
EVKEEZA	CO	SP
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	2 max fill(s) per 30 day(s) retail; MP; PA
NEXLIZET	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
VYTORIN (ezetimibe-simvastatin)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
icosapent ethyl 0.5 GM	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LOVAZA (omega-3-acid ethyl esters)	NF	QL(4 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>omega-3-acid ethyl esters</i>	NP	QL(4 EA daily); 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
Bile Acid Sequestrants			<i>colestipol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cholestyramine light PACK</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine light PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP	QUESTRAN PACK (<i>cholestyramine</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine light POWD</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	QUESTRAN POWD (<i>cholestyramine</i>)	NP	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	WELCHOL PACK (<i>colesevelam hcl</i>)	NP	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>colesevelam hcl</i>)	NP	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>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>choline fenofibrate</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>colesevelam hcl TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NF	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>colestipol hcl</i>)	NF	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>colestipol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID PACK (<i>colestipol hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>fenofibric acid</i>	NP	2 max fill(s) per 30 day(s) retail; MP
COLESTID TABS (<i>colestipol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	FIBRICOR (<i>fenofibric acid</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>colestipol hcl GRAN</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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIPOFEN CAPS (fenofibrate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	LIPITOR TABS (atorvastatin calcium)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LOPID TABS (gemfibrozil)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	LIVALO (pitavastatin calcium)	NP	2 max fill(s) per 30 day(s) retail; MP
TRICOR TABS (fenofibrate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	lovastatin TABS	1	2 max fill(s) per 30 day(s) retail; MP
TRILIPIX (choline fenofibrate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	pitavastatin calcium	NP	2 max fill(s) per 30 day(s) retail; MP
HMG CoA Reductase Inhibitors			pravastatin sodium	1	2 max fill(s) per 30 day(s) retail; MP
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	2 max fill(s) per 30 day(s) retail; MP	rosuvastatin calcium TABS	1	2 max fill(s) per 30 day(s) retail; MP
ATORVALIQ SUSP	NP	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	simvastatin TABS	1	2 max fill(s) per 30 day(s) retail; MP
atorvastatin calcium TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CRESTOR TABS (rosuvastatin calcium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ZYPITAMAG 2 MG, 4 MG	NP	2 max fill(s) per 30 day(s) retail; MP
EZALLOR SPRINKLE CPSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Intestinal Cholesterol Absorption Inhibitors		
fluvastatin sodium CAPS	NP	2 max fill(s) per 30 day(s) retail; MP	ezetimibe	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
fluvastatin sodium TB24	NP	2 max fill(s) per 30 day(s) retail; MP	ZETIA (ezetimibe)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LESCOL XL TB24 (fluvastatin sodium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
LESCOL XL TB24 (fluvastatin sodium)	NF	2 max fill(s) per 30 day(s) retail; MP	JUXTAPID 5 MG, 10 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
LIPITOR TABS (atorvastatin calcium)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JUXTAPID 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	QL(4.5 ML per 365 day(s) retail; 4 ML per 365 days mail); 2 max fill(s) per 30 day(s) retail; PA
PRALUENT SOAJ	NP	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SURECLICK SOAJ	2	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SOSY	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ACCUPRIL (<i>quinapril hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>benazepril 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>enalapril maleate SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>enalapril maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>enalaprilat SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
EPANED SOLN (<i>enalapril maleate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fosinopril sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP
<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
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>moexipril hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>perindopril erbumine</i>	NP	2 max fill(s) per 30 day(s) retail; MP
QBRELIS SOLN	NP	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>ramipril 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
<i>trandolapril</i>	NP	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
ZESTRIL TABS (<i>lisinopril</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	MICARDIS (<i>telmisartan</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Agents for Pheochromocytoma			<i>olmesartan medoxomil</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>metirosine</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>phenoxybenzamine hcl</i>	1	2 max fill(s) per 30 day(s) retail	<i>valsartan SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
Angiotensin II Receptor Antagonists			<i>valsartan SOLN</i>	2	2 max fill(s) per 30 day(s) retail; MP
ARBLI PO 10 MG/ML	NP	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
ATACAND (<i>candesartan cilexetil</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Antiadrenergic Antihypertensives		
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CARDURA 8 MG (<i>doxazosin mesylate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
BENICAR (<i>olmesartan medoxomil</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CARDURA (<i>doxazosin mesylate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>candesartan cilexetil</i>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>clonidine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
COZAAR 50 MG, 100 MG (<i>losartan potassium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>clonidine PTWK</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
COZAAR 25 MG (<i>losartan potassium</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>clonidine TB24</i>	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
DIOVAN TABS (<i>valsartan</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>doxazosin mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP
EDARBI	NP	2 max fill(s) per 30 day(s) retail; MP	<i>guanfacine hcl</i>	1	SON; 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>losartan potassium 25 MG</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>methyldopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
MINIPRESS CAPS (<i>prazosin hcl</i>)	NF	SON; 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
NEXICLON XR TB24 (<i>clonidine</i>)	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>prazosin hcl CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>bisoprolol & hydrochlorothiazide</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>candesartan cilexetil-hydrochlorothiazide</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TEZRULY PO 1 MG/ML	NP	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
Antihypertensive Combinations			DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	EDARBYCLOR	NP	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>amlodipine besylate-valsartan</i>)	NP	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>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	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>candesartan cilexetil-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	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>irbesartan-hydrochlorothiazide</i>)	NP	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
			<i>losartan potassium & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	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>amlodipine besylate-benazepril hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>metoprolol & hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<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>	NP	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>atenolol & chlorthalidone</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>trandolapril-verapamil hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TEKTURNA (<i>aliskiren fumarate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Endothelin Receptor Antagonists		
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
INSPRA (<i>eplerenone</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
INSPRA (<i>eplerenone</i>)	NP	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>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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nitroprusside sodium-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	NP	4 max fill(s) per 30 day(s) retail
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG</i>	NP	4 max fill(s) per 30 day(s) retail
Anti-infective Agents - Misc.			<i>sulfamethoxazole-trimethoprim SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA
FLAGYL CAPS (<i>metronidazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>sulfamethoxazole-trimethoprim SUSP</i>	1	2 max fill(s) per 30 day(s) retail
LIKMEZ SUSP	NP	2 max fill(s) per 30 day(s) retail; PA	<i>sulfamethoxazole-trimethoprim SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>metronidazole CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>sulfamethoxazole-trimethoprim TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>metronidazole TABS 250 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail	URIBEL	NP	4 max fill(s) per 30 day(s) retail
<i>metronidazole TABS 125 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA	UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
NEBUPENT IN (<i>pentamidine isethionate</i>)	2	4 max fill(s) per 30 day(s) retail; PA	XACDURO	2	2 max fill(s) per 30 day(s) retail; PA
PENTAM IJ (<i>pentamidine isethionate</i>)	NP	PA	Antiprotozoal Agents		
<i>pentamidine isethionate IN</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>atovaquone</i>	1	4 max fill(s) per 30 day(s) retail
<i>tinidazole</i>	1	2 max fill(s) per 30 day(s) retail	LAMPIT	2	4 max fill(s) per 30 day(s) retail; PA
<i>trimethoprim TABS</i>	1	4 max fill(s) per 30 day(s) retail	MEPRON (<i>atovaquone</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Anti-infective Misc. - Combinations			<i>nitazoxanide TABS</i>	NP	4 max fill(s) per 30 day(s) retail; PA
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	Carbapenems		
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>ertapenem sodium IJ</i>	1	SP; PA
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	4 max fill(s) per 30 day(s) retail	Glycopeptides		
			FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VANCOGIN CAPS (<i>vancomycin hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	LINEZOLID IN SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA
<i>vancomycin hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail	<i>linezolid SOLN</i>	1	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>linezolid SUSR</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>linezolid 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)	SIVEXTRO SOLR	2	2 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	SIVEXTRO TABS	NP	2 max fill(s) per 30 day(s) retail
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)	ZYVOX SOLN	2	2 max fill(s) per 30 day(s) retail; PA
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(14 EA per 30 day(s) retail)	ZYVOX SOLN (<i>linezolid</i>)	2	2 max fill(s) per 30 day(s) retail; PA
Leprostatics			ZYVOX SUSR (<i>linezolid</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>dapsone</i>	1	4 max fill(s) per 30 day(s) retail	ZYVOX TABS (<i>linezolid</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Lincosamides			Penems		
CLEOCIN (<i>clindamycin hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	ORLYNVAH TABS PO	NP	2 max fill(s) per 30 day(s) retail; PA
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	Urinary Anti-infectives		
<i>clindamycin hcl</i>	1	4 max fill(s) per 30 day(s) retail	BLUJEP A TABS PO 750 MG	NP	4 max fill(s) per 30 day(s) retail
<i>clindamycin palmitate hydrochloride</i>	1	4 max fill(s) per 30 day(s) retail	<i>fosfomycin tromethamine</i>	NP	4 max fill(s) per 30 day(s) retail
LINCOCIN (<i>lincomycin hcl</i>)	NP	PA	HIPREX (<i>methenamine hippurate</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>lincomycin hcl</i>	1	PA	MACROBID (<i>nitrofurantoin monohydrate macro</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Monobactams			MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NF	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	<i>methenamine hippurate</i>	1	4 max fill(s) per 30 day(s) retail
Oxazolidinones					

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine mandelate</i>	1	4 max fill(s) per 30 day(s) retail
MONUROL (<i>fosfomycin tromethamine</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>nitrofurantoin</i>	1	4 max fill(s) per 30 day(s) retail
NITROFURANTOIN	2	
<i>nitrofurantoin macrocrystal 25 MG</i>	NP	4 max fill(s) per 30 day(s) retail
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>nitrofurantoin monohyd macro</i>	1	4 max fill(s) per 30 day(s) retail
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	4 max fill(s) per 30 day(s) retail
COARTEM	2	4 max fill(s) per 30 day(s) retail
MALARONE (<i>atovaquone-proguanil hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	4 max fill(s) per 30 day(s) retail
DARAPRIM (<i>pyrimethamine</i>)	CO	4 max fill(s) per 30 day(s) retail; MP
<i>hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>hydroxychloroquine sulfate 300 MG</i>	1	2 max fill(s) per 30 day(s) retail
KRINTAFEL	NP	4 max fill(s) per 30 day(s) retail; PA
<i>mefloquine hcl</i>	1	4 max fill(s) per 30 day(s) retail
<i>primaquine phosphate TABS</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	2	4 max fill(s) per 30 day(s) retail
<i>pyrimethamine</i>	CO	4 max fill(s) per 30 day(s) retail; MP
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>quinine sulfate CAPS 324 MG</i>	1	4 max fill(s) per 30 day(s) retail
SOVUNA 300 MG	NP	2 max fill(s) per 30 day(s) retail; PA
SOVUNA 200 MG	NP	4 max fill(s) per 30 day(s) retail; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV (<i>neostigmine methylsulfate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BLOXIVERZ SOSY	NP	2 max fill(s) per 30 day(s) retail; MP; PA
FIRDAPSE	CO	SP; MP
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>neostigmine methylsulfate SOSY</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
NEOSTIGMINE METHYLSULFATE SOSY (<i>neostigmine methylsulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA	RIFADIN SOLR (<i>rifampin</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>pyridostigmine bromide</i> SOLN PO	1	2 max fill(s) per 30 day(s) retail; MP	<i>rifampin CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>pyridostigmine bromide</i> TABS 30 MG	2	2 max fill(s) per 30 day(s) retail; MP	<i>rifampin SOLR</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>pyridostigmine bromide</i> TABS 60 MG	1	2 max fill(s) per 30 day(s) retail; MP	SIRTURO	2	4 max fill(s) per 30 day(s) retail
<i>pyridostigmine bromide</i> TBCR	1	2 max fill(s) per 30 day(s) retail; MP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
REGONOL SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA	Alkylating Agents		
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>cyclophosphamide CAPS</i>	1	4 max fill(s) per 30 day(s) retail
Antimycobacterial Agents			CYCLOPHOSPHAMIDE TABS	2	4 max fill(s) per 30 day(s) retail
<i>cycloserine</i>	1	4 max fill(s) per 30 day(s) retail	<i>temozolomide CAPS</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>ethambutol hcl</i> TABS	1	4 max fill(s) per 30 day(s) retail	Antimetabolites		
<i>isoniazid</i> SOLN	1	2 max fill(s) per 30 day(s) retail; PA	<i>capecitabine</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>isoniazid</i> SYRP	1	4 max fill(s) per 30 day(s) retail	JYLAMVO SOLN PO	NP	2 max fill(s) per 30 day(s) retail; PA
<i>isoniazid</i> TABS	1	4 max fill(s) per 30 day(s) retail	<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	4 max fill(s) per 30 day(s) retail
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>mercaptopurine TABS</i>	1	4 max fill(s) per 30 day(s) retail
MYCOBUTIN (<i>rifabutin</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	2 max fill(s) per 30 day(s) retail
PRETOMANID	2	4 max fill(s) per 30 day(s) retail	<i>methotrexate sodium</i> SOLR	1	2 max fill(s) per 30 day(s) retail
PRIFTIN	2	4 max fill(s) per 30 day(s) retail	<i>methotrexate sodium</i> TABS 2.5 MG	1	2 max fill(s) per 30 day(s) retail
<i>pyrazinamide</i>	1	4 max fill(s) per 30 day(s) retail	ONUREG TABS	2	4 max fill(s) per 30 day(s) retail; SP; PA
<i>rifabutin</i>	1	4 max fill(s) per 30 day(s) retail	PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	2	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	NF	4 max fill(s) per 30 day(s) retail	LENVIMA (24 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	2 max fill(s) per 30 day(s) retail	LENVIMA (4 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
XATMEP SOLN PO	2	2 max fill(s) per 30 day(s) retail	LENVIMA (8 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
XELODA (capecitabine)	NP	4 max fill(s) per 30 day(s) retail; PA	Antineoplastic - Anti-HER2 Agents		
Antineoplastic - Angiogenesis Inhibitors			HERNEXEOS TABS PO 60 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
FRUZAQLA 5 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	TUKYSA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
FRUZAQLA 1 MG	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - BCL-2 Inhibitors		
INLYTA 5 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	VENCLEXTA STARTING PACK TBPk	2	4 max fill(s) per 30 day(s) retail; SP; PA
INLYTA 1 MG	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	VENCLEXTA TABS	2	4 max fill(s) per 30 day(s) retail; SP; PA
LENVIMA (10 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - Cellular Immunotherapy		
LENVIMA (12 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ABECMA	CO	SP
LENVIMA (14 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AMTAGVI	CO	SP
LENVIMA (18 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AUCATZYL	CO	SP
LENVIMA (20 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	BREYANZI	CO	SP
			CARVYKTI	CO	SP
			KYMRIAH	CO	SP
			OMISIRGE	CO	SP
			PROVENGE	CO	SP
			TECARTUS	CO	SP
			TECELRA	CO	SP
			YESCARTA	CO	SP
			Antineoplastic - EGFR Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erlotinib hcl 100 MG, 150 MG</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
<i>erlotinib hcl 25 MG</i>	1	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; PA	DAURISMO 100 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
<i>gefitinib</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	DAURISMO 25 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
GILOTRIF	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ERIVEDGE	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
IRESSA (<i>gefitinib</i>)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ODOMZO	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LAZCLUZE 240 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - Hormonal and Related Agents		
LAZCLUZE 80 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>abiraterone acetate 500 MG</i>	NP	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TAGRISSO	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>abiraterone acetate 250 MG</i>	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TARCEVA 100 MG (<i>erlotinib hcl</i>)	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	AKEEGA	2	2 max fill(s) per 30 day(s) retail; SP; PA
TARCEVA 25 MG (<i>erlotinib hcl</i>)	NF	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail	<i>anastrozole</i>	1	4 max fill(s) per 30 day(s) retail
TARCEVA 150 MG (<i>erlotinib hcl</i>)	NF	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	ARIMIDEX (<i>anastrozole</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
VIZIMPRO	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AROMASIN (<i>exemestane</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Antineoplastic - Gene Therapy Agents			<i>bicalutamide</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
ADSTILADRIN	CO	SP	CAMCEVI	2	4 max fill(s) per 30 day(s) retail; SP; PA
			CASODEX (<i>bicalutamide</i>)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIGARD SC	2	4 max fill(s) per 30 day(s) retail; SP; PA	<i>megestrol acetate SUSP</i>	1	4 max fill(s) per 30 day(s) retail
ERLEADA 240 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>nilutamide</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
ERLEADA 60 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	NUBEQA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
<i>exemestane</i>	1	4 max fill(s) per 30 day(s) retail	ORGOVYX	2	4 max fill(s) per 30 day(s) retail; SP; PA
FARESTON (<i>toremifene citrate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	ORSERDU	2	2 max fill(s) per 30 day(s) retail; PA
FEMARA (<i>letrozole</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	SOLTAMOX SOLN	NP	4 max fill(s) per 30 day(s) retail; PA
INLURIYO TABS PO 200 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>tamoxifen citrate TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>letrozole</i>	1	4 max fill(s) per 30 day(s) retail	<i>toremifene citrate</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	2	4 max fill(s) per 30 day(s) retail; SP; PA	TRELSTAR MIXJECT	2	4 max fill(s) per 30 day(s) retail; SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	4 max fill(s) per 30 day(s) retail; SP; PA	XTANDI CAPS	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	XTANDI TABS 80 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	XTANDI TABS 40 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (4-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	YONSA	NP	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (6-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA	ZYTIGA 500 MG (<i>abiraterone acetate</i>)	NP	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUTRATE DEPOT INJ 22.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA			
LYSODREN	2	4 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYTIGA 250 MG (abiraterone acetate)	NP	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			XPOVIO (80 MG TWICE WEEKLY)	2	4 max fill(s) per 30 day(s) retail; SP; PA
WELIREG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic Combinations		
Antineoplastic - Immunomodulators			AVMAPKI FAKZYNJA CO- PACK THPK PO	2	4 max fill(s) per 30 day(s) retail; SP; PA
POMALYST	2	SP; PA	INQOVI	2	4 max fill(s) per 30 day(s) retail; SP; PA
Antineoplastic - Menin Inhibitors			LONSURF	2	4 max fill(s) per 30 day(s) retail; SP; PA
REVUFORJ	2	2 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - PDGFR-alpha Inhibitors			AFINITOR DISPERZ TBSO (everolimus)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
AYVAKIT	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AFINITOR TABS (everolimus)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
Antineoplastic - Protease Activators			ALECENSA	2	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
MODEYSO CAPS PO 125 MG	2	QL(20 EA per 28 day(s) retail); 4 max fill(s) per 30 day(s) retail; SP; PA	ALUNBRIG TABS	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
Antineoplastic - XPO1 Inhibitors			ALUNBRIG TBPk	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA	AUGTYRO 40 MG	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
XPOVIO (40 MG ONCE WEEKLY)	2	4 max fill(s) per 30 day(s) retail; SP; PA	AUGTYRO 160 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA			
XPOVIO (60 MG ONCE WEEKLY) 60 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA			
XPOVIO (60 MG TWICE WEEKLY)	2	4 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BALVERSA 4 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
BALVERSA 3 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
BALVERSA 5 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
BOSULIF CAPS	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	COPIKTRA	2	4 max fill(s) per 30 day(s) retail; SP; PA
BOSULIF TABS 400 MG, 500 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	COTELLIC	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
BRAFTOVI 75 MG	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	DANZITEN	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
BRUKINSA PO 160 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>dasatinib</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
BRUKINSA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>everolimus TABS</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
CABOMETYX TABS	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>everolimus TBSO</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
CALQUENCE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	FOTIVDA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
CAPRELSA 100 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	GAVRETO	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
CAPRELSA 300 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	GAVRETO	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLEEVEC TABS 400 MG (<i>imatinib mesylate</i>)	NF	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	IMKELDI SOLN	NP	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
GLEEVEC TABS (<i>imatinib mesylate</i>)	NP	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	INREBIC	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
GOMEKLI CAPS PO 1 MG, 2 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ITOVEBI 9 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
GOMEKLI TBSO PO 1 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ITOVEBI 3 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
IBRANCE CAPS	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	JAKAFI	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
IBRANCE TABS	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	JAYPIRCA	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
IBTROZI CAPS PO 200 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	KISQALI (200 MG DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
ICLUSIG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	KISQALI (400 MG DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
IDHIFA	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	KISQALI (600 MG DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
<i>imatinib mesylate</i> TABS	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	KOSELUGO	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
IMBRUVICA CAPS 140 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	KOSELUGO PO 5 MG, 7.5 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
IMBRUVICA SUSP	2	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA	KRAZATI	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lapatinib ditosylate</i>	1	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	NEXAVAR (<i>sorafenib tosylate</i>)	NF	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
LORBRENA 100 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	NEXAVAR (<i>sorafenib tosylate</i>)	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LORBRENA 25 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUMAKRAS 320 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>nilotinib hcl</i> 50 MG, 150 MG, 200 MG	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LUMAKRAS 120 MG	2	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	NINLARO	2	4 max fill(s) per 30 day(s) retail; SP; PA
LUMAKRAS 240 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	OGSIVEO 100 MG, 150 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
LYNPARZA TABS	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	OGSIVEO 50 MG	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
MEKINIST SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA	OJEMDA SUSR	2	2 max fill(s) per 30 day(s) retail; SP; PA
MEKINIST TABS 0.5 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	OJEMDA TABS	2	2 max fill(s) per 30 day(s) retail; SP; PA
MEKINIST TABS 2 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	OJJAARA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
MEKTOVI	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>pazopanib hcl</i>	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
NERLYNX	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	PAZOPANIB HCL 400 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
			PEMAZYRE	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	RYDAPT	2	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
PIQRAY (200 MG DAILY DOSE)	2	4 max fill(s) per 30 day(s) retail; SP; PA	SCSEMBLIX 20 MG, 40 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
PIQRAY (250 MG DAILY DOSE)	2	4 max fill(s) per 30 day(s) retail; SP; PA	SCSEMBLIX 100 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
PIQRAY (300 MG DAILY DOSE)	2	4 max fill(s) per 30 day(s) retail; SP; PA	<i>sorafenib tosylate</i>	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
QINLOCK	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	SPRYCEL (<i>dasatinib</i>)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
RETEVMO TABS 40 MG	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	STIVARGA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
RETEVMO TABS 80 MG	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>sunitinib malate</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
RETEVMO TABS 120 MG, 160 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	SUTENT (<i>sunitinib malate</i>)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
REZLIDHIA	2	2 max fill(s) per 30 day(s) retail; SP; PA	TABRECTA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA	TAFINLAR CAPS	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
ROZLYTREK CAPS 100 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	TAFINLAR TBSO	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
ROZLYTREK CAPS 200 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
ROZLYTREK PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA			
RUBRACA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TALZENNA 0.1 MG, 0.35 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA	VITRAKVI SOLN	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TASIGNA 50 MG, 150 MG, 200 MG (<i>nilotinib hcl</i>)	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	VONJO	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TAZVERIK	2	4 max fill(s) per 30 day(s) retail; PA	VORANIGO 10 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
TEPMETKO	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	VORANIGO 40 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
TIBSOVO	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	VOTRIENT (<i>pazopanib hcl</i>)	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TRUQAP TABS	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	XALKORI CAPS	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TRUQAP TBPk	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	XALKORI CPSP	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TURALIO 125 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	XOSPATA	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TYKERB (<i>lapatinib ditosylate</i>)	NP	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ZEJULA TABS	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
VANFLYTA	2	2 max fill(s) per 30 day(s) retail; SP; PA	ZELBORAF	2	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
VERZENIO	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ZOLINZA	2	4 max fill(s) per 30 day(s) retail; SP; PA
VITRAKVI CAPS 100 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ZYDELIG	2	4 max fill(s) per 30 day(s) retail; SP; PA
VITRAKVI CAPS 25 MG	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA TABS	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
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>	1	4 max fill(s) per 30 day(s) retail; SP; PA
HYDREA (<i>hydroxyurea</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydroxyurea</i>	1	4 max fill(s) per 30 day(s) retail
MATULANE	NP	4 max fill(s) per 30 day(s) retail; PA
<i>tretinoin (chemotherapy)</i>	1	4 max fill(s) per 30 day(s) retail; PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	2	2 max fill(s) per 30 day(s) retail; SP; PA
<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	NP	4 max fill(s) per 30 day(s) retail; PA
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	4 max fill(s) per 30 day(s) retail; PA
Topoisomerase I Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
HYCANTIN CAPS	2	4 max fill(s) per 30 day(s) retail; SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
NOURIANZ	2	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>benztropine mesylate TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>trihexyphenidyl hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>trihexyphenidyl hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	NF	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	NP	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>tolcapone</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>carbidopa-levodopa TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antiparkinson Dopaminergics			<i>carbidopa-levodopa TBDP</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>amantadine hcl CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	CREXONT CPCR	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>amantadine hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	DHIVY TABS	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>amantadine hcl TABS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	DUOPA SUSP	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
APOKYN SOCT	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	GOCOVRI CP24	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>apomorphine hydrochloride SOCT</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP	INBRIJA CAPS	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>bromocriptine mesylate CAPS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP	MIRAPEX ER TB24 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NF	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa CPCR</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	NEUPRO	NP	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa-entacapone</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ONAPGO SOCT 98 MG/20ML	NP	SON; 2 max fill(s) per 30 day(s) retail; SP; PA
<i>carbidopa-levodopa TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	OSMOLEX ER TB24 129 MG, 193 MG	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbidopa-levodopa TBCR</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARLODEL CAPS (bromocriptine mesylate)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	STALEVO 200 (carbidopa-levodopa-entacapone)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
PARLODEL TABS (bromocriptine mesylate)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	STALEVO 50 (carbidopa-levodopa-entacapone)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
pramipexole dihydrochloride TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1	2 max fill(s) per 30 day(s) retail; MP	STALEVO 75 (carbidopa-levodopa-entacapone)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
pramipexole dihydrochloride TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP	VYALEV SOLN SC	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
pramipexole dihydrochloride TB24	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Antiparkinson Monoamine Oxidase Inhibitors		
ropinirole hydrochloride TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP	AZILECT (rasagiline mesylate)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ropinirole hydrochloride TB24	1	SON; 2 max fill(s) per 30 day(s) retail; MP	rasagiline mesylate	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
RYTARY CPCR	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	rasagiline mesylate	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	selegiline hcl CAPS	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
STALEVO 100 (carbidopa-levodopa-entacapone)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	selegiline hcl TABS	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
STALEVO 125 (carbidopa-levodopa-entacapone)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	XADAGO	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
STALEVO 150 (carbidopa-levodopa-entacapone)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antimanic Agents			GEODON (<i>ziprasidone mesylate</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
<i>lithium</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	GEODON (<i>ziprasidone mesylate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lithium carbonate CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	LATUDA (<i>lurasidone hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lithium carbonate TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>lurasidone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>lithium carbonate TBCR</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>lurasidone hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	NUPLAZID CAPS	2	SON; 2 max fill(s) per 30 day(s) retail; SP; PA
Antipsychotics - Misc.			NUPLAZID TABS 10 MG	2	SON; 2 max fill(s) per 30 day(s) retail; SP; PA
CAPLYTA	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	VRAYLAR CAPS	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
EQUETRO	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ziprasidone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
GEODON 40 MG, 60 MG (<i>ziprasidone hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>ziprasidone mesylate</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
GEODON (<i>ziprasidone mesylate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	Benzisoxazoles		
GEODON (<i>ziprasidone hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	INVEGA TRINZA	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
FANAPT	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	<i>paliperidone</i>	NP	2 max fill(s) per 30 day(s) retail; MP
FANAPT TITRATION PACK A	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	<i>paliperidone</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
FANAPT TITRATION PACK B	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	PERSERIS PRSY	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
FANAPT TITRATION PACK C	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	SON; 3 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	RISPERDAL SOLN (<i>risperidone</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA HAFYERA	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA SUSTENNA	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	<i>risperidone microspheres</i>	1	SON; 3 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
			<i>risperidone SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
			<i>risperidone SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>risperidone TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TBDP</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>asenapine maleate</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
RYKINDO SRER	2	SON; 3 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	<i>clozapine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
UZEDY SUSY	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	<i>clozapine TBDP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
Butyrophenones			CLOZARIL TABS (<i>clozapine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
HALDOL DECANOATE (<i>haloperidol decanoate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>loxapine succinate</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>haloperidol decanoate</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>olanzapine SOLR</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
<i>haloperidol decanoate</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>olanzapine SOLR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>haloperidol lactate CONC</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>olanzapine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>haloperidol lactate SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>olanzapine TBDP</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>haloperidol TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>quetiapine fumarate TABS 150 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>haloperidol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
Dibenzapines			<i>quetiapine fumarate TB24</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ADASUVE	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAPHRIS (<i>asenapine maleate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	Muscarinic Agents		
SECUADO	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	COBENFY STARTER PACK CPPK	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	COBENFY CAPS	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	Phenothiazines		
VERSACLOZ SUSP	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>chlorpromazine hcl CONC</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
ZYPREXA RELPREVV	NP	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>chlorpromazine hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>chlorpromazine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ZYPREXA SOLR (<i>olanzapine</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	<i>fluphenazine decanoate</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ZYPREXA TABS (<i>olanzapine</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>fluphenazine hcl CONC</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (<i>olanzapine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>fluphenazine hcl ELIX</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
Dihydroindolones			<i>fluphenazine hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>molindone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>fluphenazine hcl TABS</i>	1	SON; 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	SON; 2 max fill(s) per 30 day(s) retail; MP	ABILIFY TABS (<i>aripiprazole</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>prochlorperazine</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	<i>aripiprazole SOLN PO</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	SON; 2 max fill(s) per 30 day(s) retail; PA	<i>aripiprazole TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>prochlorperazine maleate TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail	<i>aripiprazole TBDP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>thioridazine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	ARISTADA	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
<i>trifluoperazine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	ARISTADA INITIO	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
Quinolinone Derivatives			OPIPZA FILM	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
ABILIFY ASIMTUFII PRSY	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	REXULTI	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP
ABILIFY MAINTENA PRSY	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	Thioxanthenes		
ABILIFY MAINTENA SRER	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP	<i>thiothixene</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
ABILIFY MYCITE MAINTENANCE KIT	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	ANTISEPTICS & DISINFECTANTS		
ABILIFY MYCITE STARTER KIT	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	Antiseptics & Disinfectants		
			<i>formaldehyde SOLN 10 %</i>	1	QL(90 ML per fill retail)
			ANTIVIRALS - Drugs to Treat Viral Infections		
			Antiretrovirals		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate-lamivudine</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	EDURANT PED PO 2.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>abacavir sulfate SOLN</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
<i>abacavir sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
APRETUDE	CO	4 max fill(s) per 30 day(s) retail; SP; MP	<i>efavirenz TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
APTIVUS CAPS	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>emtricitabine CAPS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
<i>atazanavir sulfate CAPS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
BIKTARVY	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
CABENUVA	CO	4 max fill(s) per 30 day(s) retail	EMTRIVA CAPS (<i>emtricitabine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
CIMDUO	2	4 max fill(s) per 30 day(s) retail; SP; MP	EMTRIVA SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP
COMBIVIR (<i>lamivudine-zidovudine</i>)	NF	4 max fill(s) per 30 day(s) retail; SP; MP	EPIVIR SOLN (<i>lamivudine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	EPIVIR TABS (<i>lamivudine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>darunavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NF	4 max fill(s) per 30 day(s) retail; SP; MP
DELSTRIGO	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>etravirine</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
DESCOVY	2	4 max fill(s) per 30 day(s) retail; SP; MP	EVOTAZ	2	4 max fill(s) per 30 day(s) retail; SP; MP
DOVATO	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>fosamprenavir calcium TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
EDURANT	2	4 max fill(s) per 30 day(s) retail; SP; MP	FUZEON SOLR	CO	4 max fill(s) per 30 day(s) retail; SP; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENVOYA	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>maraviroc TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
INTELENCE 25 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>nevirapine SUSP</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
INTELENCE (<i>etravirine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>nevirapine TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS HD TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>nevirapine TB24 400 MG</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS CHEW	2	4 max fill(s) per 30 day(s) retail; SP; MP	NORVIR CAPS	2	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS PACK	2	4 max fill(s) per 30 day(s) retail; SP; MP	NORVIR PACK	2	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP	NORVIR TABS (<i>ritonavir</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
JULUCA	2	4 max fill(s) per 30 day(s) retail; SP; MP	ODEFSEY	2	4 max fill(s) per 30 day(s) retail; SP; MP
KALETRA SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP	PIFELTRO	2	4 max fill(s) per 30 day(s) retail; SP; MP
KALETRA TABS (<i>lopinavir-ritonavir</i>)	NF	4 max fill(s) per 30 day(s) retail; SP; MP	PREZCOBIX	2	4 max fill(s) per 30 day(s) retail; SP; MP
KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	PREZISTA SUSP	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>lamivudine SOLN</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	PREZISTA TABS 75 MG, 150 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>lamivudine TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	PREZISTA TABS (<i>darunavir</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>lamivudine-zidovudine</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	RETROVIR CAPS (<i>zidovudine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NF	4 max fill(s) per 30 day(s) retail; SP; MP	RETROVIR SOLN	CO	4 max fill(s) per 30 day(s) retail; SP; MP
<i>lopinavir-ritonavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	RETROVIR SYRP (<i>zidovudine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	TRIUMEQ PD TBSO	2	4 max fill(s) per 30 day(s) retail; SP; MP
REYATAZ PACK	2	4 max fill(s) per 30 day(s) retail; SP; MP	TRIUMEQ TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>ritonavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	TROGARZO	CO	4 max fill(s) per 30 day(s) retail; SP; MP
RUKOBIA	2	4 max fill(s) per 30 day(s) retail; SP; MP	TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
SELZENTRY SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP	TYBOST	2	4 max fill(s) per 30 day(s) retail; SP; MP
SELZENTRY TABS (<i>maraviroc</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	VIRACEPT TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP
STRIBILD	2	4 max fill(s) per 30 day(s) retail; SP; MP	VIREAD POWD	2	4 max fill(s) per 30 day(s) retail; SP; MP
SUNLENCA SOLN	CO	2 max fill(s) per 30 day(s) retail; SP; MP	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
SUNLENCA TABS PO 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	VIREAD TABS 150 MG, 200 MG, 250 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP
SUNLENCA TBP 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	YEZTUGO SOLN 463.5 MG/1.5ML	CO	2 max fill(s) per 30 day(s) retail; SP; MP
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	YEZTUGO TABS PO 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA	ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; MP; PA
SYMTUZA	2	4 max fill(s) per 30 day(s) retail; SP; MP	ZIAGEN TABS (<i>abacavir sulfate</i>)	NF	4 max fill(s) per 30 day(s) retail; SP; MP
<i>tenofovir disoproxil fumarate TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>zidovudine CAPS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
TIVICAY PD TBSO	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>zidovudine SYRP</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
TIVICAY TABS 50 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>zidovudine TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
Antiviral Combinations					

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (150/100)	2	2 max fill(s) per 30 day(s) retail
PAXLOVID (300/100 & 150/100)	2	2 max fill(s) per 30 day(s) retail
PAXLOVID (300/100)	2	2 max fill(s) per 30 day(s) retail
CMV Agents		
<i>cidofovir</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>foscarnet sodium 6000 MG/250ML</i>	1	4 max fill(s) per 30 day(s) retail; PA
GANCICLOVIR SODIUM SOLN	NP	4 max fill(s) per 30 day(s) retail; PA
<i>ganciclovir sodium SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA
LIVTENCITY	NP	4 max fill(s) per 30 day(s) retail; PA
PREVYMIS PACK	2	4 max fill(s) per 30 day(s) retail; PA
PREVYMIS SOLN	2	4 max fill(s) per 30 day(s) retail; PA
PREVYMIS TABS	2	4 max fill(s) per 30 day(s) retail; PA
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>valganciclovir hcl SOLR</i>	1	4 max fill(s) per 30 day(s) retail
<i>valganciclovir hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
Hepatitis Agents		
<i>adefovir dipivoxil</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE SOLN	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
BARACLUDE TABS (<i>entecavir</i>)	NP	QL(1 EA daily); 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
EPCLUSA PACK	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
EPCLUSA TABS	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
HARVONI 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
<i>lamivudine (hbv) TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
LEDIPASVIR-SOFOSBUVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
MAVYRET PACK	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAVYRET TABS	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP	<i>acyclovir SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; PA
PEGASYS SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acyclovir TABS PO</i>	1	2 max fill(s) per 30 day(s) retail
PEGASYS SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>famciclovir</i>	1	2 max fill(s) per 30 day(s) retail
<i>ribavirin (hepatitis c) CAPS</i>	1	2 max fill(s) per 30 day(s) retail; SP	<i>valacyclovir hcl</i>	1	2 max fill(s) per 30 day(s) retail
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; SP	VALTREX (<i>valacyclovir hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
SOFOSBUVIR-VELPATASVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	Human Papillomavirus (HPV) Agents		
SOVALDI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	PAPZIMEOS SUSP SC	CO	SP
SOVALDI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	Influenza Agents		
VEMLIDY	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>oseltamivir phosphate CAPS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
VOSEVI	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>oseltamivir phosphate SUSR</i>	1	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail
ZEPATIER	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	RAPIVAB	2	2 max fill(s) per 30 day(s) retail; PA
Herpes Agents			RELENZA DISKHALER	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>rimantadine hydrochloride TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>acyclovir CAPS</i>	1	2 max fill(s) per 30 day(s) retail	TAMIFLU CAPS 30 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir SUSP</i>	1	2 max fill(s) per 30 day(s) retail	TAMIFLU CAPS 45 MG (<i>oseltamivir phosphate</i>)	NF	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
			TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XOFLUZA (40 MG DOSE) 40 MG	NP	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>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
XOFLUZA (80 MG DOSE) 80 MG	NP	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>labetalol hcl TABS 400 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Misc. Antivirals			Beta Blockers Cardio-Selective		
LAGEVRIO	NP	2 max fill(s) per 30 day(s) retail	<i>acebutolol hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Respiratory Syncytial Virus (RSV) Agents			<i>atenolol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ribavirin</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>betaxolol hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
VIRAZOLE (<i>ribavirin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>bisoprolol fumarate 2.5 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>bisoprolol fumarate</i>	1	2 max fill(s) per 30 day(s) retail; MP
Alpha-Beta Blockers			BREVIBLOC IN NACL (<i>esmolol hcl-sodium chloride</i>)	NP	
<i>carvedilol</i>	1	2 max fill(s) per 30 day(s) retail; MP	BREVIBLOC PREMIXED (<i>esmolol hcl-sodium chloride</i>)	NP	
<i>carvedilol phosphate</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BREVIBLOC PREMIXED DS (<i>esmolol hcl-sodium chloride</i>)	NP	
COREG (<i>carvedilol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	BREVIBLOC SOLN 100 MG/10ML (<i>esmolol hcl</i>)	NP	PA
COREG CR (<i>carvedilol phosphate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	BYSTOLIC (<i>nebivolol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>labetalol hcl SOLN</i>	1	PA	BYSTOLIC (<i>nebivolol hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
LABETALOL HCL SOLN	2	PA	<i>esmolol hcl-sodium chloride</i>	1	
LABETALOL HCL SOSY 10 MG/2ML	2	PA	<i>esmolol hcl SOLN 100 MG/10ML</i>	1	PA
			ESMOLOL HCL SOLN	2	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KAPSPARGO SPRINKLE CS24	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
LOPRESSOR SOLN PO 10 MG/ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>pindolol TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>propranolol hcl CP24</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>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	PA	<i>propranolol hcl SOLN IV 1 MG/ML</i>	1	PA
<i>metoprolol tartrate TABS</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>nebivolol hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>sotalol hcl (afib/afl)</i>	1	2 max fill(s) per 30 day(s) retail; MP
TENORMIN TABS (<i>atenolol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>sotalol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
TOPROL XL TB24 (<i>metoprolol succinate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	SOTYLIZE SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Beta Blockers Non-Selective			<i>timolol maleate TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Calcium Channel Blockers		
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NF	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
HEMANGEOL SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML (<i>nicardipine hcl in sodium chloride</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	NP	2 max fill(s) per 30 day(s) retail; PA
INDERAL XL	NP	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
INNOPRAN XL	NP	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP	NICARDIPINE HCL IN NACL SOLN (<i>nicardipine hcl in sodium chloride</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG</i>	NP	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
<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>nicardipine hcl CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl extended release beads</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nicardipine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>diltiazem hcl CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP	NICARDIPINE HCL SOLN (<i>nicardipine hcl</i>)	1	2 max fill(s) per 30 day(s) retail; PA
<i>diltiazem hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP	NICARDIPINE HCL SOLN (<i>nicardipine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>diltiazem hcl CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nifedipine CAPS</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	<i>nifedipine TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>nimodipine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
DILTIAZEM HCL SOLR	1	2 max fill(s) per 30 day(s) retail; PA	<i>nimodipine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nisoldipine</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl TB24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	NORLIQVA SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>felodipine</i>	1	2 max fill(s) per 30 day(s) retail; MP	NORVASC TABS (<i>amlodipine besylate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>isradipine CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
KATERZIA	NP	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
<i>levamlodipine maleate</i>	NP	2 max fill(s) per 30 day(s) retail; MP	PROCARDIA XL TB24 (<i>nifedipine</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	DOBUTAMINE-DEXTROSE	2	PA
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP	<i>dopamine hcl 40 MG/ML</i>	1	PA
<i>verapamil hcl CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	DOPAMINE HCL (<i>dopamine hcl</i>)	NP	PA
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	DOPAMINE-DEXTROSE	2	PA
<i>verapamil hcl TABS</i>	1	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
<i>verapamil hcl TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>milrinone lactate in dextrose</i>	1	2 max fill(s) per 30 day(s) retail; PA
VERELAN PM CP24 (<i>verapamil hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
VERELAN CP24 (<i>verapamil hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	Cardiac Myosin Inhibitors		
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			CAMZYOS	2	4 max fill(s) per 30 day(s) retail; PA
Cardiac Glycosides			Cardiovascular Agents Misc. - Combinations		
<i>digoxin SOLN IJ 0.25 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>amlodipine besylate-atorvastatin calcium</i>	NP	QL(1 EA daily); 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	BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	2 max fill(s) per 30 day(s) retail; MP	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 (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LANOXIN PEDIATRIC SOLN IJ	NP	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 (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LANOXIN SOLN IJ (<i>digoxin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ENTRESTO CPSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Inotropes					
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>isosorbide dinitrate-hydralazine hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	TYVASO DPI TITRATION KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
OPSYNVI 40 MG-10 MG	NP	2 max fill(s) per 30 day(s) retail; PA	TYVASO REFILL KIT SOLN IN	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA
OPSYNVI 20 MG-10 MG	NP	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
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	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
Cardiovascular Anti-inflammatory/Immune Modulators			VENTAVIS IN 20 MCG/ML	2	QL(2.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
LODOCO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	VENTAVIS IN 10 MCG/ML	2	QL(4.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	2 max fill(s) per 30 day(s) retail; SP; MP; PA
INPEFA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	Pulmonary Hypertension - Activin Signaling Inhibitor		
Impotence Agents			WINREVAIR	NP	2 max fill(s) per 30 day(s) retail; SP; MP; PA
CIALIS 2.5 MG (<i>tadalafil</i>)	NF		Pulmonary Hypertension - Endothelin Receptor Antagonists		
CIALIS 5 MG (<i>tadalafil</i>)	NP	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>tadalafil 5 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA			
Prostaglandin Vasodilators					
ORENITRAM TBCR	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; SP; 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
<i>bosentan TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 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	<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LETAIRIS (<i>ambrisentan</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>tadalafil (pulmonary hypertension) TABS</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
OPSUMIT	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	TADLIQ SUSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TRACLEER TABS (<i>bosentan</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	UPTRAVI TITRATION TBPk	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors			UPTRAVI SOLR	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	UPTRAVI TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
LIQREV SUSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP	ADEMPAS	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Sinus Node Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CORLANOR SOLN	2	QL(15 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
			CORLANOR TABS (<i>ivabradine hcl</i>)	2	QL(2 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
<i>ivabradine hcl TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>cefazolin sodium SOLR IJ 2 GM</i>	2	4 max fill(s) per 30 day(s) retail; PA
Transthyretin Stabilizers			<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
ATTRUBY	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	2	4 max fill(s) per 30 day(s) retail; PA
VYNDAMAX	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>cephalexin CAPS</i>	1	4 max fill(s) per 30 day(s) retail
VYNDAQEL	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>cephalexin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)			<i>cephalexin TABS</i>	NP	4 max fill(s) per 30 day(s) retail; PA
VERQUVO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Cephalosporins - 2nd Generation		
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			CEFACLOR ER TB12	NP	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - 1st Generation			<i>cefaclor CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefadroxil CAPS</i>	1	4 max fill(s) per 30 day(s) retail	CEFOTAN IJ (<i>cefotetan disodium</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>cefadroxil SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>cefadroxil TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefoxitin sodium IV</i>	1	4 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SODIUM- DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML	2	4 max fill(s) per 30 day(s) retail; PA	CEFOXITIN SODIUM- DEXTROSE	1	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	<i>cefprozil SUSR</i>	1	4 max fill(s) per 30 day(s) retail
CEFAZOLIN SODIUM- DEXTROSE SOLR	1	4 max fill(s) per 30 day(s) retail; PA	<i>cefprozil TABS</i>	1	4 max fill(s) per 30 day(s) retail
CEFAZOLIN SODIUM- DEXTROSE SOLR	2	4 max fill(s) per 30 day(s) retail; PA	<i>cefuroxime axetil TABS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>cefuroxime sodium IJ 750 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA
			Cephalosporins - 3rd Generation		
			<i>cefdinir CAPS</i>	1	4 max fill(s) per 30 day(s) retail
			<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
<i>cefixime CAPS</i>	1	4 max fill(s) per 30 day(s) retail	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>cefixime SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>desogestrel & ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefpodoxime proxetil SUSR</i>	2	4 max fill(s) per 30 day(s) retail	<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefpodoxime proxetil SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefpodoxime proxetil TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>drospirenone-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>ethynodiol diacet & eth estrad</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ceftriaxone sodium in dextrose</i>	1	4 max fill(s) per 30 day(s) retail; PA	FEMLYV TBDP	2	2 max fill(s) per 30 day(s) retail; MP
CEFTRIAZONE SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA	<i>levonorgestrel & eth estradiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Cephalosporins - 4th Generation			<i>levonorgestrel-eth estradiol (triphasic)</i>	1	2 max fill(s) per 30 day(s) retail; MP
CEFEPIME HCL SOLN	1	4 max fill(s) per 30 day(s) retail; PA	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefepime hcl SOLR IJ 1 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	2 max fill(s) per 30 day(s) retail; MP
CEFEPIME-DEXTROSE	2	4 max fill(s) per 30 day(s) retail; PA	<i>levonorgestrel-ethinyl estradiol-iron</i>	1	2 max fill(s) per 30 day(s) retail; MP
Cephalosporins - Siderophores			LO LOESTRIN FE TABS	2	2 max fill(s) per 30 day(s) retail; MP
FETROJA	2	PA	MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
CONTRACEPTIVES - Drugs to Prevent Pregnancy			NATAZIA	2	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Oral					
AVERI TABS PO	2	2 max fill(s) per 30 day(s) retail; MP			
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	2	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXTSTELLIS	2	2 max fill(s) per 30 day(s) retail; MP	TAYTULLA CAPS (norethin acet & estrad-fe)	2	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	TYBLUME CHEW	2	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	YASMIN 28 (drospirenone-ethinyl estradiol)	2	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	YAZ (drospirenone-ethinyl estradiol)	2	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	Combination Contraceptives - Transdermal		
norethindrone & eth estradiol	1	2 max fill(s) per 30 day(s) retail; MP	norelgestromin-ethinyl estradiol	1	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	TWIRLA	2	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	Combination Contraceptives - Vaginal		
norethindrone acet & eth estra TABS	1	2 max fill(s) per 30 day(s) retail; MP	ANNOVERA	2	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	etonogestrel-ethinyl estradiol	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	NUVARING (etonogestrel-ethinyl estradiol)	2	2 max fill(s) per 30 day(s) retail; MP
norgestimate-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP	NUVARING (etonogestrel-ethinyl estradiol)	NF	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	Copper Contraceptives - IUD		
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	2 max fill(s) per 30 day(s) retail; MP	PARAGARD INTRAUTERINE COPPER	2	2 max fill(s) per 30 day(s) retail; SP
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)	2	2 max fill(s) per 30 day(s) retail; MP	Emergency Contraceptives		
			ELLA	2	4 max fill(s) per 30 day(s) retail
			levonorgestrel (emergency oc) 1.5 MG	1	4 max fill(s) per 30 day(s) retail
			PLAN B ONE-STEP (levonorgestrel (emergency oc))	2	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Implants		
NEXPLANON	2	2 max fill(s) per 30 day(s) retail; SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	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
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
Progestin Contraceptives - IUD		
KYLEENA	2	2 max fill(s) per 30 day(s) retail; SP
LILETTA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
MIRENA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
SKYLA	2	2 max fill(s) per 30 day(s) retail; SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	1	2 max fill(s) per 30 day(s) retail; MP
OPILL	2	2 max fill(s) per 30 day(s) retail; MP
SLYND	2	2 max fill(s) per 30 day(s) retail; MP
CORTICOSTEROIDS - Steroid Hormone Drugs to		

Drug Name	Drug Tier	Requirements/ Limits
Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	2 max fill(s) per 30 day(s) retail; PA
ALKINDI SPRINKLE CPSP	NP	4 max fill(s) per 30 day(s) retail; PA
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	2	PA
BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML	2	PA
<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA
<i>budesonide CPEP</i>	1	4 max fill(s) per 30 day(s) retail
<i>budesonide TB24</i>	1	4 max fill(s) per 30 day(s) retail
CELESTONE SOLUSPAN SUSP (<i>betamethasone sod phosphate & acetate</i>)	NP	PA
CORTEF TABS (<i>hydrocortisone</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
CORTISONE ACETATE TABS	1	4 max fill(s) per 30 day(s) retail
<i>deflazacort SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>deflazacort TABS</i>	NP	2 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP	2	4 max fill(s) per 30 day(s) retail; PA
DEXAMETHASONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail
<i>dexamethasone sodium phosphate SOLN IJ</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>dexamethasone sodium phosphate SOSY IJ</i>	1	4 max fill(s) per 30 day(s) retail; PA	MEDROL TBPk (methylprednisolone)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>dexamethasone ELIX</i>	1	4 max fill(s) per 30 day(s) retail	<i>methylprednisolone acetate SUSP</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>dexamethasone SOLN</i>	1	4 max fill(s) per 30 day(s) retail	<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>dexamethasone TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>methylprednisolone TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>dexamethasone TBPk</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>methylprednisolone TBPk</i>	1	4 max fill(s) per 30 day(s) retail
EMFLAZA SUSP (deflazacort)	NP	2 max fill(s) per 30 day(s) retail; PA	ORAPRED ODT TBPk (prednisolone sodium phosphate)	NF	4 max fill(s) per 30 day(s) retail
EMFLAZA TABS (deflazacort)	NP	2 max fill(s) per 30 day(s) retail; PA	PEDIAPRED SOLN (prednisolone sodium phosphate)	NP	4 max fill(s) per 30 day(s) retail; PA
EOHILIA SUSP	2	QL(20 ML daily); 2 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
HEMADY TABS	NP	4 max fill(s) per 30 day(s) retail; PA	PREDNISOLONE SODIUM PHOSPHATE TBPk 10 MG, 15 MG, 30 MG	1	4 max fill(s) per 30 day(s) retail
<i>hydrocortisone sod succinate 100 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>prednisolone SOLN</i>	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>prednisolone TABS</i>	NP	4 max fill(s) per 30 day(s) retail; PA
KENALOG-10 SUSP (triamcinolone acetonide)	2	4 max fill(s) per 30 day(s) retail; PA	PREDNISONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail
KENALOG-40 SUSP (triamcinolone acetonide)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>prednisone SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
KENALOG-80 SUSP	2	4 max fill(s) per 30 day(s) retail; PA	<i>prednisone TABS</i>	1	4 max fill(s) per 30 day(s) retail
KHINDIVI SOLN PO 1 MG/ML	NP	4 max fill(s) per 30 day(s) retail; PA	<i>prednisone TBPk</i>	1	4 max fill(s) per 30 day(s) retail
MEDROL TABS	NP	4 max fill(s) per 30 day(s) retail; PA	RAYOS TBEC	NP	4 max fill(s) per 30 day(s) retail; PA
MEDROL TABS (methylprednisolone)	NP	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLU-CORTEF (hydrocortisone sod succinate)	NP	4 max fill(s) per 30 day(s) retail; PA	dextromethorphan polistirex SUER	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
SOLU-CORTEF	2	4 max fill(s) per 30 day(s) retail; PA	dextromethorphan polistirex SUER	2	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
SOLU-CORTEF (hydrocortisone sod succinate)	2	4 max fill(s) per 30 day(s) retail; PA	TRIAMINIC LONG ACTING COUGH LIQD (dextromethorphan hbr)	NF	
SOLU-MEDROL	NP	4 max fill(s) per 30 day(s) retail; PA	Cough/Cold/Allergy Combinations		
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ)	NP	4 max fill(s) per 30 day(s) retail; PA	cetirizine-pseudoephedrine	1	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL (PF)	NP	4 max fill(s) per 30 day(s) retail; PA	CLARINEX-D 12 HOUR TB12	NP	2 max fill(s) per 30 day(s) retail
TARPEYO CPDR	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine)	NF	2 max fill(s) per 30 day(s) retail
triamcinolone acetonide SUSP	1	4 max fill(s) per 30 day(s) retail; PA	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML	1	1 max fill(s) per 30 day(s) retail
ZILRETTA SRER	NP	4 max fill(s) per 30 day(s) retail; PA	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	1	1 max fill(s) per 30 day(s) retail
Mineralocorticoids			loratadine & pseudoephedrine TB12	1	2 max fill(s) per 30 day(s) retail
fludrocortisone acetate TABS	1	2 max fill(s) per 30 day(s) retail	loratadine & pseudoephedrine TB24	1	2 max fill(s) per 30 day(s) retail
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			Expectorants		
Antitussives			guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML	1	2 max fill(s) per 30 day(s) retail
DELSYM COUGH CHILDRENS SUER (dextromethorphan polistirex)	NF	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML	2	2 max fill(s) per 30 day(s) retail
dextromethorphan hbr CAPS	1	2 max fill(s) per 30 day(s) retail	guaifenesin TABS	1	2 max fill(s) per 30 day(s) retail
dextromethorphan hbr LIQD 15 MG/5ML	1	2 max fill(s) per 30 day(s) retail	guaifenesin TB12	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin TB12 1200 MG</i>	2	2 max fill(s) per 30 day(s) retail	AKLIEF	NP	4 max fill(s) per 30 day(s) retail
MUCINEX MAXIMUM STRENGTH TB12 (<i>guaifenesin</i>)	NF	2 max fill(s) per 30 day(s) retail	AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Misc. Respiratory Inhalants			AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF	4 max fill(s) per 30 day(s) retail
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NP		<i>benzoyl peroxide-erythromycin GEL</i>	1	4 max fill(s) per 30 day(s) retail
HYPERSAL NEBU	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
NEBUSAL NEBU	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>clindamycin phosphate (topical) FOAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1		<i>clindamycin phosphate (topical) GEL</i>	1	4 max fill(s) per 30 day(s) retail
Mucolytics			<i>clindamycin phosphate (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail
<i>acetylcysteine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>clindamycin phosphate (topical) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate (topical) SWAB</i>	1	4 max fill(s) per 30 day(s) retail
Acne Products			<i>clindamycin phosphate (topical) SWAB</i>	NP	4 max fill(s) per 30 day(s) retail; PA
ABSORICA (<i>isotretinoin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	4 max fill(s) per 30 day(s) retail; PA
ABSORICA LD	NP	2 max fill(s) per 30 day(s) retail; PA	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	4 max fill(s) per 30 day(s) retail
ACZONE 7.5 % (<i>dapsone (topical)</i>)	NF	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
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	4 max fill(s) per 30 day(s) retail	<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clindamycin phosphate-tretinoin</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>adapalene CREA</i>	1	4 max fill(s) per 30 day(s) retail	<i>dapsone (topical) 5 %</i>	NP	4 max fill(s) per 30 day(s) retail
<i>adapalene GEL</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dapsone (topical) 7.5 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	4 max fill(s) per 30 day(s) retail
DIFFERIN CREA (<i>adapalene</i>)	2	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	4 max fill(s) per 30 day(s) retail
DIFFERIN GEL (<i>adapalene</i>)	2	4 max fill(s) per 30 day(s) retail; RX/OTC	<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	NF	4 max fill(s) per 30 day(s) retail; RX/OTC	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	NP	4 max fill(s) per 30 day(s) retail
DIFFERIN LOTN	2	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %</i>	1	4 max fill(s) per 30 day(s) retail
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
EPSOLAY CREA	NP	2 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	4 max fill(s) per 30 day(s) retail
<i>erythromycin (acne aid) GEL</i>	NP	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur SUSP</i>	NP	4 max fill(s) per 30 day(s) retail
<i>erythromycin (acne aid) PADS</i>	NP	4 max fill(s) per 30 day(s) retail; PA	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	4 max fill(s) per 30 day(s) retail
<i>erythromycin (acne aid) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
FABIOR FOAM	NP	4 max fill(s) per 30 day(s) retail; PA	SUMAXIN PADS	NP	4 max fill(s) per 30 day(s) retail; PA
<i>isotretinoin</i>	1	2 max fill(s) per 30 day(s) retail; PA	TAZAROTENE FOAM	NP	4 max fill(s) per 30 day(s) retail
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>tretinoin microsphere</i>	NP	4 max fill(s) per 30 day(s) retail; PA
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>tretinoin GEL 0.05 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium (acne)</i>	NP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TWYNEO	NP	4 max fill(s) per 30 day(s) retail; PA	<i>ciclopirox olamine SUSP</i>	1	4 max fill(s) per 30 day(s) retail
WINLEVI	NP	4 max fill(s) per 30 day(s) retail	<i>ciclopirox GEL</i>	NP	4 max fill(s) per 30 day(s) retail
ZMA CLEAR SUSP	NP	4 max fill(s) per 30 day(s) retail	<i>ciclopirox KIT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
Agents for External Genital and Perianal Warts			<i>ciclopirox SHAM</i>	1	4 max fill(s) per 30 day(s) retail
VEREGEN	NP	2 max fill(s) per 30 day(s) retail; PA	<i>ciclopirox SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
Antibiotics - Topical			<i>clotrimazole (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC
<i>bacitracin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>clotrimazole (topical) SOLN</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC
<i>bacitracin zinc OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>clotrimazole w/ betamethasone CREA</i>	1	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	<i>clotrimazole w/ betamethasone LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>bacitracin-polymyxin b OINT</i>	2	4 max fill(s) per 30 day(s) retail	<i>econazole nitrate CREA</i>	NP	4 max fill(s) per 30 day(s) retail
CENTANY AT KIT	NP	4 max fill(s) per 30 day(s) retail; PA	ECONAZOLE NITRATE FOAM 1 %	NP	4 max fill(s) per 30 day(s) retail
<i>gentamicin sulfate (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail	ERTACZO	NP	4 max fill(s) per 30 day(s) retail; PA
<i>gentamicin sulfate (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail	KERYDIN (<i>tavaborole</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>mupirocin calcium (topical)</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>ketoconazole (topical) CREA</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	<i>ketoconazole (topical) FOAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA
NEO-SYNALAR	NP	4 max fill(s) per 30 day(s) retail	<i>ketoconazole (topical) SHAM 2 %</i>	1	4 max fill(s) per 30 day(s) retail
NEO-SYNALAR	NP	4 max fill(s) per 30 day(s) retail	KETODAN	NP	4 max fill(s) per 30 day(s) retail; PA
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>bacitracin-polymyxin b</i>)	NF	4 max fill(s) per 30 day(s) retail	LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	4 max fill(s) per 30 day(s) retail; RX/OTC
XEPI	NP	4 max fill(s) per 30 day(s) retail	MICATIN CREA (<i>miconazole nitrate (topical)</i>)	NF	4 max fill(s) per 30 day(s) retail
Antifungals - Topical					
<i>ciclopirox olamine CREA</i>	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail	<i>diclofenac epolamine PTCH EX</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>miconazole-zinc oxide-white petrolatum</i>	NP	4 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>naftifine hcl CREA</i>	NP	4 max fill(s) per 30 day(s) retail	<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>naftifine hcl GEL 2 %</i>	NP	4 max fill(s) per 30 day(s) retail	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>diclofenac sodium-capsaicin (topical)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail	DICLOGEN	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail	LEXITRAL PHARMAPAK II (<i>diclofenac sodium-capsaicin (topical)</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>nystatin (topical) POWD EX</i>	1	4 max fill(s) per 30 day(s) retail	LIXOFEN KIT	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (topical) POWD EX</i>	NP	4 max fill(s) per 30 day(s) retail; PA	PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin-triamcinolone CREA</i>	1	4 max fill(s) per 30 day(s) retail	VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>nystatin-triamcinolone OINT</i>	1	4 max fill(s) per 30 day(s) retail	VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	RX/OTC
<i>oxiconazole nitrate CREA</i>	NP	4 max fill(s) per 30 day(s) retail	Antineoplastic or Premalignant Lesion Agents - Topical		
OXISTAT CREA (<i>oxiconazole nitrate</i>)	NF	4 max fill(s) per 30 day(s) retail	AMELUZ GEL	2	2 max fill(s) per 30 day(s) retail; PA
OXISTAT LOTN	NP	4 max fill(s) per 30 day(s) retail; PA	<i>bexarotene (topical)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>tavaborole</i>	NP	4 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
TINACTIN CREA (<i>tolnaftate</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>fluorouracil (topical) CREA 0.5 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>tolnaftate CREA</i>	1	4 max fill(s) per 30 day(s) retail			
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	4 max fill(s) per 30 day(s) retail; PA			
Anti-inflammatory Agents - Topical					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) CREA 5 %</i>	1	2 max fill(s) per 30 day(s) retail	COSENTYX SENSOREADY (300 MG) SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>fluorouracil (topical) SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	COSENTYX SENSOREADY PEN SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
LEVULAN KERASTICK SOLR	2	2 max fill(s) per 30 day(s) retail; PA	COSENTYX UNOREADY SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TOLAK CREA	2	2 max fill(s) per 30 day(s) retail; PA	COSENTYX SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
VALCHLOR	2	2 max fill(s) per 30 day(s) retail; PA	COSENTYX SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Antipruritics - Topical			ILUMYA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>doxepin hcl (antipruritic)</i>	NP	2 max fill(s) per 30 day(s) retail; PA	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>methoxsalen rapid</i>	1	2 max fill(s) per 30 day(s) retail
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	OTULFI SOLN SC 45 MG/0.5ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Antipsoriatics			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>acitretin</i>	1	2 max fill(s) per 30 day(s) retail	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
BIMZELX SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	PYZCHIVA SC 45 MG/0.5ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
BIMZELX SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	SELARSDI SOLN SC 45 MG/0.5ML	2	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	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
CALCIPOTRIENE FOAM	NP	4 max fill(s) per 30 day(s) retail; PA	SKYRIZI PEN SOAJ	NP	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	SKYRIZI SOSY	NP	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			
<i>calcitriol (topical)</i>	NP	4 max fill(s) per 30 day(s) retail			
COSENTYX (300 MG DOSE) SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM	NP	4 max fill(s) per 30 day(s) retail; PA	YESINTEK SOLN 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
SOTYKTU	NP	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
SPEVIGO SOLN	NP	2 max fill(s) per 30 day(s) retail; PA	Antiseborrheic Products		
SPEVIGO SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
STELARA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>selenium sulfide</i> LOTN 2.5 %	1	2 max fill(s) per 30 day(s) retail
TALTZ SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NF	
TALTZ SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NF	
<i>tazarotene</i> CREA	NP	4 max fill(s) per 30 day(s) retail	SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NF	
<i>tazarotene</i> GEL	NP	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium</i> GEL	NP	2 max fill(s) per 30 day(s) retail; PA
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sulfacetamide sodium</i> LIQD	1	2 max fill(s) per 30 day(s) retail
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sulfacetamide sodium</i> LIQD	2	2 max fill(s) per 30 day(s) retail
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Antivirals - Topical		
USTEKINUMAB-TTWE	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acyclovir topical</i> CREA	NP	2 max fill(s) per 30 day(s) retail; PA
VECTICAL (<i>calcitriol</i> (topical))	NP	4 max fill(s) per 30 day(s) retail; PA	<i>acyclovir topical</i> OINT	NP	2 max fill(s) per 30 day(s) retail; PA
VTAMA	NP	4 max fill(s) per 30 day(s) retail	DENAVIR (<i>penciclovir</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
			<i>penciclovir</i>	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZELSUVMI GEL EX 10.3 %	2	2 max fill(s) per 30 day(s) retail; PA	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
Burn Products			<i>betamethasone dipropionate augmented LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>mafenide acetate PACK</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>betamethasone dipropionate augmented OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
SILVADENE (<i>silver sulfadiazine</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>betamethasone valerate CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>silver sulfadiazine</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>betamethasone valerate FOAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>silver sulfadiazine</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
SULFAMYLON CREA	2	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
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>calcipotriene-betamethasone dipropionate OINT</i>	1	4 max fill(s) per 30 day(s) retail
Corticosteroids - Topical			<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>alclometasone dipropionate CREA</i>	NP	2 max fill(s) per 30 day(s) retail	CAPEX SHAM	NP	4 max fill(s) per 30 day(s) retail; PA
<i>alclometasone dipropionate OINT</i>	NP	2 max fill(s) per 30 day(s) retail	<i>clobetasol propionate emollient base 0.05 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>amcinonide CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate emulsion</i>	NP	4 max fill(s) per 30 day(s) retail; PA
APEXICON E CREA	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate CREA 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate CREA</i>	NP	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 FOAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate (topical) OINT</i>	NP	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 CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate LIQD</i>	NP	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>desoximetasone LIQD</i>	NP	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>desoximetasone OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate SHAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>diflorasone diacetate CREA</i>	NP	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>diflorasone diacetate OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	ENSTILAR FOAM	NP	4 max fill(s) per 30 day(s) retail; PA
CLOBEX SHAM (<i>clobetasol propionate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	EPIFOAM FOAM	NP	2 max fill(s) per 30 day(s) retail; PA
<i>clocortolone pivalate</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>fluocinolone acetonide CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA
CLODAN	NP	4 max fill(s) per 30 day(s) retail; PA	<i>fluocinolone acetonide OIL</i>	NP	4 max fill(s) per 30 day(s) retail; PA
CLODERM (<i>clocortolone pivalate</i>)	NF	4 max fill(s) per 30 day(s) retail	<i>fluocinolone acetonide OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>fluocinolone acetonide SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>fluocinonide emulsified base</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>desonide CREA</i>	1	2 max fill(s) per 30 day(s) retail	<i>fluocinonide CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>desonide LOTN</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>fluocinonide GEL</i>	NP	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>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>desoximetasone CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>fluocinonide SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>desoximetasone GEL</i>	NP	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flurandrenolide CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone butyrate OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>flurandrenolide LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone butyrate SOLN</i>	NP	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>hydrocortisone valerate CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>fluticasone propionate LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone valerate OINT</i>	NP	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	KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>halcinonide CREA</i>	NP	4 max fill(s) per 30 day(s) retail	LEXETTE FOAM (<i>halobetasol propionate</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>halcinonide SOLN 0.1 %</i>	NP	4 max fill(s) per 30 day(s) retail	LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	4 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>mometasone furoate CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>halobetasol propionate FOAM</i>	NP	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>halobetasol propionate OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>mometasone furoate SOLN</i>	1	4 max fill(s) per 30 day(s) retail
HALOG CREA (<i>halcinonide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	OLUX-E (<i>clobetasol propionate emulsion</i>)	NP	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	PANDEL	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone (topical) LOTN 2.5 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA	SYNALAR (CREAM)	NP	4 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	SYNALAR (OINTMENT)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA	SYNALAR TS	NP	4 max fill(s) per 30 day(s) retail; PA
HYDROCORTISONE ACETATE CREA	1	2 max fill(s) per 30 day(s) retail	SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNALAR SOLN (fluocinolone acetonide)	NP	4 max fill(s) per 30 day(s) retail; PA	ANZUPGO CREA EX 20 MG/GM	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TACLONEX OINT (calcipotriene-betamethasone dipropionate)	NF	4 max fill(s) per 30 day(s) retail	CIBINQO	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	NP	4 max fill(s) per 30 day(s) retail; PA	DUPIXENT SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
TOPICORT SPRAY LIQD (desoximetasone)	NP	4 max fill(s) per 30 day(s) retail; PA	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
TOPICORT CREA (desoximetasone)	NP	4 max fill(s) per 30 day(s) retail; PA	EBGLYSS SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TOPICORT GEL (desoximetasone)	NP	4 max fill(s) per 30 day(s) retail; PA	EBGLYSS SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TOPICORT OINT (desoximetasone)	NP	4 max fill(s) per 30 day(s) retail; PA	OPZELURA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
TOVET	NP	4 max fill(s) per 30 day(s) retail; PA	Emollient/Keratolytic Agents		
triamcinolone acetonide (topical) AERS	NP	4 max fill(s) per 30 day(s) retail; PA	urea CREA 40 %	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
triamcinolone acetonide (topical) CREA	1	4 max fill(s) per 30 day(s) retail	Emollients		
triamcinolone acetonide (topical) LOTN	1	4 max fill(s) per 30 day(s) retail	lactic acid (ammonium lactate) CREA	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
triamcinolone acetonide (topical) OINT	1	4 max fill(s) per 30 day(s) retail	lactic acid (ammonium lactate) LOTN 12 %	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
ULTRAVATE LOTN	NP	4 max fill(s) per 30 day(s) retail; PA	Hair Growth Agents		
Eczema Agents			finasteride (alopecia)	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ADBRY SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	LEQSELVI TABS PO 8 MG	NP	2 max fill(s) per 30 day(s) retail; SP; PA
ADBRY SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	LITFULO	NP	2 max fill(s) per 30 day(s) retail; PA
			PROPECIA (finasteride (alopecia))	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	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>	NP	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>	NP	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	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
SALYCIM CREA	1	2 max fill(s) per 30 day(s) retail; PA
YCANATH SOLN	2	2 max fill(s) per 30 day(s) retail; PA
Local Anesthetics - Topical		
ASTERO GEL	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
ETHYL CHLORIDE	NP	2 max fill(s) per 30 day(s) retail; PA
GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LDO PLUS GEL	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
<i>lidocaine hcl CREA 3 %</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>lidocaine hcl GEL 2 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine hcl PRSY</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>lidocaine hcl PRSY</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine OINT 5 %</i>	1	2 max fill(s) per 30 day(s) retail
LIDOCAINE OINT (<i>lidocaine</i>)	NF	
<i>lidocaine-prilocaine CREA</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine-prilocaine KIT</i>	NP	2 max fill(s) per 30 day(s) retail
<i>lidocaine PTCH 5 %</i>	1	2 max fill(s) per 30 day(s) retail
LIDODERM PTCH (<i>lidocaine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
LIDOTRAL CREA	NP	2 max fill(s) per 30 day(s) retail; PA
PLIAGLIS CREA	NP	2 max fill(s) per 30 day(s) retail; PA
QUTENZA	NP	2 max fill(s) per 30 day(s) retail; PA
QUTENZA (2 PATCH)	NP	2 max fill(s) per 30 day(s) retail; PA
QUTENZA (4 PATCH)	NP	2 max fill(s) per 30 day(s) retail; PA
XYLIDERM	NP	2 max fill(s) per 30 day(s) retail; PA
ZTLIDO PTCH	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
Misc. Dermatological Products		
LEVICYN GEL	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	2	2 max fill(s) per 30 day(s) retail
ZORYVE CREA EX	NP	2 max fill(s) per 30 day(s) retail; PA
ZORYVE FOAM EX	NP	2 max fill(s) per 30 day(s) retail; PA
Protectives Against UV Radiation		
SCENESSE	CO	SP
Rosacea Agents		
<i>azelaic acid GEL</i>	1	2 max fill(s) per 30 day(s) retail
<i>brimonidine tartrate (topical)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>doxycycline (rosacea)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
FINACEA FOAM	NP	2 max fill(s) per 30 day(s) retail; PA
FINACEA GEL (<i>azelaic acid</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>ivermectin (rosacea)</i>	1	2 max fill(s) per 30 day(s) retail
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>metronidazole (topical) CREA</i>	1	2 max fill(s) per 30 day(s) retail
<i>metronidazole (topical) GEL</i>	1	2 max fill(s) per 30 day(s) retail
<i>metronidazole (topical) LOTN</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ORACEA (<i>doxycycline (rosacea)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
RHOFADE	NP	2 max fill(s) per 30 day(s) retail; PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	2 max fill(s) per 30 day(s) retail
ELIMITE CREA (<i>permethrin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>malathion</i>	NP	2 max fill(s) per 30 day(s) retail
NATROBA (<i>spinosad</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
NIX LICE KILLING SPRAY LIQD XX	2	2 max fill(s) per 30 day(s) retail
OVIDE (<i>malathion</i>)	NP	2 max fill(s) per 30 day(s) retail
<i>permethrin AERO</i>	1	2 max fill(s) per 30 day(s) retail
<i>permethrin CREA</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
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>spinosad</i>	1	2 max fill(s) per 30 day(s) retail
Wound Care Products		
FILSUEVZ	CO	2 max fill(s) per 30 day(s) retail; SP
VYJUVEK	CO	2 max fill(s) per 30 day(s) retail; SP
ZEVASKYN (UP TO 12 SHEETS) SHEE EX	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIAGNOSTIC PRODUCTS			GENABIO COVID-19 RAPID TEST KIT	2	
Diagnostic Tests			GNP TRUETRACK TEST STRIPS STRP	NP	MP; PA; RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	2		GOTOKNOW COVID-19 ANTIGEN RAPI KIT	2	
BINAXNOW COVID-19 AG HOME TEST KIT	2		IHEALTH COVID-19 RAPID TEST KIT	2	
BINAXNOW COVID-19 ANTIGEN SELF KIT	2		INDICAID COVID-19 RAPID TEST KIT	2	
CARESTART COVID-19 HOME TEST KIT	2		INTELISWAB COVID-19 RAPID TEST KIT	2	
CLEARDETECT COVID-19 AG HOME KIT	2		LUCIRA CHECK IT COVID-19 TEST KIT	2	RX/OTC
CLINITEST RAPID COVID-19 TEST KIT	2		LUCIRA COVID-19 ALL-IN-ONE KIT	2	RX/OTC
COVID-19 AT HOME ANTIGEN TEST KIT	2		OHC COVID-19 ANTIGEN SELF TEST KIT	2	
COVID-19 AT-HOME TEST KIT	2		ON/GO COVID-19 ANTIGEN TEST KIT	2	
COVID-19 OTC ANTIGEN 1-PACK KIT	2		ON/GO ONE COVID-19 HOME TEST KIT	2	
COVID-19 OTC ANTIGEN 2-PACK KIT	2		PILOT COVID-19 AT-HOME TEST KIT	2	
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	NP	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	NP	MP; PA; RX/OTC
FLOWFLEX COVID-19 AG HOME TEST KIT	2		DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Digestive Enzymes			Diuretic Combinations		
CREON CPEP	2	2 max fill(s) per 30 day(s) retail	<i>amiloride & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT	NP	2 max fill(s) per 30 day(s) retail	MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
PERTZYE CPEP	NP	2 max fill(s) per 30 day(s) retail	MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
VIOKACE TABS	NP	2 max fill(s) per 30 day(s) retail	<i>spironolactone & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	2 max fill(s) per 30 day(s) retail	<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>triamterene & hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Carbonic Anhydrase Inhibitors			Loop Diuretics		
<i>acetazolamide sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>bumetanide SOLN 0.25 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>acetazolamide CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>bumetanide TABS</i>	1	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	BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>dichlorphenamide</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>ethacrynate sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
KEVEYIS (<i>dichlorphenamide</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>ethacrynic acid</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>methazolamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	FUROSCIX CTKT	NP	2 max fill(s) per 30 day(s) retail; PA
			<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
			<i>furosemide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
LASIX TABS (<i>furosemide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SODIUM EDECRIN (<i>ethacrynate sodium</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>torsemide</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amiloride hcl</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP
CAROSPIR SUSP (<i>spironolactone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>spironolactone</i> SUSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>spironolactone</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP
<i>triamterene</i> CAPS	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</i> 25 MG, 50 MG	1	2 max fill(s) per 30 day(s) retail; MP
HEMICLOR 12.5 MG	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydrochlorothiazide</i> CAPS	1	2 max fill(s) per 30 day(s) retail; MP
<i>hydrochlorothiazide</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP
<i>indapamide</i> TABS 1.25 MG, 2.5 MG	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
INZIRQO SUSR PO 10 MG/ML	NP	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 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>risedronate sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>alendronate sodium</i> SOLN	1	2 max fill(s) per 30 day(s) retail; MP
<i>alendronate sodium</i> TABS 10 MG, 35 MG, 70 MG	1	2 max fill(s) per 30 day(s) retail; MP
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	EVENITY	NP	QL(2.34 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
BINOSTO TBEF	NP	2 max fill(s) per 30 day(s) retail; MP; PA	FORTEO SOPN (teriparatide)	NP	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 SOLN SC 120 MG/1.7ML	NP	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	FOSAMAX PLUS D	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BOMYNTRA SOSY SC 120 MG/1.7ML	NP	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	FOSAMAX TABS 70 MG (alendronate sodium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BONSITY SOPN 560 MCG/2.24ML	NP	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	ibandronate sodium SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
calcitonin (salmon) IJ	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	ibandronate sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
calcitonin (salmon) NA	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	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
CONEXXENCE SOSY SC 60 MG/ML	NP	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	MIACALCIN IJ (calcitonin (salmon))	NP	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
			OSENVELT SOLN SC 120 MG/1.7ML	NP	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
			pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; 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
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 (zoledronic acid)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	zoledronic acid CONC	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>risedronate sodium TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	zoledronic acid SOLN 5 MG/100ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>risedronate sodium TBEC</i>	NP	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	NP	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	Corticotropin		
<i>teriparatide SOPN</i>	NP	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	NP	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	NP	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
			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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORILISSA	2	2 max fill(s) per 30 day(s) retail; SP; PA	SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Receptor Antagonists			SKYTROFA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
SOMAVERT	2	2 max fill(s) per 30 day(s) retail; SP; PA	SOGROYA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Releasing Hormones (GHRH)			ZOMACTON SOLR SC	NP	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 (<i>raloxifene hcl</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Growth Hormones			OSPHENA	NP	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	<i>raloxifene hcl</i>	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	NP	2 max fill(s) per 30 day(s) retail; SP; PA	TEPEZZA	CO	2 max fill(s) per 30 day(s) retail; SP
NGENLA	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Insulin-Like Growth Factors (Somatomedins)		
NORDITROPIN FLEXPPO SOPN	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	NP	2 max fill(s) per 30 day(s) retail; SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
NUTROPIN AQ NUSPIN 20 SOPN	NP	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	NP	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	NP	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	NP	2 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (6-MONTH) IM	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
SUPPRELIN LA	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
SYNAREL	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NF	2 max fill(s) per 30 day(s) retail
TRIPTODUR	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Menopausal Symptoms Suppressants			<i>cinacalcet hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
LYNKUET CAPS PO 60 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CITRULLINE EASY	CO	
VEOZAH	NP	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>betaine</i>)	NP	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>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>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>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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMCIVREE SOLN SC	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
KANUMA	CO	SP	OLPRUVA (6.67 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
KEBILIDI	CO	SP	OPFOLDA	CO	2 max fill(s) per 30 day(s) retail; SP
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>nitisinone</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	ORFADIN CAPS 20 MG (<i>nitisinone</i>)	CO	
LAMZEDE	CO	SP	ORFADIN SUSP	CO	2 max fill(s) per 30 day(s) retail; SP
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</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
<i>levocarnitine (metabolic modifiers) TABS</i>	1	2 max fill(s) per 30 day(s) retail	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
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	<i>paricalcitol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
MYALEPT	CO	2 max fill(s) per 30 day(s) retail; SP	PHEBURANE PLLT	CO	2 max fill(s) per 30 day(s) retail; SP
NAGLAZYME	CO	SP	POMBILITI	CO	SP
NEXVIAZYME	CO	SP	RAVICTI 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	CO	2 max fill(s) per 30 day(s) retail; SP	RAYALDEE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>nitisinone CAPS 20 MG</i>	CO				
NITYR TABS	CO	2 max fill(s) per 30 day(s) retail; SP			
NULIBRY	CO	2 max fill(s) per 30 day(s) retail; SP			
OLPRUVA (2 GM DOSE) THPK	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REVCovi	CO	2 max fill(s) per 30 day(s) retail; SP	KERENDIA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ROCALtrol CAPS (<i>calcitriol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	Natriuretic Peptides		
<i>sapropterin dihydrochloride</i> PACK	CO	2 max fill(s) per 30 day(s) retail; SP	VOXZOGO	CO	2 max fill(s) per 30 day(s) retail; SP
<i>sapropterin dihydrochloride</i> TABS	CO	2 max fill(s) per 30 day(s) retail; SP	Posterior Pituitary Hormones		
SENSIPAR (<i>cinacalcet hcl</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	DDAVP PF SOLN IJ (<i>desmopressin acetate</i>)	NP	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	DDAVP SOLN IJ 4 MCG/ML (<i>desmopressin acetate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>sodium phenylbutyrate</i> POWD	CO	2 max fill(s) per 30 day(s) retail; SP	DDAVP TABS (<i>desmopressin acetate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>sodium phenylbutyrate</i> TABS	CO	2 max fill(s) per 30 day(s) retail; SP	<i>desmopressin acetate</i> spray	1	2 max fill(s) per 30 day(s) retail
STRENSIQ	CO	2 max fill(s) per 30 day(s) retail; SP	<i>desmopressin acetate</i> SOLN IJ	1	2 max fill(s) per 30 day(s) retail; PA
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	<i>desmopressin acetate</i> TABS	1	2 max fill(s) per 30 day(s) retail
VIMIZIM	CO	SP	NOCDURNA SUBL	NP	2 max fill(s) per 30 day(s) retail; PA
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	CO	2 max fill(s) per 30 day(s) retail; SP	Progesterone Receptor Antagonists		
XENPOZYME	CO	SP	MIFEPREX (<i>mifepristone</i>)	CO	
XPHOZAH	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>mifepristone</i>	CO	
YORVIPATH	2	2 max fill(s) per 30 day(s) retail; SP; PA	Prolactin Inhibitors		
Mineralocorticoid Receptor Antagonists			<i>cabergoline</i>	1	2 max fill(s) per 30 day(s) retail
			Somatostatic Agents		
			BYNFEZIA PEN SOPN	NP	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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	ELESTRIN GEL	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	ESTRACE TABS (<i>estradiol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>estradiol & norethindrone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>estradiol valerate 20 MG/ML, 40 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>estradiol & norethindrone acetate TABS 1 MG-0.5 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>estradiol valerate 10 MG/ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA
MYFEMBREE	2	2 max fill(s) per 30 day(s) retail; PA	<i>estradiol GEL</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>norethindrone acetate-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	<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>	NP	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
ORIAHNN	2	2 max fill(s) per 30 day(s) retail; PA	<i>estradiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PREMPHASE	2	2 max fill(s) per 30 day(s) retail; MP	<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
PREMPRO	2	2 max fill(s) per 30 day(s) retail; MP	EVAMIST SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Estrogens			MENEST 2.5 MG	2	2 max fill(s) per 30 day(s) retail; MP
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	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	MENOSTAR PTWK	NP	2 max fill(s) per 30 day(s) retail; MP; PA
DELESTROGEN (<i>estradiol valerate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA			
DEPO-ESTRADIOL	2	2 max fill(s) per 30 day(s) retail			
DIVIGEL GEL (<i>estradiol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
URSO 250 TABS (<i>ursodiol</i>)	CO		Ileal Bile Acid Transporter (IBAT) Inhibitors		
URSO FORTE TABS (<i>ursodiol</i>)	CO		BYLVAY (PELLETS) CPSP	CO	2 max fill(s) per 30 day(s) retail; SP
<i>ursodiol CAPS</i>	CO		BYLVAY CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
URSODIOL CAPS	CO		LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	CO	2 max fill(s) per 30 day(s) retail; SP
<i>ursodiol TABS</i>	CO		LIVMARLI	CO	2 max fill(s) per 30 day(s) retail; SP
Gastrointestinal Antiallergy Agents			Inflammatory Bowel Agents		
<i>cromolyn sodium (mastocytosis)</i>	NP	2 max fill(s) per 30 day(s) retail; PA	AVSOLA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Gastrointestinal Chloride Channel Activators			AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NF	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
AMITIZA (<i>lubiprostone</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lubiprostone</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Gastrointestinal Stimulants			CANASA SUPP (<i>mesalamine</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
GIMOTI SOLN NA	NP	2 max fill(s) per 30 day(s) retail; PA	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA	CIMZIA (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail	CIMZIA KIT	NP	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			
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA			
Hepatotropics					
REZDIFFRA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CIMZIA-STARTER PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>mesalamine ENEM</i>	NP	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
DELZICOL CPDR (<i>mesalamine</i>)	NF	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>mesalamine SUPP</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DIPENTUM	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ENTYVIO PEN SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>mesalamine TBEC 800 MG</i>	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ENTYVIO SOLR	NP	2 max fill(s) per 30 day(s) retail; SP; PA	OMVOH SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
IMULDOSA SOLN IV 130 MG/26ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	OMVOH SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
INFLECTRA SOLR	NP	2 max fill(s) per 30 day(s) retail; SP; PA	OMVOH SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
INFLIXIMAB	NP	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>mesalamine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	PENTASA CPCR (<i>mesalamine</i>)	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine w/ cleanser</i>	NP	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	REMICADE	NP	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	NP	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>mesalamine w/ cleanser</i>)	NP	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine CPDR</i>	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SFROWASA ENEM	NP	QL(60 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
SKYRIZI SOCT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZYMFENTRA (2 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
SKYRIZI SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZYMFENTRA (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
STARJEMZA SOLN IV 130 MG/26ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Intestinal Acidifiers		
STELARA 130 MG/26ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>lactulose (encephalopathy)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>lactulose (encephalopathy)</i>	1	2 max fill(s) per 30 day(s) retail
<i>sulfasalazine TABS</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Irritable Bowel Syndrome (IBS) Agents		
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>alosetron hcl</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	IBSRELA	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	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 SOLN IV	NP	2 max fill(s) per 30 day(s) retail; SP; PA	LOTIRONEX (<i>alosetron hcl</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TREMFYA SOSY SC	NP	2 max fill(s) per 30 day(s) retail; SP; PA	VIBERZI	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
USTEKINUMAB 130 MG/26ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	Live Fecal Microbiota		
USTEKINUMAB-TTWE	NP	2 max fill(s) per 30 day(s) retail; SP; PA	VOWST	2	2 max fill(s) per 30 day(s) retail; SP; PA
VELSIPITY	NP	2 max fill(s) per 30 day(s) retail; PA	Peripheral Opioid Receptor Antagonists		
ZYMFENTRA (1 PEN) AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	MOVANTIK	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
			SYMPROIC	NP	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
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists			GATTEX	CO	2 max fill(s) per 30 day(s) retail; SP
IQIRVO	CO		GENITOURINARY AGENTS - MISCELLANEOUS -		
LIVDELZI	CO		Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Phosphate Binder Agents			Acidifiers		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	K-PHOS NO 2	2	4 max fill(s) per 30 day(s) retail
<i>calcium acetate (phosphate binder) CAPS</i>	1	2 max fill(s) per 30 day(s) retail	Alkalinizers		
<i>calcium acetate (phosphate binder) TABS</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	ORACIT	NP	4 max fill(s) per 30 day(s) retail; MP; PA
<i>ferric citrate</i>	NP	2 max fill(s) per 30 day(s) retail; PA	ORAL CITRATE	NP	4 max fill(s) per 30 day(s) retail; MP; PA
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>pot & sod citrates w/citric ac SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
FOSRENOL PACK	NP	2 max fill(s) per 30 day(s) retail; PA	<i>potassium citrate (alkalinizer) TBCR</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>lanthanum carbonate CHEW</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>potassium citrate-citric acid SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>sodium citrate & citric acid</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
RENVELA TABS (<i>sevelamer carbonate</i>)	NF	2 max fill(s) per 30 day(s) retail	UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
<i>sevelamer carbonate PACK</i>	NP	2 max fill(s) per 30 day(s) retail; PA	UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
<i>sevelamer carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail	Cystinosis Agents		
<i>sevelamer hcl</i>	1	2 max fill(s) per 30 day(s) retail	CYSTAGON CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
VELPHORO	NP	2 max fill(s) per 30 day(s) retail; PA	PROCYSBI CPDR	CO	2 max fill(s) per 30 day(s) retail; SP
Short Bowel Syndrome (SBS) Agents					

Drug Name	Drug Tier	Requirements/ Limits
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
RIVFLOZA SOSY 128 MG/0.8ML	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
RIVFLOZA SOSY 160 MG/ML	CO	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
IgA Nephropathy (IgAN) Agents		
FILSPARI	CO	
VANRAFIA TABS PO 0.75 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Interstitial Cystitis Agents		
ELMIRON CAPS	2	2 max fill(s) per 30 day(s) retail; PA
RIMSO-50	2	2 max fill(s) per 30 day(s) retail; PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
AVODART (<i>dutasteride</i>)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
CARDURA XL	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>dutasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>dutasteride-tamsulosin hcl</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>finasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PROSCAR (<i>finasteride</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RAPAFLO (<i>silodosin</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>silodosin</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>tamsulosin hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
PYRIDIUM TABS (<i>phenazopyridine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Urinary Stone Agents		
LITHOSTAT	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>colchicine</i> TABS	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
THIOLA EC TBEC 100 MG (<i>tiopronin</i>)	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	COLCRYS TABS (<i>colchicine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
THIOLA TABS (<i>tiopronin</i>)	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>febuxostat</i>	NP	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	GLOPERBA SOLN PO	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>tiopronin</i> TBEC 100 MG	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; 6 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail
<i>tiopronin</i> TBEC 300 MG	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
GOUT AGENTS - Drugs to Treat Gout			MITIGARE CAPS (<i>colchicine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Gout Agent Combinations			ULORIC (<i>febuxostat</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>colchicine</i> w/ <i>probenecid</i>	1	2 max fill(s) per 30 day(s) retail; MP	Uricosurics		
Gout Agents			<i>probenecid</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>allopurinol</i> 100 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP	HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
<i>allopurinol</i> 200 MG	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Aminolevulinate Synthase 1-Directed siRNA		
<i>allopurinol</i> sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA	GIVLAARI	CO	SP
ALOPRIM (<i>allopurinol</i> sodium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Antihemophilic Products		
<i>colchicine</i> CAPS	NP	QL(4 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
ADVATE	CO	2 max fill(s) per 30 day(s) retail; SP	HEMGENIX	CO	2 max fill(s) per 30 day(s) retail; SP
ADYNOVATE	CO	2 max fill(s) per 30 day(s) retail; SP	HEMLIBRA	CO	2 max fill(s) per 30 day(s) retail; SP
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ALHEMO	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
ALPHANATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	HYMPAVZI	CO	2 max fill(s) per 30 day(s) retail; SP
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
ALTUVIIIO 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	2 max fill(s) per 30 day(s) retail; SP
BEQVEZ	CO	2 max fill(s) per 30 day(s) retail; SP	KOATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
COAGADEX	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
CORIFACT	CO	2 max fill(s) per 30 day(s) retail; SP	KOVALTRY	CO	2 max fill(s) per 30 day(s) retail; SP
ELOCTATE	CO	2 max fill(s) per 30 day(s) retail; SP	NOVOEIGHT	CO	2 max fill(s) per 30 day(s) retail; SP
ESPEROCT	CO	2 max fill(s) per 30 day(s) retail; SP	NOVOSEVEN RT	CO	2 max fill(s) per 30 day(s) retail; SP
FEIBA	CO	2 max fill(s) per 30 day(s) retail; SP	NUWIQ KIT	CO	2 max fill(s) per 30 day(s) retail; SP
			NUWIQ SOLR	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OBIZUR	CO	2 max fill(s) per 30 day(s) retail; SP	Complement Inhibitors		
PROFILNINE	CO	2 max fill(s) per 30 day(s) retail; SP	BERINERT KIT	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	BKEMV SOLN IV 300 MG/30ML	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	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
REBINYN	CO	2 max fill(s) per 30 day(s) retail; SP	EMPAVELI	CO	2 max fill(s) per 30 day(s) retail; SP
RECOMBINATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	ENJAYMO	CO	2 max fill(s) per 30 day(s) retail; SP
RIXUBIS SOLR	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
ROCTAVIAN	CO	2 max fill(s) per 30 day(s) retail; SP	FABHALTA	CO	2 max fill(s) per 30 day(s) retail; SP
SEVENFACT	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
TRETEN	CO	2 max fill(s) per 30 day(s) retail; SP	PIASKY	CO	2 max fill(s) per 30 day(s) retail; SP
VONVENDI	CO	2 max fill(s) per 30 day(s) retail; SP	RUCONEST	CO	2 max fill(s) per 30 day(s) retail; SP
WILATE KIT	CO	2 max fill(s) per 30 day(s) retail; SP	SOLIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA	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	CO	2 max fill(s) per 30 day(s) retail; 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 (<i>icatibant acetate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP			
<i>icatibant acetate</i> SOSY	CO	2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOYDEYA TABS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP	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
VOYDEYA TBPk	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP	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
ZILBRYSQ	CO	2 max fill(s) per 30 day(s) retail; SP	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
Hemataologic - Tyrosine Kinase Inhibitors			Plasma Proteins		
TAVALISSE	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	RYPLAZIM	CO	SP
WAYRILZ TABS PO 400 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	Platelet Aggregation Inhibitors		
Hematorheologic Agents			AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NP	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pentoxifylline</i>	1	2 max fill(s) per 30 day(s) retail	<i>anagrelide hcl</i>	1	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail
Hemin			<i>aspirin-dipyridamole</i>	1	2 max fill(s) per 30 day(s) retail
PANHEMATIN 350 MG	2	SP; PA	BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Human Protein C			CABLIVI	CO	2 max fill(s) per 30 day(s) retail; SP
CEPROTIN	2	SP; PA	<i>cilostazol</i>	1	4 max fill(s) per 30 day(s) retail
Plasma Factor XIIa Inhibitors					
ANDEMBRY SOAJ SC 200 MG/1.2ML	CO	2 max fill(s) per 30 day(s) retail; SP			
Plasma Kallikrein Inhibitors					
EKTERLY TABS PO 300 MG	CO	2 max fill(s) per 30 day(s) retail; SP			
KALBITOR	CO	2 max fill(s) per 30 day(s) retail; SP			
ORLADEYO	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
<i>clopidogrel bisulfate 75 MG</i>	1	2 max fill(s) per 30 day(s) retail	Agents for Gaucher Disease		
<i>dipyridamole 50 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	CERDELGA	CO	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	CEREZYME 400 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
EFFIENT (<i>prasugrel hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	ELELYSO	CO	2 max fill(s) per 30 day(s) retail; SP
KENGREAL	NP	PA	<i>miglustat</i>	CO	2 max fill(s) per 30 day(s) retail; SP
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	VPRIV	CO	2 max fill(s) per 30 day(s) retail; SP
<i>prasugrel hcl</i>	1	2 max fill(s) per 30 day(s) retail	ZAVESCA (<i>miglustat</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	Agents for Sickle Cell Disease		
Prekallikrein-Directed Antisense Oligonucleotides (ASO)			ADAKVEO	CO	SP
DAWNZERA SOAJ SC 80 MG/0.8ML	CO	2 max fill(s) per 30 day(s) retail; SP	CASGEVY	CO	SP
Protamine			DROXIA CAPS	2	4 max fill(s) per 30 day(s) retail; MP
<i>protamine sulfate</i>	1	PA	ENDARI (<i>glutamine (sickle cell)</i>)	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
Pyruvate Kinase Activators			<i>glutamine (sickle cell)</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP; PA
PYRUKYND TAPER PACK TBPB	CO	2 max fill(s) per 30 day(s) retail; SP	LYFGENIA	CO	SP
PYRUKYND TABS	CO	2 max fill(s) per 30 day(s) retail; SP	SIKLOS TABS	2	4 max fill(s) per 30 day(s) retail; MP; PA
Thrombolytic Enzymes			XROMI SOLN PO 100 MG/ML	NP	4 max fill(s) per 30 day(s) retail; MP; PA
ACTIVASE IV	2	PA	Cobalamins		
CATHFLO ACTIVASE IJ	2	PA	<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
TNKASE	2	PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	NP	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		
ZYNTEGLO	CO	SP
Hematopoietic Growth Factors		
ALVAIZ 9 MG, 18 MG	2	QL(1 EA daily); 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
ARANESP (ALBUMIN FREE) SOLN	2	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
DOPTELET	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
DOPTELET SPRINKLE PO 10 MG	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>eltrombopag olamine TABS 50 MG, 75 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>	1	QL(1 EA daily); 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	NP	2 max fill(s) per 30 day(s) retail; SP; PA
FULPHILA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
FYLNETRA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
GRANIX SOLN 300 MCG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
GRANIX SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
JESDUVROQ	2	2 max fill(s) per 30 day(s) retail; PA
LEUKINE SOLR IJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
MIRCERA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
MULPLETA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NEULASTA SOSY	NP	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
NEUPOGEN SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	UDENYCA ONBODY SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NIVESTYM SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	UDENYCA SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NPLATE	NP	2 max fill(s) per 30 day(s) retail; SP; PA	UDENYCA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NYPOZI	NP	2 max fill(s) per 30 day(s) retail; SP; PA	VAFSEO 300 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NYVEPRIA	NP	2 max fill(s) per 30 day(s) retail; SP; PA	VAFSEO 150 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PROCRIT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZARXIO	NP	2 max fill(s) per 30 day(s) retail; SP; PA
PROCRIT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZIEXTENZO	NP	2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Hematopoietic Mixtures		
PROMACTA TABS 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NP	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
PROMACTA TABS 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NP	QL(2 EA daily); 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
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	NP	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
RETACRIT	2	2 max fill(s) per 30 day(s) retail; SP; PA	GENTLE IRON	2	2 max fill(s) per 30 day(s) retail; MP
ROLVEDON	NP	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
RYZNEUTA SOSY SC 20 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ICAR-C (<i>iron-vitamin c</i>)	2	2 max fill(s) per 30 day(s) retail; MP
STIMUFEND	NP	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

Drug Name	Drug Tier	Requirements/ Limits
<i>iron-vitamin c</i>	1	2 max fill(s) per 30 day(s) retail; MP
Iron		
ACCRUFER	NP	2 max fill(s) per 30 day(s) retail; MP; PA
FEOSOL TABS (<i>ferrous sulfate dried</i>)	1	2 max fill(s) per 30 day(s) retail; MP
FERAHEME (<i>ferumoxytol</i>)	2	2 max fill(s) per 30 day(s) retail; PA
FERAHEME (<i>ferumoxytol</i>)	NF	2 max fill(s) per 30 day(s) retail
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
FERRLECIT (<i>sodium ferric gluconate complex in sucrose</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>ferrous gluconate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous sulfate dried TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<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
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferrous sulfate TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP
FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP
<i>ferumoxytol</i>	1	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
INFED	2	2 max fill(s) per 30 day(s) retail; PA
INJECTAFER	2	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>iron sucrose 20 MG/ML</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>sodium ferric gluconate complex in sucrose</i>	1	2 max fill(s) per 30 day(s) retail; PA
VENOFER 20 MG/ML (<i>iron sucrose</i>)	2	2 max fill(s) per 30 day(s) retail; PA
Stem Cell Mobilizers		
APHEXDA	2	2 max fill(s) per 30 day(s) retail; SP; PA
XOLREMDI	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>aminocaproic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRANEXAMIC ACID-NACL (<i>tranexamic acid-sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; PA	AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>tranexamic acid-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; PA	AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	DORAL (<i>quazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>tranexamic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail	EDLUAR SUBL	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>estazolam</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
Barbiturate Hypnotics			<i>eszopiclone</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>pentobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>flurazepam hcl</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
<i>phenobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	HALCION 0.25 MG (<i>triazolam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
<i>phenobarbital ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP	HALCION 0.25 MG (<i>triazolam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>phenobarbital TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP			
SEZABY SOLR	2	2 max fill(s) per 30 day(s) retail; PA			
Hypnotics - Tricyclic Agents					
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA			
<i>doxepin hcl (sleep)</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA			
Non-Barbiturate Hypnotics					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IGALMI FILM	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA	<i>zolpidem tartrate</i> <i>SUBL</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
LUNESTA (<i>eszopiclone</i>)	NF	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)	<i>zolpidem tartrate</i> <i>TABS</i>	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
<i>midazolam hcl</i> <i>SOLN IJ</i>	1	SON; 2 max fill(s) per 30 day(s) retail	<i>zolpidem tartrate</i> <i>TBCR</i>	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
<i>midazolam hcl</i> <i>SYRP</i>	NP	SON; 2 max fill(s) per 30 day(s) retail	Orexin Receptor Antagonists		
<i>quazepam</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)	BELSOMRA	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
RESTORIL (<i>temazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	DAYVIGO	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>temazepam</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)	QUVIVIQ	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
<i>triazolam</i>	1	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)	Selective Melatonin Receptor Agonists		
<i>zaleplon</i>	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	HETLIOZ LQ SUSP	NP	QL(6 ML daily); 2 max fill(s) per 30 day(s) retail; PA
ZOLPIDEM TARTRATE CAPS	NP	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	HETLIOZ CAPS (<i>tasimelteon</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ramelteon</i>	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	SUFLAVE	NP	2 max fill(s) per 30 day(s) retail
ROZEREM (<i>ramelteon</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	2 max fill(s) per 30 day(s) retail
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SUTAB	NP	2 max fill(s) per 30 day(s) retail
LAXATIVES - Bowel Treatment Drugs			Laxatives - Miscellaneous		
Bulk Laxatives			<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM</i>	1	2 max fill(s) per 30 day(s) retail
CVS DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail	<i>lactulose PACK</i>	NP	2 max fill(s) per 30 day(s) retail; PA
DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail	<i>lactulose PACK</i>	1	2 max fill(s) per 30 day(s) retail
<i>psyllium POWD 43 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>lactulose SOLN 10 GM/15ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %</i>	2	2 max fill(s) per 30 day(s) retail	<i>lactulose SOLN</i>	1	2 max fill(s) per 30 day(s) retail
Laxative Combinations			MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	2 max fill(s) per 30 day(s) retail
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	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
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	2	2 max fill(s) per 30 day(s) retail	Saline Laxatives		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	2 max fill(s) per 30 day(s) retail	FLEET ENEMA ENEM (<i>sodium phosphates</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	2 max fill(s) per 30 day(s) retail	<i>magnesium citrate 1.745 GM/30ML</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	<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>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	2 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
			Stimulant Laxatives		
			<i>bisacodyl SUPP</i>	1	2 max fill(s) per 30 day(s) retail
			<i>bisacodyl TBEC</i>	1	2 max fill(s) per 30 day(s) retail
			DULCOLAX TBEC (<i>bisacodyl</i>)	NF	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EX-LAX CHEW (sennosides)	NF	2 max fill(s) per 30 day(s) retail	ZITHROMAX TABS 250 MG, 500 MG (azithromycin)	NP	4 max fill(s) per 30 day(s) retail; PA
sennosides CAPS	2	2 max fill(s) per 30 day(s) retail	Clarithromycin		
sennosides CHEW	1	2 max fill(s) per 30 day(s) retail	clarithromycin SUSR	1	4 max fill(s) per 30 day(s) retail
sennosides LIQD	1	2 max fill(s) per 30 day(s) retail	clarithromycin TABS	1	4 max fill(s) per 30 day(s) retail
sennosides SYRP 8.8 MG/5ML	1	2 max fill(s) per 30 day(s) retail	clarithromycin TB24	NP	4 max fill(s) per 30 day(s) retail
sennosides TABS 8.6 MG, 15 MG, 25 MG	1	2 max fill(s) per 30 day(s) retail	Erythromycins		
SENOKOT TABS (sennosides)	NF	2 max fill(s) per 30 day(s) retail	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	NP	4 max fill(s) per 30 day(s) retail; PA
Surfactant Laxatives			ERYPED 200 SUSR (erythromycin ethylsuccinate)	NP	4 max fill(s) per 30 day(s) retail; PA
benzocaine-docusate sodium ENEM	2	2 max fill(s) per 30 day(s) retail	ERYPED 400 SUSR (erythromycin ethylsuccinate)	NP	4 max fill(s) per 30 day(s) retail; PA
docusate calcium	1	2 max fill(s) per 30 day(s) retail	erythromycin base CPEP	1	4 max fill(s) per 30 day(s) retail
docusate sodium CAPS 100 MG, 250 MG	1	2 max fill(s) per 30 day(s) retail	erythromycin base TABS	NP	4 max fill(s) per 30 day(s) retail
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	1	2 max fill(s) per 30 day(s) retail	erythromycin base TBEC	1	4 max fill(s) per 30 day(s) retail
docusate sodium TABS	1	2 max fill(s) per 30 day(s) retail	erythromycin base TBEC 500 MG	2	4 max fill(s) per 30 day(s) retail
MACROLIDES - Drugs to Treat Bacterial Infections			erythromycin ethylsuccinate SUSR	1	4 max fill(s) per 30 day(s) retail
Azithromycin			erythromycin ethylsuccinate TABS	1	4 max fill(s) per 30 day(s) retail
azithromycin PACK	1	4 max fill(s) per 30 day(s) retail	erythromycin stearate TABS 250 MG	NP	4 max fill(s) per 30 day(s) retail
azithromycin SUSR	1	4 max fill(s) per 30 day(s) retail	Fidaxomicin		
azithromycin TABS	1	4 max fill(s) per 30 day(s) retail	DIFICID SUSR	2	4 max fill(s) per 30 day(s) retail
ZITHROMAX TRI-PAK TABS (azithromycin)	NP	4 max fill(s) per 30 day(s) retail; PA	DIFICID TABS 200 MG (fidaxomicin)	NP	4 max fill(s) per 30 day(s) retail; PA
ZITHROMAX Z-PAK TABS (azithromycin)	NP	4 max fill(s) per 30 day(s) retail; PA	fidaxomicin TABS 200 MG	1	4 max fill(s) per 30 day(s) retail
ZITHROMAX PACK	NP	4 max fill(s) per 30 day(s) retail; PA	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX SUSR (azithromycin)	NP	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
COVRSITE PLUS COMPOSITE DRESS PADS	2	RX/OTC	EXCILON DRAIN SPONGES PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	2	RX/OTC	GAUZE DRESSING PADS	2	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	2	RX/OTC	GAUZE PADS PADS	2	RX/OTC
CURITY COVER SPONGE PADS	2	RX/OTC	HM STERILE PADS PADS	2	RX/OTC
CURITY DRESSING SPONGES PADS	2	RX/OTC	J & J GAUZE SPONGES 12-PLY MISC	2	RX/OTC
CURITY GAUZE SPONGE PADS	2	RX/OTC	J & J GAUZE SPONGES 16-PLY MISC	2	RX/OTC
CURITY GAUZE PADS	2	RX/OTC	J & J GAUZE SPONGES 8-PLY MISC	2	RX/OTC
CURITY SPONGES PADS	2	RX/OTC	J & J GAUZE PADS	2	RX/OTC
CVS GAUZE PAD STERILE PADS	2	RX/OTC	KENDALL HYDROPHILIC FOAM DRESS PADS	2	RX/OTC
CVS GAUZE STERILE PADS	2	RX/OTC	KERLIX SPONGES PADS	2	RX/OTC
DERMACEA DRAIN SPONGES PADS	2	RX/OTC	MIRASORB SPONGES MISC	2	RX/OTC
DERMACEA GAUZE SPONGE PADS	2	RX/OTC	NU GAUZE 4PLY PADS	2	RX/OTC
DERMACEA IV DRAIN SPONGES PADS	2	RX/OTC	NU GAUZE GENERAL-USE SPONGES MISC	2	RX/OTC
			POLYMEM NON-ADHESIVE PADS	2	RX/OTC
			QC ALL PURPOSE DRESSINGS PADS	2	RX/OTC
			QC STERILE PADS PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	
Contraceptives			K-Y ME & YOU INTENSE DEVI	2	
AIMSCO LUBRICATED MISC	2		MAXX PLUS MISC	2	
CAYA DPRH	2		MAXX MISC	2	
DUREX EXTRA SENSITIVE THIN DEVI	2		REALITY LATEX CONDOMS MISC	2	
DUREX EXTRA SENSITIVE THIN MISC	2		REALITY LATEX/ULTRA TEXTURED DEVI	2	
DUREX REALFEEL	2		REALITY LATEX/ULTRA THIN DEVI	2	
DUREX TROPICAL MISC	2		TROJAN BARESKIN DEVI	2	
FANTASY LUBRICATED/SPERMICIDE MISC	2		TROJAN ENZ MISC	2	
FANTASY LUBRICATED MISC	2		TROJAN MAGNUM MISC	2	
FC2 FEMALE CONDOM	2		TROJAN ULTRA THIN/SPERMICIDAL MISC	2	
FEMCAP DEVI	2		TROJAN ULTRA THIN MISC	2	
KAMELEON LUBRICATED MISC	2		TROJAN-ENZ LUBRICATED MISC	2	
KIMONO COLORS DEVI	2		TROJAN-ENZ/SPERMICIDAL MISC	2	
KIMONO MAXX-LARGE FLARE MISC	2		TRUE COVER DEVI	2	
KIMONO MICRO THIN PLUS MISC	2		TRUSTEX COLOR CONDOMS + LUBE MISC	2	
KIMONO MICRO THIN MISC	2		TRUSTEX LUB/RIBBED/STUDDERED MISC	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/SPERMICIDE EX ST MISC	2		Diabetic Supplies		
TRUSTEX LUB/SPERMICIDE XL MISC	2		ACCU-CHEK FASTCLIX LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED EX LARGE MISC	2		ACCU-CHEK SAFE-T PRO LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED EXTRA ST MISC	2		ACCU-CHEK SOFTCLIX LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	2		ACTI-LANCE 28G	2	MP; RX/OTC
TRUSTEX LUBRICATED MISC	2		ACTI-LANCE LITE LANCETS 28G	2	MP; RX/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	2		ACTI-LANCE SPECIAL LANCETS 17G	2	MP; RX/OTC
TRUSTEX NON-LUBRICATED MISC	2		ACTI-LANCE UNIVERSAL 23G	2	MP; RX/OTC
TRUSTEX RIA LUB/SPERMICIDE MISC	2		ADJUSTABLE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
TRUSTEX RIA LUBRICATED MISC	2		ADVANCED MOBILE LANCET	2	MP; RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	2		ADVOCATE LANCETS	2	MP; RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	2		ADVOCATE LANCETS 30G	2	MP; RX/OTC
WIDE-SEAL DIAPHRAGM 60	2		ADVOCATE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
WIDE-SEAL DIAPHRAGM 65	2		ADVOCATE RAPID-SAFE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
WIDE-SEAL DIAPHRAGM 70	2		ADVOCATE SAFETY LANCETS	2	MP; RX/OTC
WIDE-SEAL DIAPHRAGM 75	2		ADVOCATE SAFETY LANCETS 21G	2	MP; RX/OTC
WIDE-SEAL DIAPHRAGM 80	2		ADVOCATE SAFETY LANCETS 23G	2	MP; RX/OTC
WIDE-SEAL DIAPHRAGM 85	2		ADVOCATE SAFETY LANCETS 26G	2	MP; RX/OTC
WIDE-SEAL DIAPHRAGM 90	2		ADVOCATE SAFETY LANCETS 28G	2	MP; RX/OTC
WIDE-SEAL DIAPHRAGM 95	2		AGAMATRIX ULTRA-THIN LANCETS	2	MP; RX/OTC
			AIMSCO TWIST LANCETS 32G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AIMSCO TWIST LANCETS 33G	2	MP; RX/OTC	AUTOLET PLUS MISC	2	QL(1 EA per 180 day(s) retail)
AQUALANCE LANCETS 30G	2	MP; RX/OTC	BD MICROTAINER LANCETS	2	MP; RX/OTC
ASSURE COMFORT LANCETS 28G	2	MP; RX/OTC	CARDIOCOM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS HIGH	2	MP; RX/OTC	CAREONE ADVANCED LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS LOW	2	MP; RX/OTC	CAREONE LANCET SUPER THIN 30G	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	MP; RX/OTC	CAREONE LANCET THIN 23G	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	MP; RX/OTC	CARESENS LANCETS	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	MP; RX/OTC	CARESENS LANCETS 30G	2	MP; RX/OTC
ASSURE LANCE LANCETS	2	MP; RX/OTC	CARETOUCH LANCING/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE LANCE LANCETS 21G	2	MP; RX/OTC	CARETOUCH SAFETY LANCETS	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	MP; RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	MP; RX/OTC	CARETOUCH TWIST LANCETS 28G	2	MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	2	MP; RX/OTC
AURORA LANCET SUPER THIN 30G	2	MP; RX/OTC	CARETOUCH TWIST LANCETS 33G	2	MP; RX/OTC
AURORA LANCET THIN 23G	2	MP; RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	MP; RX/OTC
AUTO-LANCET MINI MISC	2	QL(1 EA per 180 day(s) retail)	CHOSEN LANCETS 30G	2	MP; RX/OTC
AUTO-LANCET MISC	2	QL(1 EA per 180 day(s) retail)	CHOSEN LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	CHOSEN SAFETY LANCETS 28G	2	MP; RX/OTC
AUTOLET LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	CLEANLET LANCETS 28G	2	MP; RX/OTC
AUTOLET MINI MISC	2	QL(1 EA per 180 day(s) retail)	CLEVER CHEK LANCETS	2	MP; RX/OTC
			CLEVER CHOICE COMFORT EZ	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	EASY COMFORT LANCETS	2	MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	MP; RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	MP; RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
COMFORT TOUCH TWIST LANCET 30G	2	MP; RX/OTC	EASY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CVS LANCETS ORIGINAL	2	MP; RX/OTC	EASY TOUCH LANCETS 21G	2	MP; RX/OTC
CVS LANCETS THIN 26G	2	MP; RX/OTC	EASY TOUCH LANCETS 23G	2	MP; RX/OTC
CVS LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 26G	2	MP; RX/OTC
CVS ULTRA THIN LANCETS	2	MP; RX/OTC	EASY TOUCH LANCETS 28G	2	MP; RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	MP; RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	MP; RX/OTC
DIATHRIVE LANCETS	2	MP; RX/OTC	EASY TOUCH LANCETS 30G	2	MP; RX/OTC
DIATHRIVE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 30G/TWIST	2	MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 32G	2	MP; RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	MP; RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	MP; RX/OTC
DROPLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 33G/TWIST	2	MP; RX/OTC
DROPLET PERSONAL LANCETS 30G	2	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	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 21G	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 23G	2	MP; RX/OTC	FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
EASY TOUCH SAFETY LANCETS 26G	2	MP; RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
EASY TOUCH SAFETY 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
EMBRACE LANCETS ULTRA THIN 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
EMBRACE LANCING DEVICE/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
EMBRACE PRESSURE ACTIVATED 21G	2	MP; RX/OTC	FREESTYLE UNISTICK II LANCETS	2	MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	MP; RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	MP; RX/OTC
EZ-LETS LANCETS 21G	2	MP; RX/OTC	GENTEEL PLUS LANCING (BLACK) MISC	2	QL(1 EA per 180 day(s) retail)
EZ-LETS LANCETS 26G	2	MP; RX/OTC	GENTEEL PLUS LANCING (PURPLE) MISC	2	QL(1 EA per 180 day(s) retail)
EZ-LETS LANCETS 28G	2	MP; RX/OTC	GENTEEL PLUS LANCING (WHITE) MISC	2	QL(1 EA per 180 day(s) retail)
EZ-LETS LANCETS 30G	2	MP; RX/OTC	GENTEEL PLUS LANCING DEV(BLUE) MISC	2	QL(1 EA per 180 day(s) retail)
FIFTY50 SAFETY SEAL LANCETS	2	MP; RX/OTC			
FIFTY50 UNILET LANCETS 33G	2	MP; RX/OTC			
FINE 30	2	MP; RX/OTC			
FINGERSTIX LANCETS	2	MP; RX/OTC			
FORA LANCETS	2	MP; RX/OTC			
FORA LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)			
FREESTYLE LANCETS	2	MP; RX/OTC			
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA			
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEV(PINK) MISC	2	QL(1 EA per 180 day(s) retail)	HAEMOLANCE PLUS PEDIATRIC FLOW	2	MP; RX/OTC
GENTLE-LET GP LANCETS	2	MP; RX/OTC	H-E-B INCONTROL ADV LANCING MISC	2	QL(1 EA per 180 day(s) retail)
GENTLE-LET LANCETS	2	MP; RX/OTC	H-E-B INCONTROL LANCETS 28G	2	MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	MP; RX/OTC	H-E-B INCONTROL LANCETS 30G	2	MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	MP; RX/OTC	H-E-B INCONTROL LANCETS 33G	2	MP; RX/OTC
GLOBAL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	HY-VEE LANCETS	2	MP; RX/OTC
GLUCOCOM LANCETS 28G	2	MP; RX/OTC	HY-VEE THIN LANCETS	2	MP; RX/OTC
GLUCOCOM LANCETS 30G	2	MP; RX/OTC	IHEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
GLUCOCOM LANCETS 33G	2	MP; RX/OTC	IN TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
GNP LANCING SYSTEM DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	IN TOUCH STERILE LANCETS 30G	2	MP; RX/OTC
GNP STERILE LANCETS 28G	2	MP; RX/OTC	KINNEY LANCETS	2	MP; RX/OTC
GNP STERILE LANCETS 30G	2	MP; RX/OTC	KINNEY THIN LANCETS	2	MP; RX/OTC
GNP STERILE LANCETS 33G	2	MP; RX/OTC	KROGER AUTOLET LANCING DEVICE 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)	KROGER HEALTHPRO LANCET 26G	2	MP; RX/OTC
GOJJI STERILE LANCETS	2	MP; RX/OTC	KROGER LANCETS	2	MP; RX/OTC
HAEMOLANCE	2	MP; RX/OTC	KROGER LANCETS SUPER THIN	2	MP; RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	MP; RX/OTC	KROGER LANCETS THIN	2	MP; RX/OTC
HAEMOLANCE PLUS	2	MP; RX/OTC	LANCET DEVICE WITH EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
HAEMOLANCE PLUS HIGH FLOW	2	MP; RX/OTC	LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
HAEMOLANCE PLUS LOW FLOW	2	MP; RX/OTC	LANCETS	2	MP; RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	MP; RX/OTC	LANCETS 28G THIN	2	MP; RX/OTC
			LANCETS 30G	2	MP; RX/OTC
			LANCETS 33G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANCETS MICRO THIN 33G	2	MP; RX/OTC	MEDLANCE PLUS LITE 25G	2	MP; RX/OTC
LANCETS SUPER THIN	2	MP; RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	MP; RX/OTC
LANCETS SUPER THIN 28G	2	MP; RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	MP; RX/OTC
LANCETS THIN	2	MP; RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	MP; RX/OTC
LANCETS ULTRA THIN	2	MP; RX/OTC	MEDLANCE UNIVERSAL 21G	2	MP; RX/OTC
LANCETS ULTRA THIN 30G	2	MP; RX/OTC	MEIJER LANCETS	2	MP; RX/OTC
LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL 21G	2	MP; RX/OTC
LANZO MISC	2	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL 30G	2	MP; RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL 33G	2	MP; RX/OTC
LIBERTY MEDICAL LANCETS	2	MP; RX/OTC	MICROLET LANCETS	2	MP; RX/OTC
LIBERTY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	MICROLET NEXT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LITE TOUCH LANCETS	2	MP; RX/OTC	MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LITE TOUCH LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)	MM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LITETOUCH LANCETS	2	MP; RX/OTC	MM TWIST LANCETS	2	MP; RX/OTC
LIVE BETTER LANCET SUPER THIN	2	MP; RX/OTC	MOBILE LANCETS 30G	2	MP; RX/OTC
MEDICHOICE SAFETY LANCET	2	MP; RX/OTC	MONOLET LANCETS	2	MP; RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	MP; RX/OTC	MONOLET OPD LANCETS	2	MP; RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	MP; RX/OTC	MONOLETTOR SAFETY LANCETS	2	MP; RX/OTC
MEDLANCE EXTRA 21G	2	MP; RX/OTC	MPD SAFETY LANCET 21G	2	MP; RX/OTC
MEDLANCE LITE 25G	2	MP; RX/OTC	MPD SAFETY LANCET 23G	2	MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	2	MP; RX/OTC	MPD SAFETY LANCET 28G	2	MP; RX/OTC
MEDLANCE PLUS LANCETS	2	MP; RX/OTC	MPD SAFETY LANCET 30G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI-LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PRODIGY LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MYGLUCOHEALTH LANCETS 30G	2	MP; RX/OTC	PRODIGY SAFETY LANCETS 26G	2	MP; RX/OTC
NOVA SAFETY LANCETS 23G	2	MP; RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	MP; RX/OTC
NOVA SAFETY LANCETS 28G	2	MP; RX/OTC	PSS SELECT GP LANCETS	2	MP; RX/OTC
NOVA SUREFLEX LANCETS	2	MP; RX/OTC	PSS SELECT SAFETY LANCETS	2	MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PURE COMFORT LANCETS 30G	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	MP; RX/OTC	PX ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA PLUS LANCET33G	2	MP; RX/OTC	PX LANCET AUTO INJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA PLUS LANCING MISC	2	QL(1 EA per 180 day(s) retail)	PX LANCETS MICROTHIN 33G	2	MP; RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	MP; RX/OTC	PX LANCETS ULTRA THIN 28G	2	MP; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	MP; RX/OTC	QC ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
PERFECT LANCETS 28G	2	MP; RX/OTC	QC LANCETS SUPER THIN 30G	2	MP; RX/OTC
PERFECT LANCETS 30G	2	MP; RX/OTC	QC LANCETS ULTRA THIN	2	MP; RX/OTC
PERFECT POINT SAFETY LANCETS	2	MP; RX/OTC	QC UNILET LANCETS 28G	2	MP; RX/OTC
PHARMACIST CHOICE LANCETS	2	MP; RX/OTC	QC UNILET LANCETS MICRO THIN	2	MP; RX/OTC
PIP LANCETS 28G	2	MP; RX/OTC	READYLANCE SAFETY LANCETS	2	MP; RX/OTC
PIP LANCETS 30G	2	MP; RX/OTC	REALITY LANCETS	2	MP; RX/OTC
PRECISION THINS GP LANCETS	2	MP; RX/OTC	REALITY TRIGGER LANCETS	2	MP; RX/OTC
PRO COMFORT LANCETS 30G	2	MP; RX/OTC	RELION LANCET DEVICES 30G	2	MP; RX/OTC
PRO COMFORT LANCETS 31G	2	MP; RX/OTC	RELION LANCETS	2	MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	MP; RX/OTC	RELION LANCETS MICRO-THIN 33G	2	MP; RX/OTC
PRODIGY LANCETS 28G	2	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS THIN 26G	2	MP; RX/OTC	SMART DIABETES VANTAGE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
RELION LANCETS ULTRA-THIN 30G	2	MP; RX/OTC	SMARTTEST LANCETS 28G	2	MP; RX/OTC
RELION LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	SOLUS V2 LANCETS 28G	2	MP; RX/OTC
RELION ULTRA THIN LANCETS 30G	2	MP; RX/OTC	SOLUS V2 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RIGHTTEST GD500 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	SOLUS V2 TWIST LANCETS 30G	2	MP; RX/OTC
RIGHTTEST GL300 LANCETS	2	MP; RX/OTC	STERILANCE TL	2	MP; RX/OTC
SAFE-T-LANCE	2	MP; RX/OTC	SUPER THIN LANCETS	2	MP; RX/OTC
SAFE-T-LANCE PLUS	2	MP; RX/OTC	SURE COMFORT LANCETS 18G	2	MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	MP; RX/OTC	SURE COMFORT LANCETS 21G	2	MP; RX/OTC
SAFETY LANCETS	2	MP; RX/OTC	SURE COMFORT LANCETS 23G	2	MP; RX/OTC
SAFETY LANCETS 21G	2	MP; RX/OTC	SURE COMFORT LANCETS 28G	2	MP; RX/OTC
SAFETY LANCETS 23G	2	MP; RX/OTC	SURE COMFORT LANCETS 30G	2	MP; RX/OTC
SAFETY LANCETS 28G	2	MP; RX/OTC	SURE COMFORT LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
SAPS HEALTH PLUS LANCETS	2	MP; RX/OTC	SURELITE LANCETS	2	MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	MP; RX/OTC	TECHLITE AST LANCETS	2	MP; RX/OTC
SAPS TWIST TOP LANCETS	2	MP; RX/OTC	TECHLITE LANCETS	2	MP; RX/OTC
SAPSCARE TWIST TOP LANCETS	2	MP; RX/OTC	TECHLITE LANCETS 26G	2	MP; RX/OTC
SB LANCETS THIN	2	MP; RX/OTC	TECHLITE LANCETS 30G	2	MP; RX/OTC
SB LANCETS ULTRA THIN	2	MP; RX/OTC	THINLETS GP LANCETS	2	MP; RX/OTC
SELECT-LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	TODAYS HEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)	TODAYS HEALTH THIN LANCETS 28G	2	MP; RX/OTC
SINGLE-LET	2	MP; RX/OTC	TODAYS HEALTH THIN LANCETS 30G	2	MP; RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	TRAVEL LANCETS ADVANCED 28G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT SAFETY LANCETS	2	MP; RX/OTC	ULTRA-CARE LANCETS 30G	2	MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	MP; RX/OTC	ULTRA-THIN II AUTO LANCET	2	MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	2	QL(1 EA per 90 day(s) retail)	ULTRA-THIN II LANCETS	2	MP; RX/OTC
TRUE METRIX LEVEL 2 SOLN	2	QL(1 EA per 90 day(s) retail)	UNILET COMFORTOUCH LANCET	2	MP; RX/OTC
TRUE METRIX LEVEL 3 SOLN	2		UNILET EXCELITE	2	MP; RX/OTC
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	2	QL(1 EA per 90 day(s) retail)	UNILET EXCELITE II	2	MP; RX/OTC
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	2	QL(1 EA per 90 day(s) retail)	UNILET G.P. LANCET	2	MP; RX/OTC
TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	UNILET G.P. SUPERLITE LANCET	2	MP; RX/OTC
TRUEPLUS LANCETS 26G	2	MP; RX/OTC	UNILET GP 28 ULTRA THIN	2	MP; RX/OTC
TRUEPLUS LANCETS 28G	2	MP; RX/OTC	UNILET LANCET	2	MP; RX/OTC
TRUEPLUS LANCETS 30G	2	MP; RX/OTC	UNILET MICRO-THIN 33G	2	MP; RX/OTC
TRUEPLUS LANCETS 33G	2	MP; RX/OTC	UNILET SUPERLITE LANCET	2	MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	MP; RX/OTC	UNILET SUPER-THIN 30G	2	MP; RX/OTC
TWIST TOP LANCETS 30G	2	MP; RX/OTC	UNILET ULTRA-THIN 28G	2	MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	2	QL(1 EA per 180 day(s) retail)	UNISTIK 1	2	MP; RX/OTC
ULTILET CLASSIC LANCETS	2	MP; RX/OTC	UNISTIK 2	2	MP; RX/OTC
ULTILET LANCETS	2	MP; RX/OTC	UNISTIK 2 COMFORT	2	MP; RX/OTC
ULTILET SAFETY LANCETS	2	MP; RX/OTC	UNISTIK 2 EXTRA	2	MP; RX/OTC
ULTILET SAFETY LANCETS 23G	2	MP; RX/OTC	UNISTIK 2 NEONATAL	2	MP; RX/OTC
ULTRA THIN LANCETS 31G	2	MP; RX/OTC	UNISTIK 2 NORMAL	2	MP; RX/OTC
			UNISTIK 2 SUPER	2	MP; RX/OTC
			UNISTIK 3	2	MP; RX/OTC
			UNISTIK 3 COMFORT	2	MP; RX/OTC
			UNISTIK 3 EXTRA	2	MP; RX/OTC
			UNISTIK 3 GENTLE	2	MP; RX/OTC
			UNISTIK 3 NEONATAL	2	MP; RX/OTC
			UNISTIK 3 NORMAL	2	MP; RX/OTC
			UNISTIK CZT COMFORT	2	MP; RX/OTC
			UNISTIK CZT NORMAL	2	MP; RX/OTC
			UNISTIK NORMAL	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET	2	MP; RX/OTC	ALCOH-GLOVE CONTOURED WIPE	2	MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	2	MP; RX/OTC	ALCOHOL PADS	2	MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	2	MP; RX/OTC	ALCOHOL PREP	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	MP; RX/OTC	ALCOHOL PREP PADS	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	MP; RX/OTC	ALCOHOL SWABS	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	MP; RX/OTC	AUM ALCOHOL PREP PADS	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	MP; RX/OTC	BD SWAB SINGLE USE REGULAR	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	MP; RX/OTC	CARETOUCH ALCOHOL PREP	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	MP; RX/OTC	COMFORT TOUCH ALCOHOL PREP	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	MP; RX/OTC	CURITY ALCOHOL PREPS	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	MP; RX/OTC	CVS ALCOHOL PREP PADS	2	MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	MP; RX/OTC	CVS PREP	2	MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	MP; RX/OTC	DROPSAFE ALCOHOL PREP	2	MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	MP; RX/OTC	EASY COMFORT ALCOHOL PADS	2	MP; RX/OTC
VIVAGUARD LANCETS	2	MP; RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	2	MP; RX/OTC
VIVAGUARD LANCETS 30G	2	MP; RX/OTC	EQL ALCOHOL SWABS	2	MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	FIFTY50 ALCOHOL PREP	2	MP; RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	MP; RX/OTC	GLOBAL ALCOHOL PREP EASE	2	MP; RX/OTC
ZEV RX TWIST TOP LANCETS 30G	2	MP; RX/OTC	GNP ALCOHOL SWABS	2	MP; RX/OTC
Misc. Devices			GOODSENSE ALCOHOL SWABS	2	MP; RX/OTC
ADVOCATE ALCOHOL PREP PADS	2	MP; RX/OTC	H-E-B INCONTROL ALCOHOL	2	MP; RX/OTC
			HM STERILE ALCOHOL PREP	2	MP; RX/OTC
			MEIJER ALCOHOL SWABS	2	MP; RX/OTC
			PHARMACIST CHOICE ALCOHOL	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT ALCOHOL	2	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
PURE COMFORT ALCOHOL PREP	2	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES	2	QL(5 EA daily)
QC ALCOHOL SWABS	2	MP; RX/OTC	ADVOCATE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
REALITY SWABS	2	MP; RX/OTC	AQ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
RELION ALCOHOL SWABS	2	MP; RX/OTC	AQINJECT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	2	MP; RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	2	MP; RX/OTC	ASSURE ID PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	2	MP; RX/OTC	ASSURE ID SAFETY PEN NEEDLES	2	QL(5 EA daily)
SB ALCOHOL PREP	2	MP; RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	2	QL(5 EA daily)
SM ALCOHOL PREP	2	MP; RX/OTC	AUM MINI INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
SURE COMFORT ALCOHOL PREP	2	MP; RX/OTC	AUM PEN NEEDLE	2	QL(5 EA daily); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	2	MP; RX/OTC	AUM READYGARD DUO PEN NEEDLE	2	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	2	MP; RX/OTC	AUM SAFETY PEN NEEDLE	2	QL(5 EA daily)
ULTICARE ALCOHOL SWABS	2	MP; RX/OTC	AURORA PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
ULTILET ALCOHOL SWABS	2	MP; RX/OTC	BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	2	MP; RX/OTC	BD BLUNT FILL NEEDLE	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	MP; RX/OTC	BD BLUNT FILL NEEDLE W/FILTER	2	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	MP; RX/OTC	BD DISP NEEDLE	2	QL(5 EA daily); RX/OTC
ZEVRX STERILE ALCOHOL PREP PAD	2	MP; RX/OTC	BD DISP NEEDLES	2	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			BD DISP NEEDLES	2	RX/OTC
1ST TIER UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	QL(5 EA daily); RX/OTC
1ST TIER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC	BD ECLIPSE NEEDLE	2	RX/OTC
ABOUTTIME PEN NEEDLE	2	QL(5 EA daily)	BD ECLIPSE NEEDLE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD ECLIPSE SHIELDED NEEDLE	2	RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE SYRINGE	2	QL(5 EA daily); RX/OTC	BD PLASTIPAK SYRINGE	2	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	BD PRECISIONGLIDE NEEDLE	2	QL(5 EA daily); RX/OTC
BD HYPODERMIC NEEDLE	2	RX/OTC	BD SAFETYGLIDE ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
BD HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	QL(5 EA daily); 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 SAFETYGLIDE NEEDLE	2	RX/OTC
BD INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE SHIELDED NEEDLE	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	2	QL(5 EA daily); RX/OTC	BD SYRINGE LUER-LOK	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	2	QL(5 EA daily); RX/OTC	BD SYRINGE LUER-LOK	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE	2	QL(5 EA daily)	BD SYRINGE SLIP TIP	2	QL(5 EA daily); RX/OTC
BD INTEGRA NEEDLE	2	QL(5 EA daily); RX/OTC	BD SYRINGE SLIP TIP	2	RX/OTC
BD INTEGRA SYRINGE	2	QL(5 EA daily); RX/OTC	BD SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
BD LUER-LOCK SYRINGE	2	QL(5 EA daily); RX/OTC	BD TB SYRINGE MISC	2	QL(5 EA daily); RX/OTC
BD LUER-LOK SYRINGE	2	QL(5 EA daily); RX/OTC	CAREFINE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
BD NOKOR ADMIX NEEDLE	2	RX/OTC	CAREONE INSULIN SYRINGE	2	QL(5 EA daily)
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)	CAREONE UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC	CAREPOINT POLY HUB NEEDLE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC	CAREPOINT SAFETY 1ST NEEDLE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)	CAREPOINT SAFETY1ST SYR/NEEDLE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC	DRUG MART UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); 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
CARETOUCH LUER LOCK	2	QL(5 EA daily); RX/OTC	EASY COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
CARETOUCH LUER LOCK	2	RX/OTC	EASY GLIDE LUER LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	2	QL(5 EA daily); RX/OTC	EASY GLIDE LUER LOCK SYRINGE	2	RX/OTC
CARETOUCH LUER SLIP	2	RX/OTC	EASY GLIDE PEN NEEDLES	2	QL(5 EA daily)
CARETOUCH LUER SLIP	2	QL(5 EA daily); RX/OTC	EASY GLIDE SLIP LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
CARETOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	EASY TOUCH ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(5 EA daily)	EASY TOUCH FLIPLOCK INSULIN SY	2	QL(5 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	QL(5 EA daily); RX/OTC
COMFORT EZ MICRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
COMFORT EZ PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYR	2	QL(5 EA daily); RX/OTC
COMFORT EZ PRO PEN NEEDLES	2	QL(5 EA daily)	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
COMFORT EZ SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
COMFORT TOUCH INSULIN PEN NEED	2	QL(5 EA daily); MP; RX/OTC	EASY TOUCH INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
DIATHRIVE PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC	EASY TOUCH INSULIN SYRINGE	2	QL(5 EA daily)
DROPLET INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC	GLOBAL INJECT EASE INSULIN SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	QL(5 EA daily); 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
EASY TOUCH TB SHEATHLOCK SYR MISC	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EASYPOINT NEEDLE	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC
EASYPOINT NEEDLE	2	RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	2	QL(5 EA daily); RX/OTC
EASYPOINT NEEDLE/SYRINGE	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 29GX1/2"	2	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 30GX5/16"	2	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(5 EA daily)	GNP PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	GNP ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	2	QL(5 EA daily)	GNP ULTIGUARD SAFEPAK NEEDLE	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC	GNP ULTRA COM INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)	HEALTHWISE MICRON PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EMBRACE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	HEALTHWISE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
FIFTY50 PEN NEEDLES	2	QL(5 EA daily); RX/OTC	H-E-B INCONTROL PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC	MAXICOMFORT SYR 27G X 1/2"	2	QL(5 EA daily); RX/OTC
HYPODERMIC NEEDLE	2	QL(5 EA daily); 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
INSUPEN PEN NEEDLES	2	QL(5 EA daily); RX/OTC	MM INSULIN SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
INSUPEN SENSITIVE	2	QL(5 EA daily)	MM PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
INSUPEN ULTRAFIN	2	QL(5 EA daily); MP; RX/OTC	MONOJECT BLUNTIP SYR/CANNULA	2	RX/OTC
INSUPEN32G EXTR3ME	2	QL(5 EA daily)	MONOJECT HYPODERMIC NEEDLE	2	RX/OTC
KINRAY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	MONOJECT HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
KROGER PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	MONOJECT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
LEADER UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC	MONOJECT MAGELLAN SAFETY NDL	2	RX/OTC
LEADER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC	MONOJECT MAGELLAN SAFETY NDL	2	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	MONOJECT MAGELLAN SYRINGE	2	QL(5 EA daily); RX/OTC
LITETOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	MONOJECT PHARMACY TRAY	2	QL(5 EA daily); RX/OTC
LUER LOCK SAFETY SYRINGES	2	RX/OTC	MONOJECT PHARMACY TRAY	2	RX/OTC
LUER LOCK SAFETY SYRINGES	2	QL(5 EA daily); RX/OTC	MONOJECT SYRINGE	2	RX/OTC
MAGELLAN INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SAFETY PEN NEEDLES	2	QL(5 EA daily)	ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SECURESAFE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	ULTICARE MICRO PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SURE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SURE COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SYRINGE LUER LOCK	2	QL(5 EA daily); RX/OTC	ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily)
SYRINGE LUER LOCK	2	RX/OTC	ULTICARE TUBERCULIN SAFETY SYR MISC	2	QL(5 EA daily); RX/OTC
SYRINGE LUER SLIP	2	QL(5 EA daily); RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
SYRINGE LUER SLIP	2	RX/OTC	ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL(5 EA daily)
TECHLITE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTILET PEN NEEDLE	2	QL(5 EA daily)
TECHLITE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTRA COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TECHLITE PLUS PEN NEEDLES	2	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
TODAYS HEALTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL(5 EA daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTRA THIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
TRUE COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTRACARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO INSULIN SYR	2	QL(5 EA daily); RX/OTC	ULTRACARE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTRA-THIN II INS SYR SHORT	2	QL(5 EA daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC	ULTRA-THIN II INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTRA-THIN II MINI PEN NEEDLE	2	QL(5 EA daily); RX/OTC
TRUEPLUS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ULTRA-THIN II PEN NEEDLE SHORT	2	QL(5 EA daily); RX/OTC
TRUEPLUS PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC	ULTRA-THIN II PEN NEEDLES	2	QL(5 EA daily)
ULTICARE INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE OTC PEN NEEDLES	2	QL(5 EA daily); RX/OTC
UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
UNIFINE PROTECT PEN NEEDLE	2	QL(5 EA daily); 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
VERIFINE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
VERIFINE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
VERIFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
VERISAFE SAFETY STERILE NEEDLE	2	QL(5 EA daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
ZEVRX INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ZEVRX PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACTIVITY POUCH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ADULT MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ADULT MASK DEVI	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	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 PLS FLOVU MTHPIECE DEVI	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 PLUS FLO-VU LARGE 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
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
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROECLIPSE EZ TWIST TUBING 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	AEROECLIPSE MASK LARGE MISC	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	AEROECLIPSE MASK MEDIUM MISC	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	AEROECLIPSE MASK SMALL MISC	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	AEROTRACH PLUS 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
AEROVENT PLUS DEVI	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
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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 DEVI	2	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 1000 PFT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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 2000 PFT FILTER DEVI	2	RX/OTC	BREATHERRITE VALVED MDI CHAMBER 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	BUBBLES THE FISH II PEDI MASK MISC	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	CARETOUCH 2 CPAP HOSE HANGER 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	CARETOUCH CPAP & BIPAP HOSE 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	CARETOUCH CPAP MASK WIPES 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	CARETOUCH CPAP PRE-WASH SOLN MISC	2	QL(2 ML per 360 day(s) retail; 2 ML 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			
BREATHE COMFORT CHAMBER/CHILD 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW 400 MM HOSE 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	EASY FLOW AIR NOZZLE 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	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
COMPACT SPACE CHAMBER 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
EASIVENT MASK LARGE MISC	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
			EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
			EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW HEPA FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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 WHITE/BLUE DEVI	2	RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	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	FLYP HYPERSONIQ CARTRIDGE MISC	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	FULL KIT NEBULIZER SET 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	IN-CHECK DIAL FLOW TRAINER DEVI	2	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	IN-CHECK INSPIRATORY FLOW MTR DEVI	2	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	INNOSPIRE REPLACEMENT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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	INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	INSPIREASE 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
LITETOUCH MASK LARGE 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 MEDIUM 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 SMALL 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
MASK VORTEX/CHILD/FROG	2	QL(1 EA per 360 day(s) retail); 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/TODDLER/LAD YBUG	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
MICROCHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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 MISC	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
MICROSPACER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ONE FLOW SPIROMETER 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	OPTICHAMBER DIAMOND DEVI	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	OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	OPTICHAMBER DIAMOND-MD MASK 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
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
PARI BUBBLES PEDIATRIC MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PEDIATRIC MOUTHPIECE MISC	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	PEDIATRIC PANDA MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER SET 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
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC	PHARMACIST CHOICE MASK WIPES 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
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
PRO COMFORT SPACER CHILD 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
PRO COMFORT SPACER INFANT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	REUSABLE COMFORTSEAL MASK-LRG 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	REUSABLE COMFORTSEAL MASK-MED 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	REUSABLE COMFORTSEAL MASK-SML 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAMI THE SEAL FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENE 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
SILICONE MASK/PEDIATRIC 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
SOOTHENE NBL 100 ADULT MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VERSAPAP DEVI	2	RX/OTC
SOOTHENE NBL 100 CHILD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SOOTHENE NBL 100 MED CUP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			VORTEX VALVED HOLDING CHAMBER 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
WINDMILL TRAINER MISC	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 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			NURTEC	NP	QL(18 EA per 28 day(s) retail; 18 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			QULIPTA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AIMOVIG	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA	UBRELVY	2	QL(16 EA per 28 day(s) retail; 16 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOAJ	2	QL(4.5 ML per 84 day(s) retail; 4 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA	VYEPTI	NP	QL(3 ML per 84 day(s) retail; 3 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOSY	2	QL(4.5 ML per 84 day(s) retail; 4 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA	ZAVZPRET	NP	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY (300 MG DOSE) SOSY	NP	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA	Migraine Combinations		
EMGALITY SOAJ	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 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>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>eletriptan hydrobromide</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
SYMBRAVO TABS PO	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FROVA (<i>frovatriptan succinate</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Migraine Products			<i>frovatriptan succinate</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
BREKIYA SOAJ SC 1 MG/ML	NP	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>sumatriptan</i>)	NF	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<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	NP	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<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	NP	QL(1.5 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>sumatriptan succinate</i>)	NP	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
TRUDHESA	NP	PA	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
Migraine Products - NSAIDs			IMITREX TABS (<i>sumatriptan succinate</i>)	NP	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>rizatriptan benzoate</i>)	NP	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>rizatriptan benzoate</i>)	NP	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>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	RELPAK 40 MG (<i>eletriptan hydrobromide</i>)	NF	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 (<i>eletriptan hydrobromide</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	TOSYMRA	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REYVOW	NP	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	NP	QL(2 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>rizatriptan benzoate TABS 10 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan SOLN</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>rizatriptan benzoate TABS 5 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan TABS</i>	1	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
<i>rizatriptan benzoate TBDP 5 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan TABS</i>	NP	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
<i>rizatriptan benzoate TBDP 10 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan TBDP</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>sumatriptan</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	ZOMIG SOLN (<i>zolmitriptan</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA	MINERALS & ELECTROLYTES		
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA	Calcium		
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	NP	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
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	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
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	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
<i>sumatriptan succinate TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>calcium carbonate-cholecalciferol 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>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 (<i>potassium chloride</i>)	NF	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	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CALTRATE 600+D PLUS MINERALS CHEW (<i>calcium carbonate-vitamin d w/ minerals</i>)	NF		<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 (<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>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Fluoride			<i>potassium chloride microencapsulated crystals er</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>sodium fluoride CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>potassium chloride microencapsulated crystals er 20 MEQ</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<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>	NP	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 (<i>potassium phosphate monobasic</i>)	2	2 max fill(s) per 30 day(s) retail	<i>potassium chloride SOLN PO 10 %, 10 %</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>potassium chloride SOLN IV 2 MEQ/ML</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV (<i>potassium chloride</i>)	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	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	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>potassium chloride TBCR 8 MEQ, 20 MEQ</i>	NP	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	NP	2 max fill(s) per 30 day(s) retail; PA	RYONCIL 125KG TO <137.5KG KIT IV	CO	SP
DEPEN TITRATABS TABS (<i>penicillamine</i>)	NP	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</i> (<i>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>azathioprine</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VYVGART HYTRULO SC	CO	SP	LUPKYNIS	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Immunosuppressive Agents			<i>mycophenolate mofetil</i> CAPS	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</i> SUSR	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</i> TABS	CO	2 max fill(s) per 30 day(s) retail; MP
<i>azathioprine</i> TABS 50 MG	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</i> TABS 75 MG, 100 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	MYFORTIC (<i>mycophenolate sodium</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	MYHIBBIN SUSP	CO	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
<i>cyclosporine modified (for microemulsion)</i> CAPS	CO	2 max fill(s) per 30 day(s) retail; MP	NULOJIX	CO	SP
<i>cyclosporine modified (for microemulsion)</i> SOLN	CO	2 max fill(s) per 30 day(s) retail; MP	PROGRAF CAPS (<i>tacrolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
<i>cyclosporine</i> CAPS	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>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>sirolimus</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 CAPS (<i>cyclosporine</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 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 8.4 GM, 16.8 GM	NP	QL(1 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 1 GM	NP	QL(4 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>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) 2 %</i>	1	2 max fill(s) per 30 day(s) retail
VIJOICE PACK	CO	QL(1 EA per fill retail); 2 max fill(s) per 30 day(s) retail	<i>lidocaine hcl (mouth-throat) 4 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA
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>nystatin</i> (mouth-throat))	1	2 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide</i> (mouth)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin</i> (mouth-throat)	1	2 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide</i> (mouth)	1	2 max fill(s) per 30 day(s) retail
ORAVIG	NP	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
<i>chlorhexidine gluconate</i> (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	<i>cevimeline hcl</i>	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>cevimeline hcl</i>)	NP	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
<i>sodium fluoride</i> (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
<i>sodium fluoride</i> (dental) CREA	NP	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
<i>sodium fluoride</i> (dental) GEL	NP	2 max fill(s) per 30 day(s) retail; PA	MUCOSITISRX PACK	NP	2 max fill(s) per 30 day(s) retail
<i>sodium fluoride</i> (dental) GEL	1	2 max fill(s) per 30 day(s) retail	MUGARD LIQD	2	2 max fill(s) per 30 day(s) retail
<i>sodium fluoride</i> (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
<i>sodium fluoride</i> (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	<i>pilocarpine hcl</i> (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	NP	2 max fill(s) per 30 day(s) retail	CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	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+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC
MULTIVITAMINS			CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG (<i>multiple vitamins w/ minerals</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC
B-Complex w/ Folic Acid			CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	NF	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 WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	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	<i>multiple vitamins w/ minerals TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP	ONE-A-DAY WOMENS 50 PLUS TABS (<i>multiple vitamins w/ minerals</i>)	NF	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>multiple vitamins w/ minerals</i>)	NF	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>multiple vitamins w/ minerals</i>)	NF	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>multiple vitamins w/ minerals</i>)	NF	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/FI & FE		
DIALYVITE 800-ZINC 15	2	2 max fill(s) per 30 day(s) retail; MP			
DIALYVITE/ZINC	1	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					
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ped multivitamins w/fl & iron SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
QUFLORA FE PEDIATRIC LIQD	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
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		
			BPROTECTED PEDIA POLY-VITE/FE SOLN	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN DROPS/IRON SOLN	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
MULTIVITAMIN INFANT & TODDLER SOLN	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
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>	1	2 max fill(s) per 30 day(s) retail; MP	Pediatric Vitamins		
<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	2	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
			FT PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP PRENATAL/FOLIC ACID 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
GNP PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP	<i>prenatal vit w/ docusate-fe fumarate-folic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
KP PRENATAL MULTIVITAMINS 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
MASONATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP	<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
M-NATAL PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MULTI PRENATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP	PRENATAL VITAMIN AND MINERAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
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 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
NEONATAL PLUS TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL/IRON TABS	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 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 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			
PRENATAL (W/IRON & FA) 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SE-NATAL 19 CHEW	1	2 max fill(s) per 30 day(s) retail; MP	<i>baclofen TABS 15 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
SE-NATAL 19 TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
THERANATAL CORE NUTRITION TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>carisoprodol TABS</i>	NP	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>	NP	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>	NP	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 5 MG, 10 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
WESTAB PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
Vitamins w/ Lipotropics			<i>FLEQSUVY SUSP (baclofen)</i>	NP	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	<i>LYVISPAH PACK</i>	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>metaxalone 400 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
Central Muscle Relaxants			<i>metaxalone 800 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
<i>AMRIX CP24 (cyclobenzaprine hcl)</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>METAXALONE 640 MG</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SOLN PO 10 MG/5ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SOLN PO 5 MG/5ML</i>	NP	QL(80 ML daily); 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol TABS 1000 MG</i>	NP	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
<i>methocarbamol TABS 750 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail	<i>tizanidine hcl TABS 2 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
<i>methocarbamol TABS 500 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	ZANAFLEX CAPS 8 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine citrate SOLN 30 MG/ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX CAPS 6 MG (<i>tizanidine hcl</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine citrate TB12</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	ZANAFLEX CAPS 4 MG (<i>tizanidine hcl</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
OZOBAX DS SOLN PO (<i>baclofen</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX CAPS 2 MG (<i>tizanidine hcl</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
OZOBAX SOLN PO (<i>baclofen</i>)	NP	QL(80 ML daily); 2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ROBAXIN SOLN (<i>methocarbamol</i>)	NF	2 max fill(s) per 30 day(s) retail	Direct Muscle Relaxants		
ROBAXIN SOLN (<i>methocarbamol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SOMA TABS (<i>carisoprodol</i>)	NP	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 (<i>dantrolene sodium</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl CAPS 2 MG</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium CAPS 25 MG, 50 MG</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tizanidine hcl CAPS 4 MG</i>	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium CAPS 100 MG</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tizanidine hcl CAPS 6 MG</i>	NP	QL(3 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
			RYANODEX SUSR	2	2 max fill(s) per 30 day(s) retail; PA
			Fibrodysplasia Ossificans Progressiva (FOP) Agents		

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>orphenadrine w/ aspirin & caff</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
RYALTRIS	NP	QL(29 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (<i>saline</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>saline SOLN 0.65 %</i>	1	2 max fill(s) per 30 day(s) retail
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/ Limits
<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>olopatadine hcl (nasal)</i>	NP	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	2 max fill(s) per 30 day(s) retail
Nasal Steroids		
<i>budesonide (nasal)</i>	1	2 max fill(s) per 30 day(s) retail
<i>flunisolide (nasal)</i>	NP	2 max fill(s) per 30 day(s) retail
<i>fluticasone propionate (nasal) SUSP</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; RX/OTC
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	NP	2 max fill(s) per 30 day(s) retail; RX/OTC
OMNARIS SUSP	NP	2 max fill(s) per 30 day(s) retail
QNASL	NP	2 max fill(s) per 30 day(s) retail
QNASL CHILDRENS	NP	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
XHANCE EXHU	NP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUDAFED PE SINUS CONGESTION TABS (<i>phenylephrine hcl (oral)</i>)	NF	2 max fill(s) per 30 day(s) retail	SKYCLARYS	CO	2 max fill(s) per 30 day(s) retail; SP
SUDAFED SINUS CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail	Muscular Dystrophy Agents		
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			AMONDYS 45	CO	SP
ALS Agents			DUVYZAT	CO	2 max fill(s) per 30 day(s) retail; SP
<i>edaravone SOLN 30 MG/100ML</i>	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 10.0-10.4 KG	CO	SP
<i>edaravone SOLN 60 MG/100ML</i>	CO	2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 10.5-11.4 KG	CO	SP
QALSODY	CO		ELEVIDYS 11.5-12.4 KG	CO	SP
RADICAVA ORS STARTER KIT SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 12.5-13.4 KG	CO	SP
RADICAVA ORS SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 13.5-14.4 KG	CO	SP
RADICAVA SOLN (<i>edaravone</i>)	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 14.5-15.4 KG	CO	SP
RELYVRIO	CO	SP	ELEVIDYS 15.5-16.4 KG	CO	SP
RILUTEK TABS (<i>riluzole</i>)	NF	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ELEVIDYS 16.5-17.4 KG	CO	SP
<i>riluzole TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ELEVIDYS 17.5-18.4 KG	CO	SP
TIGLUTIK SUSP	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ELEVIDYS 18.5-19.4 KG	CO	SP
Friedrich's Ataxia Agents			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	CO	2 max fill(s) per 30 day(s) retail; SP
EVRYSDI PO 5 MG	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	Drug Name	Drug Tier	Requirements/ Limits
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	1	2 max fill(s) per 30 day(s) retail	BETIMOL (<i>timolol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>glycerin-hypromellose-polyethylene glycol 400</i>	2	2 max fill(s) per 30 day(s) retail	BETIMOL	NP	2 max fill(s) per 30 day(s) retail; MP
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	2	2 max fill(s) per 30 day(s) retail	BETIMOL (<i>timolol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	1	2 max fill(s) per 30 day(s) retail	BETOPTIC-S SUSP	NP	2 max fill(s) per 30 day(s) retail; MP
<i>polyvinyl alcohol 1.4 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>brimonidine tartrate-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>carteolol hcl (ophth)</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>propylene glycol (ophth)</i>	1	2 max fill(s) per 30 day(s) retail	COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>propylene glycol (ophth)</i>	2	2 max fill(s) per 30 day(s) retail	COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail	COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SYSTANE ULTRA PF SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail	COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail	COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
THERATEARS EXTRA SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>dorzolamide hcl-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>white petrolatum-mineral oil</i>	2	2 max fill(s) per 30 day(s) retail	ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>white petrolatum-mineral oil</i>	1	2 max fill(s) per 30 day(s) retail	<i>levobunolol hcl 0.5 %</i>	1	2 max fill(s) per 30 day(s) retail; MP
Beta-blockers - Ophthalmic			<i>timolol</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>betaxolol hcl (ophth) SOLN</i>	NP	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>	NP	2 max fill(s) per 30 day(s) retail; MP	MYDRIACYL SOLN (<i>tropicamide</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>timolol maleate (ophth) SOLN</i>	1	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 0.25 % (<i>timolol maleate (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	1	2 max fill(s) per 30 day(s) retail; PA
TIMOPTIC OCUDOSE SOLN 0.5 % (<i>timolol maleate (ophth)</i>)	2	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
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>timolol maleate (ophth)</i>)	NP	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
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>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 0.01 %, 1 % (<i>atropine sulfate (ophthalmic)</i>)	NF	2 max fill(s) per 30 day(s) retail	ALPHAGAN P (<i>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>	NP	2 max fill(s) per 30 day(s) retail; MP
ATROPINE SULFATE SOLN 1 %	2	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	NP	2 max fill(s) per 30 day(s) retail; PA	IOPIDINE	NP	2 max fill(s) per 30 day(s) retail; MP
CYCLOGYL (<i>cyclopentolate hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	SIMBRINZA	2	2 max fill(s) per 30 day(s) retail; MP
CYCLOMYDRIL	NP	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	NP	4 max fill(s) per 30 day(s) retail
			<i>bacitracin (ophthalmic)</i>	NP	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin-polymyxin b (ophth)</i>	NP	4 max fill(s) per 30 day(s) retail
BESIVANCE	NP	4 max fill(s) per 30 day(s) retail
CILOXAN OINT	NP	4 max fill(s) per 30 day(s) retail
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>erythromycin (ophth)</i>	1	4 max fill(s) per 30 day(s) retail
<i>gatifloxacin (ophth)</i>	NP	4 max fill(s) per 30 day(s) retail
<i>gentamicin sulfate (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>levofloxacin (ophth) 0.5 %</i>	NP	4 max fill(s) per 30 day(s) retail
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	4 max fill(s) per 30 day(s) retail
NATACYN	2	4 max fill(s) per 30 day(s) retail
<i>neomycin-bacitracin zn-polymyxin</i>	NP	4 max fill(s) per 30 day(s) retail
<i>neomycin-polymyxin-gramicidin</i>	NP	4 max fill(s) per 30 day(s) retail
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>ofloxacin (ophth)</i>	1	4 max fill(s) per 30 day(s) retail
<i>polymyxin b-trimethoprim</i>	1	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium (ophth) OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>tobramycin (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
TOBREX OINT	NP	4 max fill(s) per 30 day(s) retail
<i>trifluridine</i>	1	2 max fill(s) per 30 day(s) retail
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NF	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
XDEMVY	2	2 max fill(s) per 30 day(s) retail
ZIRGAN GEL	2	2 max fill(s) per 30 day(s) retail
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF	4 max fill(s) per 30 day(s) retail
Ophthalmic Gene Therapy		
ENCELTO IMPL IZ 200000 CELLS	CO	SP
LUXTURN A	CO	SP
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
<i>cyclosporine (ophth) EMUL</i>	1	2 max fill(s) per 30 day(s) retail
RESTASIS MULTIDOSE EMUL	2	2 max fill(s) per 30 day(s) retail
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	2 max fill(s) per 30 day(s) retail
VERKAZIA EMUL	NP	2 max fill(s) per 30 day(s) retail; PA
VEVYE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Integrin Antagonists		
XIIDRA	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Ophthalmic Kinase Inhibitors		
RHOPRESSA	2	2 max fill(s) per 30 day(s) retail; MP
ROCKLATAN	2	2 max fill(s) per 30 day(s) retail; MP
Ophthalmic Local Anesthetics		
AKTEN	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALCAINE (<i>proparacaine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX OINT	NP	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>loteprednol etabonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>tetracaine hcl (ophth)</i>	2	2 max fill(s) per 30 day(s) retail; PA	<i>loteprednol etabonate GEL</i>	NP	2 max fill(s) per 30 day(s) retail
<i>tetracaine hcl (ophth)</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>loteprednol etabonate SUSP</i>	NP	2 max fill(s) per 30 day(s) retail
Ophthalmic Nerve Growth Factors			MAXIDEX SUSP OP	NP	2 max fill(s) per 30 day(s) retail
OXERVATE	CO	2 max fill(s) per 30 day(s) retail; SP	MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	NF	4 max fill(s) per 30 day(s) retail
Ophthalmic Steroids			MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
ALREX SUSP (<i>loteprednol etabonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>bacitracin-poly-neomycin-hc</i>	NP	4 max fill(s) per 30 day(s) retail	MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	NF	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-polymyx-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-polymyx-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>difluprednate</i>)	NP	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	NP	2 max fill(s) per 30 day(s) retail	PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
FLAREX	NP	2 max fill(s) per 30 day(s) retail	PRED MILD	NP	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	NP	2 max fill(s) per 30 day(s) retail	PREDNISOLONE SODIUM PHOSPHATE	NP	2 max fill(s) per 30 day(s) retail
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	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	NP	2 max fill(s) per 30 day(s) retail	TOBRADEX ST SUSP	2	4 max fill(s) per 30 day(s) retail
LOTEMAX SM GEL	NP	2 max fill(s) per 30 day(s) retail			
LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA			

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

Drug Name	Drug Tier	Requirements/ Limits
XALATAN SOLN (<i>latanoprost</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
XALATAN SOLN (<i>latanoprost</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
XELPROS EMUL	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ZIOPTAN (<i>tafluprost</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
ZIOPTAN (<i>tafluprost</i>)	NP	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>isopropyl alcohol (otic)</i>)	2	2 max fill(s) per 30 day(s) retail
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	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>	NP	4 max fill(s) per 30 day(s) retail
CORTISPORIN-TC	NP	4 max fill(s) per 30 day(s) retail
<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		

Drug Name	Drug Tier	Requirements/ Limits
DERMOTIC (<i>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
<i>ampicillin sodium IJ 125 MG</i>	2	2 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
<i>ampicillin CAPS 500 MG</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
Natural Penicillins		
BICILLIN L-A SUSY	2	4 max fill(s) per 30 day(s) retail; PA
EXTENCILLINE SUSR	2	4 max fill(s) per 30 day(s) retail; PA
LENTOCILIN SUSR	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>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	NP	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
<i>penicillin g sodium</i>	1	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
<i>penicillin v potassium TABS</i>	1	4 max fill(s) per 30 day(s) retail
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>amoxicillin & pot clavulanate SUSR</i>	1	4 max fill(s) per 30 day(s) retail
<i>amoxicillin & pot clavulanate TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>amoxicillin & pot clavulanate TB12</i>	NP	4 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
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
BICILLIN C-R	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
<i>piperacillin sodium-tazobactam sodium</i>	1	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
PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	2	4 max fill(s) per 30 day(s) retail; PA
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
ZOSYN	2	4 max fill(s) per 30 day(s) retail; PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	4 max fill(s) per 30 day(s) retail
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROMETRIUM CAPS (progesterone)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ARICEPT TABS (donepezil hydrochloride)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
PROVERA 5 MG, 10 MG (medroxyprogesterone acetate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	donepezil hydrochloride TABS 23 MG	NP	2 max fill(s) per 30 day(s) retail; MP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			donepezil hydrochloride TABS 5 MG, 10 MG	1	2 max fill(s) per 30 day(s) retail; MP
Agents for Chemical Dependency			donepezil hydrochloride TBP	1	2 max fill(s) per 30 day(s) retail; MP
acamprosate calcium	1	2 max fill(s) per 30 day(s) retail; MP	EXELON (rivastigmine)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
disulfiram	1	2 max fill(s) per 30 day(s) retail; MP	galantamine hydrobromide CP24	NP	2 max fill(s) per 30 day(s) retail; MP
lofexidine hcl	NP	2 max fill(s) per 30 day(s) retail; PA	galantamine hydrobromide SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
LUCEMYRA (lofexidine hcl)	NP	2 max fill(s) per 30 day(s) retail; PA	galantamine hydrobromide TABS	NP	2 max fill(s) per 30 day(s) retail; MP
Anti-Cataleptic Agents			KISUNLA	CO	1 max fill(s) per 30 day(s) retail; SP
SODIUM OXYBATE SOLN	NP	SON; QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA	LEQEMBI	CO	1 max fill(s) per 30 day(s) retail; SP
XYREM SOLN	NP	SON; QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA	LEQEMBI IQLIK SC 360 MG/1.8ML	CO	1 max fill(s) per 30 day(s) retail; SP
XYWAV	NP	SON; QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA	memantine hcl CP24	NP	2 max fill(s) per 30 day(s) retail; MP
Antidementia Agents			memantine hcl-donepezil hcl CP24	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ADLARITY PTWK	NP	2 max fill(s) per 30 day(s) retail; MP; PA	memantine hcl SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ADUHELM	CO	SP	memantine hcl TABS	2	2 max fill(s) per 30 day(s) retail; MP
			memantine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
NAMENDA TABS (<i>memantine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
NAMZARIC CP24	NP	2 max fill(s) per 30 day(s) retail; MP; PA
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>rivastigmine</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>rivastigmine tartrate CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP
LYBALVI	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>olanzapine-fluoxetine hcl</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>perphenazine-amitriptyline</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SAVELLA TABS	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
TONMYA SUBL SL 2.8 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	CO	
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	QL(1 EA per 1 day(s) retail); 2 max fill(s) per 30 day(s) retail
AUSTEDO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
AUSTEDO TABS 6 MG, 9 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
AUSTEDO TABS 12 MG	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
INGREZZA CAPS 60 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
INGREZZA CAPS 80 MG	NP	2 max fill(s) per 30 day(s) retail; PA
INGREZZA CPPK	NP	2 max fill(s) per 30 day(s) retail; PA
INGREZZA CPSP 40 MG, 60 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 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 25 MG (<i>tetrabenazine</i>)	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>fingolimod hcl</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XENAZINE 12.5 MG (<i>tetrabenazine</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GILENYA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Multiple Sclerosis Agents			GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
AMPYRA (<i>dalfampridine</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>glatiramer acetate SOSY</i>	NP	2 max fill(s) per 30 day(s) retail; SP
AUBAGIO (<i>teriflunomide</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	KESIMPTA	2	2 max fill(s) per 30 day(s) retail; SP
AUBAGIO (<i>teriflunomide</i>)	NF	2 max fill(s) per 30 day(s) retail	LEMTRADA	NP	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)	NP	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)	NP	2 max fill(s) per 30 day(s) retail; SP
BAFIERTAM	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (5 TABS)	NP	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)	NP	2 max fill(s) per 30 day(s) retail; SP
BRIUMVI	NP	2 max fill(s) per 30 day(s) retail; SP; PA	MAVENCLAD (7 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP
COPAXONE SOSY (<i>glatiramer acetate</i>)	2	2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (8 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP
<i>dalfampridine</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	MAVENCLAD (9 TABS)	NP	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	NP	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 TITRATION PACK SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP
MAYZENT STARTER PACK TBPK 0.25 MG	NP	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 SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP
MAYZENT TABS	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	REBIF TITRATION PACK SOSY	NP	2 max fill(s) per 30 day(s) retail; SP
OCREVUS	NP	2 max fill(s) per 30 day(s) retail; SP; PA	REBIF SOSY	NP	2 max fill(s) per 30 day(s) retail; SP
OCREVUS ZUNOVO	NP	QL(23 ML per 180 day(s) retail; 23 ML per 180 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	NP	2 max fill(s) per 30 day(s) retail; SP	TECFIDERA CDPK (dimethyl fumarate)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PLEGRIDY STARTER PACK SOSY SC	NP	2 max fill(s) per 30 day(s) retail; SP	TECFIDERA CPDR (dimethyl fumarate)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PLEGRIDY SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP	teriflunomide	1	2 max fill(s) per 30 day(s) retail
PLEGRIDY SOSY IM	NP	2 max fill(s) per 30 day(s) retail; SP	TYRUKO CONC IV 300 MG/15ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
PONVORY STARTER PACK TBPK	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	TYSABRI	NP	2 max fill(s) per 30 day(s) retail; SP; PA
PONVORY TABS	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VUMERITY	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
			ZEPOSIA 7-DAY STARTER PACK CPPK	NP	2 max fill(s) per 30 day(s) retail; SP; PA
			ZEPOSIA STARTER KIT CPPK	NP	4 max fill(s) per 30 day(s) retail; SP; PA
			ZEPOSIA CAPS	NP	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>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>fluoxetine hcl (pmdd) TABS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>gabapentin (once-daily) TABS</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Pseudobulbar Affect (PBA) Agents		
<i>gabapentin (once-daily) TABS</i>	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	NUDEXTA	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Psychotherapeutic and Neurological Agents - Misc.		
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; 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
LYRICA CR 330 MG (<i>pregabalin (once-daily)</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>ergoloid mesylates TABS</i>	1	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
LYRICA CR 82.5 MG, 165 MG (<i>pregabalin (once-daily)</i>)	NP	SON; 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
LYRICA CR 330 MG (<i>pregabalin (once-daily)</i>)	NF	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>pimozide</i>	1	SON; QL(5 EA daily); 2 max fill(s) per 30 day(s) retail
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Restless Leg Syndrome (RLS) Agents		
<i>pregabalin (once-daily) 330 MG</i>	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	HORIZANT	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Premenstrual Dysphoric Disorder (PMDD) Agents			Smoking Deterrents		
			<i>bupropion hcl (smoking deterrent)</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
			CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX TABS (varenicline tartrate)	NP	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
NICORETTE MINI LOZG (nicotine polacrilex)	NF	2 max fill(s) per 30 day(s) retail; MP
NICORETTE MINI LOZG 2 MG (nicotine polacrilex)	NF	
NICORETTE STARTER KIT GUM (nicotine polacrilex)	NF	2 max fill(s) per 30 day(s) retail; MP
NICORETTE GUM (nicotine polacrilex)	NF	2 max fill(s) per 30 day(s) retail; MP
nicotine polacrilex GUM	1	2 max fill(s) per 30 day(s) retail; MP
nicotine polacrilex LOZG	1	2 max fill(s) per 30 day(s) retail; MP
nicotine polacrilex LOZG	2	2 max fill(s) per 30 day(s) retail; MP
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	2 max fill(s) per 30 day(s) retail; MP
NICOTROL NS SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
varenicline tartrate TABS	1	2 max fill(s) per 30 day(s) retail; MP
varenicline tartrate TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP
varenicline tartrate TBPk	1	2 max fill(s) per 30 day(s) retail; MP
Transthyretin Amyloidosis Agents		
AMVUTTRA	CO	QL(0.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
ONPATTRO	CO	2 max fill(s) per 30 day(s) retail; SP
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
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
GLASSIA SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
PROLASTIN-C SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
ZEMAIRA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
Cystic Fibrosis Agents		
ALYFTREK 125 MG-10 MG-50 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ALYFTREK 50 MG-4 MG-20 MG	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
BRONCHITOL	CO	
BRONCHITOL TOLERANCE TEST	CO	
KALYDECO PACK 25 MG, 50 MG, 75 MG	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK 5.8 MG, 13.4 MG	CO	
KALYDECO TABS	CO	SP
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	CO	SP
ORKAMBI PACK 94 MG-75 MG	CO	
ORKAMBI TABS	CO	SP
PULMOZYME	CO	SP
SYMDEKO	CO	SP
TRIKAFTA TBPk	CO	SP
TRIKAFTA THPK	CO	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	NF	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail
ESBRIET CAPS (<i>pirfenidone</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 267 MG (<i>pirfenidone</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 801 MG (<i>pirfenidone</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 267 MG (<i>pirfenidone</i>)	NF	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail
ESBRIET TABS 801 MG (<i>pirfenidone</i>)	NF	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
JASCAYD TABS PO 9 MG, 18 MG	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
OFEV	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>pirfenidone</i> CAPS	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone</i> TABS 801 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone</i> TABS 267 MG	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone</i> TABS 534 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Respiratory Agents - Misc.		
BRINSUPRI TABS PO 10 MG, 25 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine</i> TABS	1	4 max fill(s) per 30 day(s) retail
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	2	4 max fill(s) per 30 day(s) retail; PA
NUZYRA TABS	NP	4 max fill(s) per 30 day(s) retail
Fluorocyclines		
XERAVA	2	4 max fill(s) per 30 day(s) retail; PA
Glycylcyclines		
<i>tigecycline</i>	1	4 max fill(s) per 30 day(s) retail; PA
TIGECYCLINE	1	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYGACIL (<i>tigecycline</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>tetracycline hcl CAPS</i>	NP	4 max fill(s) per 30 day(s) retail
Tetracyclines			TETRACYCLINE HCL TABS	NP	2 max fill(s) per 30 day(s) retail
<i>demeclocycline hcl TABS</i>	NP	4 max fill(s) per 30 day(s) retail	VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NF	4 max fill(s) per 30 day(s) retail
DORYX MPC TBEC 60 MG	NP	4 max fill(s) per 30 day(s) retail	VIBRAMYCIN SUSR (<i>doxycycline monohydrate</i>)	NF	4 max fill(s) per 30 day(s) retail
DORYX TBEC 50 MG (<i>doxycycline hyclate</i>)	NF	4 max fill(s) per 30 day(s) retail	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
<i>doxycycline monohydrate</i> CAPS 75 MG, 150 MG	NP	4 max fill(s) per 30 day(s) retail	Antithyroid Agents		
<i>doxycycline monohydrate</i> CAPS 50 MG, 100 MG	1	4 max fill(s) per 30 day(s) retail	<i>methimazole TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>doxycycline monohydrate</i> SUSR	NP	4 max fill(s) per 30 day(s) retail	<i>propylthiouracil</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>doxycycline monohydrate</i> TABS	1	4 max fill(s) per 30 day(s) retail	Thyroid Hormones		
<i>doxycycline hyclate CAPS</i>	1	4 max fill(s) per 30 day(s) retail	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP
<i>doxycycline hyclate SOLR</i>	NP	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 SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA	ARMOUR THYROID TABS	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	CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>doxycycline hyclate TBEC</i>	NP	4 max fill(s) per 30 day(s) retail	ERMEZA SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA
MINOCIN SOLR	2	4 max fill(s) per 30 day(s) retail; PA	LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; 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>	NP	4 max fill(s) per 30 day(s) retail	<i>levothyroxine sodium SOLR IV</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>minocycline hcl TB24</i>	NP	4 max fill(s) per 30 day(s) retail; PA			
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NF	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	1	2 max fill(s) per 30 day(s) retail; PA	INFANRIX	2	
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	NF	2 max fill(s) per 30 day(s) retail	KINRIX SUSY	2	
<i>levothyroxine sodium</i> TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	PEDIARIX SUSY	2	
<i>levothyroxine sodium</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP	PENTACEL	2	
<i>liothyronine sodium</i> SOLN	1	2 max fill(s) per 30 day(s) retail; PA	QUADRACEL SUSP	2	
<i>liothyronine sodium</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP	QUADRACEL SUSY	2	
NIVA THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP	TDVAX SUSP	2	
NP THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP	TENIVAC SUSP 2 LFU-5 LFU	2	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	2	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VAXELIS SUSP	2	
THYQUIDITY SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VAXELIS SUSY	2	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TOXOIDS			Antispasmodics		
Toxoid Combinations			BENTYL SOLN IM (<i>dicyclomine hcl</i>)	NP	
ADACEL SUSP	2		<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	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		CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
BOOSTRIX SUSP	2		<i>dicyclomine hcl</i> CAPS	1	2 max fill(s) per 30 day(s) retail
BOOSTRIX SUSY	2		<i>dicyclomine hcl</i> SOLN IM	1	
DAPTACEL	2		<i>dicyclomine hcl</i> SOLN PO	1	2 max fill(s) per 30 day(s) retail
			<i>dicyclomine hcl</i> TABS	NP	2 max fill(s) per 30 day(s) retail; PA
			<i>dicyclomine hcl</i> TABS	1	2 max fill(s) per 30 day(s) retail
			GLYCATE TABS	NP	2 max fill(s) per 30 day(s) retail; PA
			GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	NP	
			<i>glycopyrrolate</i> SOLN PO 1 MG/5ML	1	2 max fill(s) per 30 day(s) retail
			<i>glycopyrrolate</i> SOLN IJ	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate SOSY IJ</i>	NP	
GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	2 max fill(s) per 30 day(s) retail
GLYRX-PF SOLN IJ	NP	
<i>hyoscyamine sulfate ELIX</i>	1	2 max fill(s) per 30 day(s) retail
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>hyoscyamine sulfate TABS 0.125 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	2 max fill(s) per 30 day(s) retail
<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>	NP	2 max fill(s) per 30 day(s) retail; PA
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NP	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>	NP	2 max fill(s) per 30 day(s) retail; PA
ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ROBINUL TABS (<i>glycopyrrolate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
H-2 Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine hcl PO 300 MG/5ML</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cimetidine TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>famotidine in nacl SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NP	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>	NP	2 max fill(s) per 30 day(s) retail; MP
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NF	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PEPCID AC TABS (<i>famotidine</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>sucralfate</i>)	NF	2 max fill(s) per 30 day(s) retail
CARAFATE TABS (<i>sucralfate</i>)	NP	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>rabeprazole sodium</i>)	NF	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
DEXILANT (<i>dexlansoprazole</i>)	NP	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</i> TBEC	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>dexlansoprazole</i>	NP	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</i> MG	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</i> CPDR 20 MG	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; RX/OTC	<i>lansoprazole CPDR</i>	NP	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</i> CPDR	NP	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>lansoprazole TBDD</i>	NP	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</i> PACK	NP	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>esomeprazole sodium</i>)	NF	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
NEXIUM CPDR (esomeprazole magnesium)	NP	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	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
NEXIUM PACK (esomeprazole magnesium)	NP	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
omeprazole CPDR 20 MG, 40 MG	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
omeprazole CPDR 10 MG	NP	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 PACK	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
omeprazole TBEC	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	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 SOLR 40 MG (pantoprazole sodium)	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	PROTONIX PACK (<i>pantoprazole sodium</i>)	NP	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 24HR CPDR (<i>lansoprazole</i>)	NF	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 (<i>pantoprazole sodium</i>)	NP	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 (<i>lansoprazole</i>)	NP	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 (<i>pantoprazole sodium</i>)	NP	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 (<i>lansoprazole</i>)	NP	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>rabeprazole sodium TBEC</i>	NP	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	NP	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	NP	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
			Ulcer Drugs - Prostaglandins		
			CYTOTEC 100 MCG (<i>misoprostol</i>)	NF	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC (<i>misoprostol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>misoprostol</i>	1	2 max fill(s) per 30 day(s) retail
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	2 max fill(s) per 30 day(s) retail; PA
KONVOMEK SUSR	NP	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
OMECLAMOX-PAK	NP	2 max fill(s) per 30 day(s) retail; PA
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	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
<i>omeprazole-sodium bicarbonate PACK</i>	NP	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
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
TALICIA	NP	2 max fill(s) per 30 day(s) retail; PA
VOQUEZNA DUAL PAK	NP	2 max fill(s) per 30 day(s) retail; PA
VOQUEZNA TRIPLE PAK	NP	2 max fill(s) per 30 day(s) retail; PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	2 max fill(s) per 30 day(s) retail; MP
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
DETROL TABS (<i>tolterodine tartrate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
DETROL TABS (<i>tolterodine tartrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fesoterodine fumarate</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>oxybutynin chloride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>oxybutynin chloride TABS 5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OXYTROL PTTW	NP	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	MYRBETRIQ TB24 (<i>mirabegron</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>solifenacin succinate TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Urinary Antispasmodics - Cholinergic Agonists		
<i>tolterodine tartrate CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>bethanechol chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>tolterodine tartrate TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	Urinary Antispasmodics - Direct Muscle Relaxants		
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>flavoxate hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>trospium chloride CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	VACCINES		
<i>trospium chloride TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	Bacterial Vaccines		
VESICARE LS SUSP	NP	2 max fill(s) per 30 day(s) retail; MP	ACTHIB SOLR IM	2	
VESICARE TABS (<i>solifenacin succinate</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	BCG VACCINE	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			BEXSERO 0.5 ML	2	
GEMTESA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	BIOTHRAX	2	
<i>mirabegron TB24</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	HIBERIX SOLR IJ	2	
MYRBETRIQ SRER	NP	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABRYSVO	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT SUSY	2	
ACAM2000	2		FLUCELVAX SUSP	2	
AFLURIA PRESERVATIVE FREE SUSY	2		FLUCELVAX SUSY	2	
AFLURIA QUADRIVALENT SUSP	2		FLULAVAL QUADRIVALENT SUSY	2	
AFLURIA QUADRIVALENT SUSY 0.5 ML	2		FLULAVAL SUSY	2	
AFLURIA SUSP	2		FLUMIST	2	
AREXVY	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA	FLUMIST QUADRIVALENT	2	
AUDENZ EMUL	2		FLUZONE HIGH-DOSE QUADRIVALENT	2	AL(At least 65 yrs old)
AUDENZ PRSY	2		FLUZONE HIGH-DOSE SUSY	2	AL(At least 65 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	2		FLUZONE QUADRIVALENT SUSP	2	
COMIRNATY SUSP	2		FLUZONE QUADRIVALENT SUSY	2	
COMIRNATY SUSY	2		FLUZONE SUSP	2	
DENG VAXIA	2		FLUZONE SUSY	2	
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail	GARDASIL 9 SUSP 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail	GARDASIL 9 SUSY 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUAD	2	AL(At least 65 yrs old)	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	2	
FLUAD QUADRIVALENT	2	AL(At least 65 yrs old)	HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail
FLUARIX QUADRIVALENT SUSY	2		IMOVAX RABIES SUSR	2	
FLUARIX SUSY	2		IPOLE	2	
FLUBLOK QUADRIVALENT	2		IXIARO	2	
FLUBLOK SOSY	2		JYNNEOS	2	
FLUCELVAX QUADRIVALENT SUSP	2		M-M-R II SOLR	2	
			MNEXSPIKE SUSY 10 MCG/0.2ML	2	
			MODERNA COVID-19 BIVALENT	2	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	2 max fill(s) per 30 day(s) retail	PREMARIN	2	2 max fill(s) per 30 day(s) retail; MP
NUVESSA	NP	4 max fill(s) per 30 day(s) retail	VAGIFEM TABS (<i>estradiol vaginal</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>terconazole vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail	Vaginal Progestins		
<i>terconazole vaginal SUPP</i>	NP	2 max fill(s) per 30 day(s) retail	CRINONE GEL	2	2 max fill(s) per 30 day(s) retail; PA
VANDAZOLE	NP	4 max fill(s) per 30 day(s) retail	ENDOMETRIN INST 100 MG (<i>progesterone vaginal</i>)	2	2 max fill(s) per 30 day(s) retail; PA
XACIATO GEL	NP	2 max fill(s) per 30 day(s) retail; PA	<i>progesterone (vaginal) INST 100 MG</i>	1	2 max fill(s) per 30 day(s) retail
Vaginal Contraceptive - pH Modulators			VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
PHEXX	2	2 max fill(s) per 30 day(s) retail; MP	Anaphylaxis Therapy Agents		
PHEXXI	2	2 max fill(s) per 30 day(s) retail; MP	ADRENALIN SOLN IJ 1 MG/ML (<i>epinephrine anaphylaxis</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Vaginal Estrogens			ADRENALIN SOLN IJ 30 MG/30ML (<i>epinephrine anaphylaxis</i>)	NP	PA
ESTRACE CREA (<i>estradiol vaginal</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	AUVI-Q SOAJ	NP	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	<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>estradiol vaginal TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>epinephrine (anaphylaxis) SOAJ</i>	1	2 max fill(s) per 30 day(s) retail
<i>estradiol vaginal TABS</i>	1	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
ESTRING RING 7.5 MCG/24HR	2	2 max fill(s) per 30 day(s) retail; MP	<i>epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML</i>	NP	PA
FEMRING	NP	2 max fill(s) per 30 day(s) retail; MP; PA	EPIPEN 2-PAK SOAJ (<i>epinephrine anaphylaxis</i>)	2	2 max fill(s) per 30 day(s) retail
IMVEXXY MAINTENANCE PACK INST	NP	2 max fill(s) per 30 day(s) retail; MP; PA	EPIPEN JR 2-PAK SOAJ (<i>epinephrine anaphylaxis</i>)	2	2 max fill(s) per 30 day(s) retail
IMVEXXY STARTER PACK INST	NP	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEFFY SOLN NA	2	2 max fill(s) per 30 day(s) retail; PA	PHENYLEPHRINE HCL (PRESSORS) SOLN IV (<i>phenylephrine hcl (pressors)</i>)	2	PA
Neurogenic Orthostatic Hypotension (NOH) - Agents			VAZCULEP SOLN IV (<i>phenylephrine hcl (pressors)</i>)	2	PA
<i>droxidopa</i>	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA	VITAMINS		
NORTHERA (<i>droxidopa</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Oil Soluble Vitamins		
Vasopressors			BABY DDROPS LIQD PO (<i>cholecalciferol</i>)	2	2 max fill(s) per 30 day(s) retail; MP
AKOVAZ SOLN IV (<i>ephedrine sulfate (pressors)</i>)	NP	PA	<i>cholecalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ephedrine sulfate (pressors) SOLN IV</i>	1	PA	<i>cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	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>epinephrine</i>)	NP	PA	<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>epinephrine SOLN IJ</i>	1	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
EPINEPHRINE SOLN IJ (<i>epinephrine</i>)	NF	2 max fill(s) per 30 day(s) retail	D3 BABY DROPS LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP
LEVOPHED IV (<i>norepinephrine bitartrate</i>)	2	PA	DDROPS LIQD PO 2000 UT/0.028ML	2	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	DRISDOL CAPS (<i>ergocalciferol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>norepinephrine bitartrate IV</i>	1	PA	D-VI-SOL LIQD PO (<i>cholecalciferol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA	D-VI-SOL LIQD PO (<i>cholecalciferol</i>)	1	2 max fill(s) per 30 day(s) retail; MP
<i>phenylephrine hcl (pressors) SOLN IV</i>	1	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ergocalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ENDUR-AMIDE TBCR	2	2 max fill(s) per 30 day(s) retail; MP
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1	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
OPTIMAL D3 M CAPS	2	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
SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	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
VITAMIN D (ERGOCALCIFEROL) CAPS	2	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
VITAMIN D2 TABS 2000 UNIT	2	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
VITAMIN D2 TABS 400 UNIT	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
VITAMIN D3 IMMUNE HEALTH LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP	SLO-NIACIN TBCR 750 MG (<i>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	SLO-NIACIN TBCR 500 MG (<i>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	<i>thiamine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
VITAMIN D3 TABS (<i>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 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
Water Soluble Vitamins			<i>thiamine mononitrate TABS 250 MG</i>	2	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

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN B6 LIQD PO 12.5 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP

INDEX

1ST TIER UNIFINE PENTIPS ...147	LANCETS .....137	acetic acid (otic) .....186
1ST TIER UNIFINE PENTIPS PLUS 147	ACCU-CHEK SOFTCLIX LANCETS 137	acetylcysteine SOLN .....94
abacavir sulfate SOLN .....77	ACCUPRIL (quinapril hcl) .....52	ACID GONE SUSP 358 MG/15ML-95 MG/15ML .....17
abacavir sulfate TABS .....77	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) .....54	ACIPHEX TBEC (rabeprazole sodium) .....197
abacavir sulfate-lamivudine .....77	ACE AEROSOL CLOUD	acitretin .....98
ABECMA .....60	ENHANCER MISC .....154	ACTEMRA ACTPEN SOAJ .....8
ABILIFY ASIMTUFII PRSY .....76	acebutolol hcl CAPS .....82	ACTEMRA SOLN .....8
ABILIFY MAINTENA PRSY .....76	acetaminophen CHEW .....11	ACTEMRA SOSY .....8
ABILIFY MAINTENA SRER .....76	acetaminophen LIQD 160 MG/5ML 11	ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML .....110
ABILIFY MYCITE MAINTENANCE KIT .....76	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .....11	ACTHAR GEL .....110
ABILIFY MYCITE STARTER KIT .76	acetaminophen SUPP 120 MG, 650 MG .....12	ACTHIB SOLR IM .....202
ABILIFY TABS (aripiprazole) .....76	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML .....12	ACTI-LANCE 28G .....137
abiraterone acetate 250 MG .....61	acetaminophen SUSP 160 MG/5ML . 12	ACTI-LANCE LITE LANCETS 28G 137
abiraterone acetate 500 MG .....61	acetaminophen TABS 325 MG, 500 MG .....12	ACTI-LANCE SPECIAL LANCETS 17G .....137
ABOUTTIME PEN NEEDLE .....147	acetaminophen TBCR .....12	ACTI-LANCE UNIVERSAL 23G .137
ABRILADA (1 PEN) AJKT .....6	acetaminophen w/ codeine SOLN .14	ACTIMMUNE 100 MCG/0.5ML ....69
ABRILADA (2 PEN) AJKT .....6	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG .....14	ACTIQ LPOP 400 MCG (fentanyl citrate) .....12
ABRILADA (2 SYRINGE) PSKT ....6	acetaminophen w/ codeine TABS .14	ACTIVASE IV .....127
ABRYSVO .....203	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ...14	ACTIVEVILLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 115
ABSORICA (isotretinoin) .....94	acetazolamide CP12 .....107	ACTIVITY POUCH MISC .....154
ABSORICA LD .....94	acetazolamide sodium .....107	ACTONEL TABS 35 MG, 150 MG (risedronate sodium) .....108
ACAM2000 .....203	acetazolamide TABS .....107	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 37
acamprosate calcium .....188		ACTOS (pioglitazone hcl) .....43
acarbose .....36		
ACCOLATE (zafirlukast) .....21		
ACCRUFER .....130		
ACCU-CHEK FASTCLIX LANCETS . 137		
ACCU-CHEK SAFE-T PRO		

ACULAR (ketorolac tromethamine (ophth))	185	START AJKT 80 MG/0.8ML	6	ADDERALL TABS (amphetamine-dextroamphetamine)	1
ACULAR LS (ketorolac tromethamine (ophth))	185	ADALIMUMAB-ADAZ SOAJ	7	ADDERALL XR CP24 (amphetamine-dextroamphetamine)	1
ACUVAIL	185	ADALIMUMAB-ADAZ SOSY	7	adefovir dipivoxil	80
acyclovir CAPS	81	ADALIMUMAB-ADB (2 PEN) AJKT	7	ADEMPAS	87
acyclovir sodium SOLN	81	ADALIMUMAB-ADB (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	7	adenosine SOLN	19
acyclovir SUSP	81	ADALIMUMAB-ADB (2 SYRINGE) PSKT	7	ADJUSTABLE LANCING DEVICE MISC	137
acyclovir TABS PO	81	ADALIMUMAB-ADB (CD/UC/HS STRT) AJKT	7	ADLARITY PTWK	188
acyclovir topical CREA	99	ADALIMUMAB-ADB (PS/UV STARTER) AJKT	7	ADMELOG SOLN IJ	40
acyclovir topical OINT	99	ADALIMUMAB-FKJP (2 PEN) AJKT	7	ADMELOG SOLOSTAR SOPN	40
ACZONE 7.5 % (dapsone (topical))	94	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	7	ADRENALIN SOLN IJ 1 MG/ML (epinephrine (anaphylaxis))	205
ADACEL SUSP	196	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	7	ADRENALIN SOLN IJ 30 MG/30ML (epinephrine (anaphylaxis))	205
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	196	ADALIMUMAB-RYVK (2 PEN) AJKT	7	ADSTILADRIN	61
ADAKVEO	127	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	7	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	195
ADALIMUMAB-AACF (2 PEN) AJKT	6	adapalene CREA	94	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	195
ADALIMUMAB-AACF (2 SYRINGE) PSKT	6	adapalene GEL	94	ADUHELM	188
ADALIMUMAB-AACF (CD/UC/HS STRT) AJKT	6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	94	ADULT AEROSOL MASK MISC	154
ADALIMUMAB-AACF (PS/UV STARTER) AJKT	6	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	94	ADULT MASK DEVI	154
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	6	ADASUVE	74	ADULT MASK LARGE MISC	154
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	6	ADBRY SOAJ	103	ADVAIR DISKUS AEPB (fluticasone-salmeterol)	22
ADALIMUMAB-AATY (2 PEN) AJKT	6	ADBRY SOSY	103	ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT (fluticasone-salmeterol)	22
ADALIMUMAB-AATY (2 SYRINGE) PSKT	6	ADCIRCA TABS (tadalafil (pulmonary hypertension))	87	ADVAIR HFA AERO (fluticasone-salmeterol)	22
ADALIMUMAB-AATY CD/UC/HS				ADVANCED MOBILE LANCET	137

ADVATE	124	AEROCHAMBER MINI CHAMBER DEVI	154	PLUS/SMALL MISC	155
ADVIL TABS (ibuprofen)	9	AEROCHAMBER MV MISC	154	AEROCHAMBER2GO ANTI-STATIC DEVI	155
ADVIN COVID-19 ANTIGEN TEST KIT	106	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	154	AEROECLIPSE EZ TWIST TUBING MISC	155
ADVOCATE ALCOHOL PREP PADS	146	AEROCHAMBER PLUS FLO-VU INTERM DEVI	154	AEROECLIPSE MASK LARGE MISC	155
ADVOCATE INSULIN PEN NEEDLE	147	AEROCHAMBER PLUS FLO-VU LARGE DEVI	154	AEROECLIPSE MASK MEDIUM MISC	155
ADVOCATE INSULIN PEN NEEDLES	147	AEROCHAMBER PLUS FLO-VU LARGE MISC	155	AEROECLIPSE MASK SMALL MISC	155
ADVOCATE INSULIN SYRINGE 147		AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	155	AEROTRACH PLUS MISC	155
ADVOCATE LANCETS	137	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	155	AEROVENT PLUS DEVI	156
ADVOCATE LANCETS 30G	137	AEROCHAMBER PLUS FLO-VU MISC	155	AFINITOR DISPERZ TBSO (everolimus)	63
ADVOCATE LANCING DEVICE MISC	137	AEROCHAMBER PLUS FLO-VU SMALL DEVI	155	AFINITOR TABS (everolimus)	63
ADVOCATE RAPID-SAFE LANCING MISC	137	AEROCHAMBER PLUS FLO-VU SMALL MISC	155	AFLURIA PRESERVATIVE FREE SUSY	203
ADVOCATE SAFETY LANCETS 137		AEROCHAMBER PLUS FLO-VU W/MASK MISC	155	AFLURIA QUADRIVALENT SUSP 203	
ADVOCATE SAFETY LANCETS 21G	137	AEROCHAMBER PLUS FLOW VU MISC	155	AFLURIA QUADRIVALENT SUSY 0.5 ML	203
ADVOCATE SAFETY LANCETS 23G	137	AEROCHAMBER W/FLOWSIGNAL MISC	155	AFLURIA SUSP	203
ADVOCATE SAFETY LANCETS 26G	137	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	155	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	40
ADVOCATE SAFETY LANCETS 28G	137	AEROCHAMBER Z-STAT PLUS MISC	155	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	124
ADYNOVATE	124	AEROCHAMBER Z-STAT PLUS/LARGE MISC	155	AGAMATRIX ULTRA-THIN LANCETS	137
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (amphetamine)	1	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	155	AGAMREE	91
AEROBIKA DEVI	154	AEROCHAMBER Z-STAT MISC	155	AGRYLIN 0.5 MG (anagrelide hcl) 126	
AEROCHAMBER HOLDING CHAMBER DEVI	154	AEROCHAMBER Z-STAT MISC	155	AIMOVIG	163
		AEROCHAMBER Z-STAT MISC	155	AIMSCO LUBRICATED MISC ...	136

AIMSCO TWIST LANCETS 32G	137	100	ALL FLOW 5000 PFT FILTER DEVI .	156
AIMSCO TWIST LANCETS 33G	138	ALCOH-GLOVE CONTOURED	ALL FLOW 6000 PFT FILTER DEVI .	156
AIRDUO RESPICLICK 113/14 AEPB		WIPE	ALL FLOW 7000 PFT FILTER DEVI .	156
(fluticasone-salmeterol)	22	ALCOHOL PADS	allopurinol 100 MG, 300 MG	123
AIRDUO RESPICLICK 232/14 AEPB		ALCOHOL PREP	allopurinol 200 MG	123
(fluticasone-salmeterol)	22	ALCOHOL PREP PADS	allopurinol sodium	123
AIRDUO RESPICLICK 55/14 AEPB		ALCOHOL SWABS	almotriptan malate	164
(fluticasone-salmeterol)	22	ALDACTONE TABS (spironolactone)	alogliptin benzoate	39
AIRS PEDIATRIC AEROSOL MASK			alogliptin-metformin hcl	37
MISC	156		alogliptin-pioglitazone 15 MG-25 MG,	
AIRSUPRA	22	ALDURAZYME	30 MG-12.5 MG, 30 MG-25 MG, 45	
AJOVY SOAJ	163	ALECENSA	MG-25 MG	37
AJOVY SOSY	163	alendronate sodium SOLN	ALOPRIM (allopurinol sodium)	123
AKEEGA	61	alendronate sodium TABS 10 MG, 35	alose tron hcl	120
AKLIEF	94	MG, 70 MG	ALPHAGAN P (brimonidine tartrate)	182
AKOVAZ SOLN IV (ephedrine sulfate		ALEVE ALL DAY STRONG TABS	ALPHANATE SOLR	124
(pressors))	206	220 MG (naproxen sodium)	ALPHANINE SD 500 UNIT, 1000	
AKTEN	183	ALEVE TABS (naproxen sodium)	UNIT, 1500 UNIT	124
AKYNZEO (READY-TO-USE) SOLN	46	alfuzosin hcl	ALPRAZOLAM INTENSOL CONC	19
AKYNZEO (TO-BE-DILUTED) SOLN	46	ALHEMO	alprazolam TABS	19
AKYNZEO	46	aliskiren fumarate	alprazolam TB24	19
AKYNZEO SOLR	46	ALIVE MULTI-VITAMIN CHILDRENS	alprazolam TBDP	19
albendazole	17	CHEW	ALPROLIX	124
albuterol sulfate AERS	22	ALKINDI SPRINKLE CPSP	ALREX SUSP (lote prednol	
albuterol sulfate NEBU	22	ALL FLOW 1000 PFT FILTER DEVI .	etabonate)	184
albuterol sulfate SYRP	22	156	ALTACE CAPS 1.25 MG, 5 MG, 10	
albuterol sulfate TABS	22	ALL FLOW 1000 PFT FILTER MISC .	MG (ramipril)	52
ALCAINE (proparacaine hcl)	184	156	ALTOPREV TB24 20 MG, 40 MG, 60	
alclometasone dipropionate CREA	100	ALL FLOW 2000 PFT FILTER DEVI .	MG	51
alclometasone dipropionate OINT		156		

ALTUVIII 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	124	MG/ML	130	187	
aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML	17	aminocaproic acid SOLN PO 0.25 GM/ML	130	186	amoxicillin CAPS
ALUNBRIG TABS	63	aminocaproic acid TABS	130	186	amoxicillin CHEW 125 MG, 250 MG . 186
ALUNBRIG TBPK	63	AMINOPHYLLINE SOLN 25 MG/ML . 23		186	amoxicillin SUSR
ALVAIZ 36 MG, 54 MG	128	amiodarone hcl TABS	20	186	amoxicillin TABS
ALVAIZ 9 MG, 18 MG	128	AMITIZA (lubiprostone)	118		amoxicillin-clarithromycin w/ lansoprazole THPK
ALVESCO	21	amitriptyline hcl TABS	36	1	amphetamine sulfate TABS
ALYFTREK 125 MG-10 MG-50 MG 193		AMJEVITA SOAJ	7		amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG
ALYFTREK 50 MG-4 MG-20 MG	193	AMJEVITA SOSY	7	1	
amantadine hcl CAPS	70	AMJEVITA-PED 10KG TO <15KG SOSY	7		amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG
amantadine hcl SOLN	70	AMJEVITA-PED 15KG TO <30KG SOSY	7	1	
amantadine hcl TABS	70	amlodipine besylate TABS	83		amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG
AMBIEN CR TBCR (zolpidem tartrate)	131	amlodipine besylate-atorvastatin calcium	85	1	
AMBIEN TABS (zolpidem tartrate) 131		amlodipine besylate-benazepril hcl 54		1	amphetamine-dextroamphetamine TABS
AMBISOME (amphotericin b liposome)	47	amlodipine besylate-olmesartan medoxomil	54	47	amphotericin b IV
ambrisentan	86	amlodipine besylate-valsartan	54	47	amphotericin b liposome
amcinonide CREA	100	amlodipine-valsartan- hydrochlorothiazide	54	187	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM
AMD FOAM DRESSING PADS ..	135	AMONDYS 45	178	186	ampicillin CAPS 500 MG
AMD FOAM DRESSING TOPSHEET PADS	135	amoxapine	36	186	ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG
AMELUZ GEL	97	amoxicillin & pot clavulanate CHEW . 187		186	ampicillin sodium IJ 125 MG
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	5	amoxicillin & pot clavulanate SUSR 187		190	AMPYRA (dalfampridine)
amiloride & hydrochlorothiazide .	107	amoxicillin & pot clavulanate TABS 187		175	AMRIX CP24 (cyclobenzaprine hcl) 175
amiloride hcl TABS	108			60	AMTAGVI
aminocaproic acid SOLN IV 250		amoxicillin & pot clavulanate TB12		193	AMVUTTRA
				36	ANAFRANIL (clomipramine hcl) ..

anagrelide hcl	126	AQINJECT PEN NEEDLE	147	misoprostol)	9
anastrozole	61	AQNEURSA	192	artificial tear solution	180
ANDEMBRY SOAJ SC 200 MG/1.2ML	126	AQUALANCE LANCETS 30G	138	asenapine maleate	74
ANDROGEL PUMP GEL TD (testosterone)	16	AQUORAL SOLN	170	ASMANEX (120 METERED DOSES) AEPB	21
ANGELIQ	115	ARALAST NP SOLR 500 MG, 1000 MG	193	ASMANEX (14 METERED DOSES) AEPB	21
ANNOVERA	90	ARANESP (ALBUMIN FREE) SOLN	128	ASMANEX (30 METERED DOSES) AEPB	21
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 22		ARANESP (ALBUMIN FREE) SOSY	128	ASMANEX (60 METERED DOSES) AEPB	21
ANTIVERT CHEW (meclizine hcl)	45	ARAVA (leflunomide)	11	ASMANEX HFA AERO	21
ANTIVERT TABS 50 MG (meclizine hcl)	45	ARBLI PO 10 MG/ML	53	aspirin CHEW	12
ANZUPGO CREA EX 20 MG/GM 103		ARCALYST	8	aspirin TABS 325 MG	12
APADAZ	14	AREXVY	203	aspirin TBEC 81 MG, 325 MG	12
APEXICON E CREA	100	arformoterol tartrate	22	aspirin-dipyridamole	126
APHEXDA	130	ARICEPT TABS (donepezil hydrochloride)	188	ASPRUZYO SPRINKLE PACK	18
APIDRA SOLN	40	ARIKAYCE	5	ASSURE COMFORT LANCETS 28G	138
APIDRA SOLOSTAR SOPN	40	ARIMIDEX (anastrozole)	61	ASSURE HAEMOLANCE PLUS HIGH	138
APOKYN SOCT	70	aripiprazole SOLN PO	76	ASSURE HAEMOLANCE PLUS LOW	138
apomorphine hydrochloride SOCT	70	aripiprazole TABS	76	ASSURE HAEMOLANCE PLUS MICRO	138
APONVIE EMUL	46	aripiprazole TBDP	76	ASSURE HAEMOLANCE PLUS NORMAL	138
apraclonidine hcl	182	ARISTADA	76	ASSURE HAEMOLANCE PLUS PED	138
aprepitant CAPS	46	ARISTADA INITIO	76	ASSURE ID DUO PRO PEN NEEDLES	147
APRETUDE	77	ARIXTRA (fondaparinux sodium)	24	ASSURE ID PRO PEN NEEDLES 147	
APTENSIO XR CP24 (methylphenidate hcl)	3	armodafinil	3	ASSURE ID SAFETY PEN	
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazine acetate)	26	ARMOUR THYROID TABS	195		
APTIVUS CAPS	77	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation))	21		
AQ INSULIN SYRINGE	147	AROMASIN (exemestane)	61		
		ARTHROTEC TBEC (diclofenac w/			

NEEDLES .....147	ATROPINE SULFATE SOLN 1 % 182	AUSTEDO XR PATIENT TITRATION TEPK .....189
ASSURE LANCE LANCETS .....138	ATROVENT HFA .....20	AUSTEDO XR TB24 .....189
ASSURE LANCE LANCETS 21G 138	ATTRUBY .....88	AUTO-LANCET MINI MISC .....138
ASSURE LANCE PLUS SAFETY 25G .....138	AUBAGIO (teriflunomide) .....190	AUTO-LANCET MISC .....138
ASSURE LANCE PLUS SAFETY 30G .....138	AUCATZYL .....60	AUTOLET LANCING DEVICE MISC . 138
ASSURE LANCE SAFETY LANCET 28G .....138	AUDENZ EMUL .....203	AUTOLET LITE LANCING DEVICE MISC .....138
ASTAGRAF XL CP24 .....168	AUDENZ PRSY .....203	AUTOLET MINI MISC .....138
ASTERO GEL .....104	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) ....187	AUTOLET PLUS MISC .....138
ATACAND (candesartan cilexetil) .53	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....187	AUVELITY .....32
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) .....54	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate) ....187	AUVI-Q SOAJ .....205
atazanavir sulfate CAPS .....77	AUGTYRO 160 MG .....63	AVALIDE (irbesartan- hydrochlorothiazide) .....54
ATELVIA TBEC (risedronate sodium) .....108	AUGTYRO 40 MG .....63	AVAPRO 150 MG, 300 MG (irbesartan) .....53
atenolol & chlorthalidone .....54	AUM ALCOHOL PREP PADS ...146	AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..94
atenolol TABS .....82	AUM INSULIN SAFETY PEN NEEDLE .....147	AVAR-E LS CREA (sulfacetamide sodium w/ sulfur) .....94
ATIVAN SOLN (lorazepam) .....19	AUM MINI INSULIN PEN NEEDLE 147	AVEED SOLN .....16
atomoxetine hcl .....2	AUM PEN NEEDLE .....147	AVERI TABS PO .....89
ATORVALIQ SUSP .....51	AUM READYGARD DUO PEN NEEDLE .....147	AVMAPKI FAKZYNJA CO-PACK THPK PO .....63
atorvastatin calcium TABS .....51	AUM SAFETY PEN NEEDLE ....147	AVODART (dutasteride) .....122
atovaquone .....56	AURANOFIN 3 MG .....8	AVONEX PEN AJKT .....190
atovaquone-proguanil hcl .....58	AURORA LANCET SUPER THIN 30G .....138	AVONEX PREFILLED PSKT .....190
atropine sulfate (ophthalmic) OINT 182	AURORA LANCET THIN 23G ...138	AVSOLA .....118
atropine sulfate (ophthalmic) SOLN 182	AURORA PEN NEEDLES .....147	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML .....8
ATROPINE SULFATE SOLN 0.01 %, 1 % (atropine sulfate (ophthalmic)) 182	AURYXIA 210 MG (ferric citrate) .121	AYVAKIT .....63
	AUSTEDO TABS 12 MG .....189	AZASITE .....182
	AUSTEDO TABS 6 MG, 9 MG ...189	

AZATHIOPRINE SODIUM	168	baclofen SOLN PO 10 MG/5ML ..	175	b-complex w/ c & folic acid TABS	171
azathioprine TABS 50 MG	168	baclofen SOLN PO 5 MG/5ML ...	175	BD AUTOSHIELD DUO	147
azathioprine TABS 75 MG, 100 MG	168	baclofen SUSP	175	BD BLUNT FILL NEEDLE	147
azelaic acid GEL	105	baclofen TABS 15 MG	175	BD BLUNT FILL NEEDLE W/FILTER	147
azelastine hcl (ophth)	185	baclofen TABS 5 MG, 10 MG, 20 MG	175	BD DISP NEEDLE	147
azelastine hcl 0.1 %, 0.15 %, 137		BACTRIM DS TABS		BD DISP NEEDLES	147
MCG/SPRAY	177	(sulfamethoxazole-trimethoprim) ..	56	BD ECLIPSE LUER-LOK NEEDLE	147
azelastine hcl-fluticasone propionate		BACTRIM TABS (sulfamethoxazole-		BD ECLIPSE NEEDLE	147
SUSP	177	trimethoprim)	56	BD ECLIPSE SHIELDED NEEDLE	148
AZILECT (rasagiline mesylate) ...	71	BAFIERTAM	190	BD ECLIPSE SYRINGE	148
azithromycin PACK	134	BALCOLTRA (levonorgestrel-ethinyl		BD ECLIPSE SYRINGE/NEEDLE	148
azithromycin SUSR	134	estradiol-iron)	89	BD HYPODERMIC NEEDLE	148
azithromycin TABS	134	balsalazide disodium CAPS	118	BD INS SYR ULTRAFINE 1/2UNIT	148
AZMIRO SOSY	16	BALVERSA 3 MG	64	BD INSULIN SYR ULTRAFINE II	148
AZOPT (brinzolamide)	185	BALVERSA 4 MG	64	BD INSULIN SYRINGE	148
AZOR (amlodipine besylate-		BALVERSA 5 MG	64	BD INSULIN SYRINGE HALF-UNIT .	148
olmesartan medoxomil)	54	BAND-AID GAUZE LARGE PADS		BD INSULIN SYRINGE MICROFINE	148
AZSTARYS	3	135		BD INSULIN SYRINGE U/F	148
AZULFIDINE EN-TABS TBEC		BAND-AID TRU-ABSORB GAUZE		BD INSULIN SYRINGE ULTRAFINE	148
(sulfasalazine)	118	PADS	135	BD INTEGRA NEEDLE	148
AZULFIDINE TABS (sulfasalazine)		BANZEL SUSP (rufinamide)	26	BD INTEGRA SYRINGE	148
118		BANZEL TABS (rufinamide)	26	BD LUER-LOCK SYRINGE	148
B-6 TABS	207	BAQSIMI ONE PACK POWD	39	BD MICROTAINER LANCETS ..	138
BABY DDROPS LIQD PO		BAQSIMI TWO PACK POWD	39		
(cholecalciferol)	206	BARACLUDE SOLN	80		
bacitracin (ophthalmic)	182	BARACLUDE TABS (entecavir) ...	80		
bacitracin (topical) OINT	96	BASAGLAR KWIKPEN SOPN	41		
bacitracin zinc OINT	96	BAXDELA TABS	117		
bacitracin-polymyxin b (ophth) ...	183	BCG VACCINE	202		
bacitracin-polymyxin b OINT	96	b-complex w/ c & folic acid CAPS			
bacitracin-poly-neomycin-hc	184	171			

BD NOKOR ADMIX NEEDLE ... 148	BENADRYL ALLERGY TABS (diphenhydramine hcl) 48	betaine 112
BD PEN NEEDLE MICRO ULTRAFINE 148	BENADRYL ALLERGY ULTRATABS TABs (diphenhydramine hcl) 48	BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML 91
BD PEN NEEDLE MINI ULTRAFINE 148	benazepril & hydrochlorothiazide . 54	betamethasone dipropionate (topical) CREA 100
BD PEN NEEDLE NANO 2ND GEN . 148	benazepril hcl 52	betamethasone dipropionate (topical) LOTN 100
BD PEN NEEDLE NANO ULTRAFINE 148	BENEFIX KIT 124	betamethasone dipropionate (topical) OINT 100
BD PEN NEEDLE ORIG ULTRAFINE 148	benfotiamine 207	betamethasone dipropionate augmented CREA 100
BD PEN NEEDLE SHORT ULTRAFINE 148	BENICAR (olmesartan medoxomil) 53	betamethasone dipropionate augmented GEL 0.05 % 100
BD PLASTIPAK SYRINGE 148	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ... 54	betamethasone dipropionate augmented LOTN 100
BD PRECISIONGLIDE NEEDLE 148	BENLYSTA SOAJ 169	betamethasone dipropionate augmented OINT 100
BD SAFETYGLIDE ALLERGY SYRINGE MISC 148	BENLYSTA SOLR 169	BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML .. 91
BD SAFETYGLIDE INSULIN SYRINGE 148	BENLYSTA SOSY 169	betamethasone sod phosphate & acetate SUSP 91
BD SAFETYGLIDE NEEDLE 148	BENTYL SOLN IM (dicyclomine hcl) . 196	betamethasone valerate CREA .. 100
BD SAFETYGLIDE SHIELDED NEEDLE 148	BENZHYDROCODONE- ACETAMINOPHEN 14	betamethasone valerate FOAM .. 100
BD SAFETYGLIDE SYRINGE/NEEDLE 148	BENZNIDAZOLE 17	betamethasone valerate LOTN ... 100
BD SWAB SINGLE USE REGULAR 146	benzocaine-docusate sodium ENEM . 134	betamethasone valerate OINT ... 100
BD SYRINGE LUER-LOK 148	benzoyl peroxide-erythromycin GEL . 94	BETAPACE AF (sotalol hcl (afib/af)) 83
BD SYRINGE SLIP TIP 148	benztropine mesylate SOLN 69	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) 83
BD SYRINGE/NEEDLE 148	benztropine mesylate TABS 69	BETASERON KIT 190
BD TB SYRINGE MISC 148	bepotastine besilate 185	betaxolol hcl (ophth) SOLN 181
BELBUCA FILM 15	BEPREVE (bepotastine besilate) 185	betaxolol hcl 82
BELSOMRA 132	BEQVEZ 124	bethanechol chloride 202
BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) 48	BERINERT KIT 125	BETHKIS NEBU (tobramycin) 5
	BESIVANCE 183	
	BESREMI 69	

BETIMOL (timolol)	181	BIOTENE ORALBALANCE DRY MOUTH GEL	170	BPROTECTED PEDIA POLY-VITE SOLN PO	173
BETIMOL	181	BIOTHRAX	202	BPROTECTED PEDIA POLY-VITE/FE SOLN	172
BETOPTIC-S SUSP	181	bisacodyl SUPP	133	BPROTECTED PEDIA TRI-VITE 173	
BEVESPI AEROSPHERE	22	bisacodyl TBEC	133	BRAFTOVI 75 MG	64
bexarotene (topical)	97	bismuth subcitrate potassium-metronidazole-tetracycline	201	BREATHE COMFORT CHAMBER/ADULT DEVI	156
bexarotene	69	bismuth subsalicylate CHEW 262 MG	44	BREATHE COMFORT CHAMBER/CHILD DEVI	156
BEXSERO 0.5 ML	202	bismuth subsalicylate SUSP 525 MG/30ML	44	BREATHE EASE LARGE DEVI ..	156
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	89	bismuth subsalicylate TABS	44	BREATHE EASE MEDIUM DEVI	156
bicalutamide	61	bisoprolol & hydrochlorothiazide ..	54	BREATHE EASE NEB MASK/CHILD MISC	156
BICILLIN C-R	187	bisoprolol fumarate	82	BREATHE EASE NEB MASK/INFANT MISC	156
BICILLIN C-R 900/300	187	bisoprolol fumarate 2.5 MG	82	BREATHE EASE SMALL DEVI ..	156
BICILLIN L-A SUSY	187	BKEMV SOLN IV 300 MG/30ML ..	125	BREATHERRITE VALVED MDI CHAMBER DEVI	156
BIDIL (isosorbide dinitrate-hydralazine hcl)	85	BLOXIVERZ SOLN IV (neostigmine methylsulfate)	58	BREKIYA SOAJ SC 1 MG/ML	164
BIJUVA	115	BLOXIVERZ SOSY	58	BREO ELLIPTA (fluticasone furoate-vilanterol)	22
BIKTARVY	77	BLUJEPa TABS PO 750 MG	57	BREO ELLIPTA	22
BILDYOS SOSY SC 60 MG/ML ..	108	BOMYNTRA SOLN SC 120 MG/1.7ML	109	BREVIBLOC IN NACL (esmolol hcl-sodium chloride)	82
BILPREVDA SOLN SC 120 MG/1.7ML	109	BOMYNTRA SOSY SC 120 MG/1.7ML	109	BREVIBLOC PREMIXED (esmolol hcl-sodium chloride)	82
BILTRICIDE (praziquantel)	17	BONJESTA TBCR	46	BREVIBLOC PREMIXED DS (esmolol hcl-sodium chloride)	82
bimatoprost SOLN	185	BONSITY SOPN 560 MCG/2.24ML 109		BREVIBLOC SOLN 100 MG/10ML (esmolol hcl)	82
BIMZELX SOAJ	98	BOOSTRIX SUSP	196	BREXAFEMME	46
BIMZELX SOSY	98	BOOSTRIX SUSY	196	BREYANZI	60
BINAXNOW COVID-19 AG HOME TEST KIT	106	bosentan TABS	87		
BINAXNOW COVID-19 ANTIGEN SELF KIT	106	bosentan TBSO 32 MG	87		
BINOSTO TBEF	109	BOSULIF CAPS	64		
BIOTENE DRY MOUTH LIQD ...	170	BOSULIF TABS 400 MG, 500 MG	64		
BIOTENE DRY MOUTH MOIST SPRAY SOLN	170				

BREZTRI AEROSPHERE	22	BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	18	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	11
BRILINTA 60 MG, 90 MG (ticagrelor) 126		budesonide (inhalation) SUSP	21	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	11
brimonidine tartrate (topical)	105	budesonide (intrarectal)	16	butalbital-acetaminophen-caffeine w/ codeine	14
brimonidine tartrate	182	budesonide (nasal)	177	BUTALBITAL-APAP-CAFFEINE SOLN	11
brimonidine tartrate-timolol maleate . 181		budesonide CPEP	91	butalbital-aspirin-caffeine CAPS ...	11
BRINEURA	112	budesonide TB24	91	butalbital-aspirin-caffeine w/cod ...	14
BRINSUPRI TABS PO 10 MG, 25 MG	194	budesonide-formoterol fumarate dihydrate	22	butorphanol tartrate NA 10 MG/ML 15	
brinzolamide	185	bumetanide SOLN 0.25 MG/ML ..	107	BUTRANS PTWK (buprenorphine) 15	
BRIUMVI	190	bumetanide TABS	107	BYDUREON BCISE AUIJ	40
BRIVIACT SOLN IV 50 MG/5ML ..	26	BUMEX TABS 0.5 MG (bumetanide) . 107		BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)	40
BRIVIACT SOLN PO 10 MG/ML ..	26	BUPHENYL POWD (sodium phenylbutyrate)	112	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide)	40
BRIVIACT TABS	26	BUPHENYL TABS (sodium phenylbutyrate)	112	BYLVAY (PELLETS) CPSP	118
BRIXADI (WEEKLY) SOSY	15	buprenorphine hcl SOLN	15	BYLVAY CAPS	118
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	15	buprenorphine hcl SUBL 2 MG	15	BYNFEZIA PEN SOPN	114
bromfenac sodium (ophth)	185	buprenorphine hcl SUBL 8 MG	15	BYSTOLIC (nebivolol hcl)	82
bromocriptine mesylate CAPS	70	buprenorphine hcl SUBL 8 MG	15	CABENUVA	77
bromocriptine mesylate TABS 2.5 MG	70	buprenorphine hcl-naloxone hcl dihydrate FILM SL	15	cabergoline	114
BROMSITE (bromfenac sodium (ophth))	185	buprenorphine hcl-naloxone hcl dihydrate SUBL	15	CABLIVI	126
BRONCHITOL	193	buprenorphine PTWK	15	CABOMETYX TABS	64
BRONCHITOL TOLERANCE TEST . 193		bupropion hcl (smoking deterrent) 192		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 (amlodipine besylate-atorvastatin calcium)	85
BROVANA (arformoterol tartrate) .22		bupropion hcl TABS	32	CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5	
BRUKINSA	64	bupropion hcl TB12	33		
BRUKINSA PO 160 MG	64	bupropion hcl TB24 150 MG, 300 MG	33		
BRYNOVIN SOLN PO 25 MG/ML .40		bupropion hcl TB24 450 MG	33		
BUBBLES THE FISH II PEDI MASK MISC	156	buspirone hcl	18		

MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	85	CHEW 400 UNIT-600 MG	165	CARAFATE TABS (sucralfate) ...	197
caffeine citrate SOLN PO	2	calcium carbonate-cholecalciferol TABS	165	CARBAGLU (carglumic acid)	112
calcipotriene CREA	98	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	166	carbamazepine CHEW 100 MG ...	26
CALCIPOTRIENE FOAM	98	calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG-50 MG-7.5 MG-1 MG-250 MCG-1.8 MG	166	carbamazepine CHEW 200 MG ...	26
calcipotriene OINT	98	calcium TABS 600 MG	166	carbamazepine CP12	26
calcipotriene SOLN	98	CALCIUM/C/D	166	carbamazepine SUSP 100 MG/5ML .	26
calcipotriene-betamethasone dipropionate OINT	100	CALQUENCE	64	carbamazepine SUSP	26
calcipotriene-betamethasone dipropionate SUSP	100	CAL-QUICK LIQD	166	carbamazepine TABS	26
calcitonin (salmon) IJ	109	CALTRATE 600+D PLUS MINERALS CHEW (calcium carbonate-vitamin d w/ minerals) .	166	carbamazepine TB12	26
calcitonin (salmon) NA	109	CAMCEVI	61	carbamide peroxide (otic) 6.5 % ..	186
calcitriol (topical)	98	CAMZYOS	85	CARBATROL CP12 (carbamazepine)	27
calcitriol CAPS	112	CANASA SUPP (mesalamine) ...	118	carbidopa	69
calcitriol SOLN PO	112	CANCIDAS (caspofungin acetate) 46		carbidopa-levodopa CPCR	70
CALCIUM 600 +D HIGH POTENCY TABS	165	candesartan cilexetil	53	carbidopa-levodopa TABS	70
calcium acetate (phosphate binder) CAPS	121	candesartan cilexetil-hydrochlorothiazide	54	carbidopa-levodopa TBCR	70
calcium acetate (phosphate binder) TABS	121	capecitabine	59	carbidopa-levodopa TBDP	70
CALCIUM CARB-CHOLECALCIFEROL CHEW	165	CAPEX SHAM	100	carbidopa-levodopa-entacapone ..	70
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	17	CAPHOSOL SOLN	170	carbinoxamine maleate SOLN	48
CALCIUM CARBONATE ANTACID SUSP	17	CAPLYTA	72	carbinoxamine maleate SUER	48
CALCIUM CARBONATE ANTACID TABS	17	CAPRELSA 100 MG	64	carbinoxamine maleate TABS 6 MG .	48
CALCIUM CARBONATE CHEW .	165	CAPRELSA 300 MG	64	carbinoxamine maleate TABS	48
calcium carbonate TABS	166	captopril & hydrochlorothiazide ...	54	carboxymethylcellulose sodium (ophth) SOLN 0.5 %	180
calcium carbonate-cholecalciferol		captopril	52	carboxymethylcellulose sodium (ophth) SOLN 0.5 %	181
		CARAFATE SUSP (sucralfate) ...	197	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML (nicardipine hcl in sodium chloride) 83	
				CARDENE IV SOLN 0.83 %-40	

MG/200ML, 0.86 %-20 MG/200ML 83	CARETOUCH ALCOHOL PREP 146	carisoprodol TABS .....175
CARDIOCOM LANCING DEVICE	CARETOUCH CPAP & BIPAP HOSE	CARNITOR SF SOLN PO
MISC .....138	MISC .....156	(levocarnitine (metabolic modifiers))
CARDURA (doxazosin mesylate) .53	CARETOUCH CPAP MASK WIPES	112
CARDURA 8 MG (doxazosin	MISC .....156	CARNITOR SOLN PO 1 GM/10ML
mesylate) .....53	CARETOUCH CPAP PRE-WASH	(levocarnitine (metabolic modifiers))
CARDURA XL .....122	SOLN MISC .....156	112
CAREFINE PEN NEEDLES 148	CARETOUCH CPAP TUBE BRUSH	CARNITOR TABS (levocarnitine
CAREONE ADVANCED LANCING	MISC .....157	(metabolic modifiers)) .....112
DEV MISC 138	CARETOUCH HYPODERMIC	CAROSPIR SUSP (spironolactone)
CAREONE INSULIN SYRINGE . 148	NEEDLE .....149	108
CAREONE LANCET SUPER THIN	CARETOUCH INSULIN SYRINGE	carteolol hcl (ophth) .....181
30G .....138	149	carvedilol 82
CAREONE LANCET THIN 23G . 138	CARETOUCH LANCING/EJECTOR	carvedilol phosphate 82
CAREONE UNIFINE PENTIPS PLUS	MISC .....138	CARVYKTI 60
.....148	CARETOUCH LUER LOCK 149	CASGEVY .....127
CAREPOINT POLY HUB NEEDLE	CARETOUCH LUER LOCK	CASODEX (bicalutamide) .....61
148	SYR/NEEDLE .....149	caspofungin acetate .....46
CAREPOINT SAFETY 1ST NEEDLE	CARETOUCH LUER SLIP .....149	CASPOFUNGIN ACETATE .....47
.....148	CARETOUCH PEN NEEDLES ..149	CATHFLO ACTIVASE IJ 127
CAREPOINT SAFETY1ST	CARETOUCH SAFETY LANCETS	CAYA DPRH .....136
SYR/NEEDLE .....148	138	CAYSTON .....57
CAREPOINT SYRINGE LUER LOCK	CARETOUCH SAFETY LANCETS	cefaclor CAPS 88
.....149	26G .....138	CEFACLOR ER TB12 88
CAREPOINT SYRINGE LUER SLIP	CARETOUCH TWIST LANCETS	cefadroxil CAPS .....88
149	28G .....138	cefadroxil SUSR 88
CAREPOINT TUBERCLN	CARETOUCH TWIST LANCETS	cefadroxil TABS .....88
SYR/LUER SL MISC 149	30G .....138	cefazolin sodium SOLR IJ 1 GM, 3
CARESENS LANCETS .....138	CARETOUCH TWIST LANCETS	GM, 10 GM, 500 MG .....88
CARESENS LANCETS 30G .....138	33G .....138	cefazolin sodium SOLR IJ 2 GM ...88
CARESTART COVID-19 HOME	CARETOUCH TWIST MC LANCETS	CEFAZOLIN SODIUM SOLR IV 2
TEST KIT 106	30G .....138	GM, 3 GM .....88
CARETOUCH 2 CPAP HOSE	CARETOUCH UNIVERSL CPAP	CEFAZOLIN SODIUM-DEXTROSE
HANGER MISC .....156	FILTER MISC .....157	
	carglumic acid .....112	

SOLN 4 %-1 GM/50ML .....88	CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate) .....91	CEQUA SOLN .....183
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML .....88	CELEXA TABS (citalopram hydrobromide) .....33	CERDELGA .....127
CEFAZOLIN SODIUM-DEXTROSE SOLR .....88	CELLCEPT CAPS (mycophenolate mofetil) .....168	CEREBYX (fosphenytoin sodium) 31
cefdinir CAPS .....88	CELLCEPT SUSR (mycophenolate mofetil) .....168	CEREZYME 400 UNIT 127
cefdinir SUSR .....88	CELLCEPT TABS (mycophenolate mofetil) .....168	cetirizine hcl SOLN PO 48
CEFEPIME HCL SOLN .....89	CELONTIN (methsuximide) .....32	cetirizine hcl TABS .....48
cefepime hcl SOLR IJ 1 GM .....89	CENTANY AT KIT 96	cetirizine-pseudoephedrine 93
CEFEPIME-DEXTROSE .....89	CENTRUM ADULTS TABS (multiple vitamins w/ minerals) 171	cevimeline hcl .....170
cefixime CAPS .....89	CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ... 171	CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ..192
cefixime SUSR .....89	CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals) 171	CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) 192
CEFOTAN IJ (cefotetan disodium) 88		CHANTIX TABS (varenicline tartrate) .....193
cefotetan disodium IJ 1 GM, 2 GM 88		CHEMET 44
cefoxitin sodium IV .....88		chenodiol .....117
CEFOXITIN SODIUM-DEXTROSE 88		CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen) .....9
cefpodoxime proxetil SUSR .....89	CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG- 20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT- 27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG (multiple vitamins w/ minerals) 171	CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen) .....9
cefpodoxime proxetil TABS .....89		chlordiazepoxide hcl CAPS .....19
cefprozil SUSR .....88		chlordiazepoxide hcl-clidinium bromide 196
cefprozil TABS .....88	CENTRUM SILVER TABS (multiple vitamins w/ minerals) 171	chlordiazepoxide-amitriptyline ... 189
ceftazidime IJ 1 GM, 6 GM 89	CENTRUM WOMEN TABS (multiple vitamins w/ minerals) 171	chlorhexidine gluconate (mouth- throat) 170
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG .....89		chloroquine phosphate TABS .....58
ceftriaxone sodium in dextrose ...89		chlorothiazide sodium .....108
CEFTRIAZONE SODIUM- DEXTROSE .....89		chlorpheniramine maleate TABS .. 48
cefuroxime axetil TABS .....88	cephalexin CAPS 88	chlorpromazine hcl CONC .....75
cefuroxime sodium IJ 750 MG .....88	cephalexin SUSR 88	chlorpromazine hcl SOLN .....75
CELEBREX (celecoxib) .....9	cephalexin TABS .....88	chlorpromazine hcl TABS .....75
celecoxib .....9	CEPROTIN .....126	

chlorthalidone 25 MG, 50 MG	108	cidofovir	80	CLARINEX TABS (desloratadine) .	48
chlorzoxazone TABS	175	cilostazol	126	CLARINEX TABS (desloratadine) .	49
CHOLBAM	117	CILOXAN OINT	183	CLARINEX-D 12 HOUR TB12	93
cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT .	206	CIMDUO	77	clarithromycin SUSR	134
cholecalciferol CAPS	206	cimetidine hcl PO 300 MG/5ML ..	197	clarithromycin TABS	134
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	206	cimetidine TABS	197	clarithromycin TB24	134
cholecalciferol LIQD PO	206	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	118	CLARITIN ALLERGY CHILDRENS SOLN (loratadine)	49
cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT	206	CIMZIA (2 SYRINGE) PSKT	118	CLARITIN SOLN (loratadine)	49
cholecalciferol TABS	206	CIMZIA KIT	118	CLARITIN TABS (loratadine)	49
cholestyramine light PACK	50	CIMZIA-STARTER PSKT	119	CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine) ...	93
cholestyramine light POWD	50	cinacalcet hcl	112	CLASSIC PRENATAL TABS	173
cholestyramine PACK	50	CINQAIR	20	CLEANLET LANCETS 28G	138
cholestyramine POWD	50	CINRYZE SOLR IV	125	CLEARDETECT COVID-19 AG HOME KIT	106
choline fenofibrate	50	CINVANTI EMUL	46	clemastine fumarate SYRP	48
CHOSEN LANCETS 30G	138	CIPRO HC	186	clemastine fumarate TABS 2.68 MG .	48
CHOSEN LANCING DEVICE MISC 138		CIPRO SUSR	117	CLEMSZA TABS 2.68 MG (clemastine fumarate)	48
CHOSEN SAFETY LANCETS 28G 138		CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	117	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	133
CIALIS 2.5 MG (tadalafil)	86	ciprofloxacin hcl (ophth) SOLN ...	183	CLEOCIN (clindamycin hcl)	57
CIALIS 5 MG (tadalafil)	86	ciprofloxacin hcl (otic)	186	CLEOCIN (clindamycin palmitate hydrochloride)	57
CIBINQO	103	ciprofloxacin hcl TABS 100 MG ..	117	CLEOCIN CREA (clindamycin phosphate vaginal)	204
ciclopirox GEL	96	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	117	CLEOCIN SUPP	204
ciclopirox KIT	96	ciprofloxacin-dexamethasone	186	CLEOCIN-T LOTN (clindamycin phosphate (topical))	94
ciclopirox olamine CREA	96	ciprofloxacin-fluocinolone acetone .	186	CLEVER CHEK LANCETS	138
ciclopirox olamine SUSP	96	CITALOPRAM HYDROBROMIDE CAPS	33	CLEVER CHOICE COMFORT EZ	
ciclopirox SHAM	96	citalopram hydrobromide SOLN ...	33		
ciclopirox SOLN	96	citalopram hydrobromide TABS ...	33		
		CITRULLINE EASY	112		

138	peroxide GEL 2.5 %-1.2 %, 5 %-1 % .	CLODERM (clocortolone pivalate)
CLEVER CHOICE COMFORT EZ	94	101
149	clindamycin phosphate-benzoyl	clomipramine hcl 36
CLEVER CHOICE HOLDING	peroxide GEL 3.75 %-1.2 % 94	clonazepam TABS 25
CHAMBER DEVI 157	clindamycin phosphate-tretinoin .. 94	clonazepam TBDP 25
CLEVER CHOICE LANCETS 21G	CLINDESSE 204	clonidine hcl (adhd) TB12 2
139	CLINITEST RAPID COVID-19 TEST	clonidine hcl TABS 53
CLEVER CHOICE LANCETS 23G	KIT 106	clonidine PTWK 53
139	clobazam SUSP 25	clonidine TB24 53
CLEVER CHOICE LANCETS 28G	clobazam TABS 25	clopidogrel bisulfate 300 MG 127
139	clobetasol propionate CREA 0.05 % .	clopidogrel bisulfate 75 MG 127
CLEVIPREX 25 MG/50ML, 50	100	clorazepate dipotassium TABS 19
MG/100ML 83	clobetasol propionate CREA 100	clotrimazole (topical) CREA 96
CLIMARA PRO 115	clobetasol propionate emollient base	clotrimazole (topical) SOLN 96
CLIMARA PTWK 0.025 MG/24HR,	0.05 % 100	clotrimazole 169
0.0375 MG/24HR, 0.05 MG/24HR,	clobetasol propionate emulsion .. 100	clotrimazole vaginal CREA 204
0.06 MG/24HR, 0.075 MG/24HR, 0.1	clobetasol propionate FOAM 100	clotrimazole w/ betamethasone
MG/24HR (estradiol) 116	clobetasol propionate GEL 0.05 %	CREA 96
clindamycin hcl 57	100	clotrimazole w/ betamethasone
clindamycin palmitate hydrochloride .	clobetasol propionate LIQD 100	LOTN 96
57	clobetasol propionate LOTN 101	clozapine TABS 74
clindamycin phosphate (topical)	clobetasol propionate OINT 0.05 %	clozapine TBDP 74
FOAM 94	101	CLOZARIL TABS (clozapine) 74
clindamycin phosphate (topical) GEL	clobetasol propionate SHAM 101	CO MONITOR DEVI 157
94	clobetasol propionate SOLN 0.05 % .	CO MONITOR REPLACEMENT
clindamycin phosphate (topical)	101	PIECES MISC 157
LOTN 94	CLOBEX LOTN 0.05 % (clobetasol	COAGADDEX 124
clindamycin phosphate (topical)	propionate) 101	COAGUCHEK LANCETS 139
SOLN 94	CLOBEX SHAM (clobetasol	COARTEM 58
clindamycin phosphate (topical)	propionate) 101	COBENFY CAPS 75
SWAB 94	CLOBEX SPRAY LIQD (clobetasol	COBENFY STARTER PACK CPPK
clindamycin phosphate vaginal CREA	propionate) 101	75
..... 204	clocortolone pivalate 101	
clindamycin phosphate-benzoyl	CLODAN 101	
peroxide (refrigerate) 94		
clindamycin phosphate-benzoyl		

codeine sulfate TABS 30 MG	12	33G	139	(emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	77
CODEINE SULFATE TABS	12	COMFORT EZ INSULIN SYRINGE .	149	COMPLETE NATAL DHA	173
colchicine CAPS	123	COMFORT EZ MICRO PEN		COMPLETENATE CHEW	173
colchicine TABS	123	NEEDLES	149	COMTAN (entacapone)	69
colchicine w/ probenecid	123	COMFORT EZ PEN NEEDLES .	149	CONCERTA TBCR (methylphenidate hcl)	3
COLCRYS TABS (colchicine)	123	COMFORT EZ PRO PEN NEEDLES	149	CONEXXENCE SOSY SC 60 MG/ML	
colesevelam hcl PACK	50	.....	149	.....	109
colesevelam hcl TABS	50	COMFORT EZ SHORT PEN		CONZIP CP24 (tramadol hcl)	12
COLESTID FLAVORED GRAN		NEEDLES	149	COPA ISLAND BORDERED FOAM	
(colestipol hcl)	50	COMFORT TOUCH ALCOHOL		PADS	135
COLESTID FLAVORED PACK		PREP	146	COPA PLUS HYDROPHILIC FOAM	
(colestipol hcl)	50	COMFORT TOUCH INSULIN PEN		PADS	135
COLESTID GRAN (colestipol hcl) .	50	NEED	149	COPAXONE SOSY (glatiramer acetate)	190
COLESTID PACK (colestipol hcl) .	50	COMFORT TOUCH LANCETS 31G .	139	COPIKTRA	64
COLESTID TABS (colestipol hcl) ..	50	28G	139	COREG (carvedilol)	82
colestipol hcl GRAN	50	COMFORT TOUCH PLUS LANCETS		COREG CR (carvedilol phosphate)	82
colestipol hcl PACK	50	30G	139	CORGARD TABS 20 MG, 40 MG	
colestipol hcl TABS	50	COMFORT TOUCH TWIST LANCET		(nadolol)	83
COMBIGAN (brimonidine tartrate- timolol maleate)	181	30G	139	CORIFACT	124
COMBIPATCH PTTW	115	COMIRNATY 5-11 YEARS SUSP 10		CORLANOR SOLN	87
COMBIVENT RESPIMAT AERS ..	22	MCG/0.3ML	203	CORLANOR TABS (ivabradine hcl)	87
COMBIVIR (lamivudine-zidovudine) .	77	COMIRNATY SUSP	203	CORTEF TABS (hydrocortisone) ..	91
COMETRIQ (100 MG DAILY DOSE)		COMIRNATY SUSY	203	CORTENEMA (hydrocortisone	
KIT	64	COMPACT SPACE CHAMBER DEVI	157	(intrarectal))	16
COMETRIQ (140 MG DAILY DOSE)		.....	157	CORTIFOAM EX 10 %	16
KIT	64	COMPACT SPACE CHAMBER/LG		CORTISONE ACETATE TABS	91
COMETRIQ (60 MG DAILY DOSE)		MASK DEVI	157	CORTISPORIN-TC	186
KIT	64	COMPACT SPACE CHAMBER/MED		CORTROPHIN GEL PRSY SC 40	
COMFORT ASSURED LANCETS		MASK DEVI	157	UNIT/0.5ML, 80 UNIT/ML	110
28G	139	COMPLERA 200 MG-300 MG-25 MG			
COMFORT ASSURED LANCETS					

CORTROPHIN GEL	110	COZAAR 50 MG, 100 MG (losartan potassium)	53	CVS COVID-19 AT HOME TEST KIT KIT	106
CORVERT (ibutilide fumarate)	20	CRENESSITY CAPS	110	CVS DAILY FIBER PACK	133
COSENTYX (300 MG DOSE) SOSY .	98	CRENESSITY SOLN	110	CVS GAUZE PAD STERILE PADS	135
COSENTYX SENSOREADY (300 MG) SOAJ	98	CREON CPEP	107	CVS GAUZE STERILE PADS	135
COSENTYX SENSOREADY PEN SOAJ	98	CRESEMBA CAPS	47	CVS GLUCOSE CHEW	39
COSENTYX SOLN	98	CRESEMBA SOLR	47	CVS GUMMY DINOS CHEW	172
COSENTYX SOSY	98	CRESTOR TABS (rosuvastatin calcium)	51	CVS GUMMY MULTIVITAMIN KIDS CHEW	172
COSENTYX UNOREADY SOAJ ..	98	CREXONT CPR	70	CVS LANCETS ORIGINAL	139
COSOPT (dorzolamide hcl-timolol maleate)	181	CRINONE GEL	205	CVS LANCETS THIN 26G	139
COSOPT PF (dorzolamide hcl-timolol maleate)	181	cromolyn sodium (mastocytosis) ..	118	CVS LANCING DEVICE MISC ...	139
COTELLIC	64	cromolyn sodium NEBU	20	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	173
COTEMPLA XR-ODT TBED	3	crotamiton LOTN	105	CVS PREP	146
COVID-19 AT HOME ANTIGEN TEST KIT	106	CRYSVITA	112	CVS SOFT GLUCOSE CHEW	39
COVID-19 AT-HOME TEST KIT .	106	CTEXLI TABS PO 250 MG	117	CVS ULTRA THIN LANCETS ...	139
COVID-19 OTC ANTIGEN 1-PACK KIT	106	CURITY ALCOHOL PREPS	146	cyanocobalamin SOLN IJ 1000 MCG/ML	127
COVID-19 OTC ANTIGEN 2-PACK KIT	106	CURITY ALL PURPOSE SPONGES PADS	135	cyanocobalamin SOLN IJ 1000 MCG/ML	128
COVID-19 SPECIMEN COLLECTION	106	CURITY AMD ANTIMICROBIAL SPNGE PADS	135	cyclobenzaprine hcl CP24	175
COVID-19 TESTING BY PHARMACIST	106	CURITY COVER SPONGE PADS	135	cyclobenzaprine hcl TABS 5 MG, 10 MG	175
COVRSITE COVER DRESSING PADS	135	CURITY DRESSING SPONGES PADS	135	cyclobenzaprine hcl TABS 7.5 MG	175
COVRSITE PLUS COMPOSITE DRESS PADS	135	CURITY GAUZE PADS	135	CYCLOGYL (cyclopentolate hcl)	182
COZAAR 25 MG (losartan potassium)	53	CURITY GAUZE SPONGE PADS	135	CYCLOGYL	182
		CURITY SPONGES PADS	135	CYCLOMYDRIL	182
		CUVPOSA SOLN PO (glycopyrrolate)	196	cyclopentolate hcl 1 %	182
		CUVRIOR	167		
		CVS ALCOHOL PREP PADS ...	146		

cyclophosphamide CAPS	59	dabigatran etexilate mesylate CAPS .	25	DAYBUE	179
CYCLOPHOSPHAMIDE TABS	59	DAILY FIBER PACK	133	DAYPRO TABS (oxaprozin)	9
cycloserine	59	dalfampridine	190	DAYTRANA PTCH	
CYCLOSET	40	DALIRESP (roflumilast)	21	(methylphenidate)	3
cyclosporine (ophth) EMUL	183	danazol CAPS	16	DAYVIGO	132
cyclosporine CAPS	168	DANTRIUM CAPS 25 MG		DDAVP PF SOLN IJ (desmopressin	
cyclosporine modified (for		(dantrolene sodium)	176	acetate)	114
microemulsion) CAPS	168	DANTRIUM SOLR (dantrolene		DDAVP SOLN IJ 4 MCG/ML	
cyclosporine modified (for		sodium)	176	(desmopressin acetate)	114
microemulsion) SOLN	168	dantrolene sodium CAPS 100 MG		DDAVP TABS (desmopressin	
CYKLOKAPRON SOLN (tranexamic		176		acetate)	114
acid)	130	dantrolene sodium CAPS 25 MG, 50		DDROPS LIQD PO 2000	
CYLTEZO (2 PEN) AJKT	7	MG	176	UT/0.028ML	206
CYLTEZO (2 SYRINGE) PSKT	7	dantrolene sodium SOLR	176	deferasirox PACK	44
CYLTEZO-CD/UC/HS STARTER		DANZITEN	64	deferasirox TABS	44
AJKT	7	dapagliflozin propanediol	43	deferasirox TBSO	44
CYLTEZO-PSORIASIS/UV		dapagliflozin propanediol-metformin		deferiprone TABS	44
STARTER AJKT	7	hcl 1000 MG-10 MG	37	deferoxamine mesylate	44
CYMBALTA CPEP (duloxetine hcl)		dapagliflozin propanediol-metformin		deflazacort SUSP	91
35		hcl 1000 MG-5 MG	37	deflazacort TABS	91
cyproheptadine hcl SYRP	49	dapsone (topical) 5 %	94	DELESTROGEN (estradiol valerate)	
cyproheptadine hcl TABS	49	dapsone (topical) 7.5 %	95	116	
CYSTADANE (betaine)	112	dapsone	57	DELSTRIGO	77
CYSTADROPS	185	DAPTACEL	196	DELSYM COUGH CHILDRENS	
CYSTAGON CAPS	121	DARAPRIM (pyrimethamine)	58	SUER (dextromethorphan polistirex) .	
CYSTARAN	185	darifenacin hydrobromide	201	93	
CYTO B1 POWD PO	207	darunavir TABS	77	DELZICOL CPDR (mesalamine) .	119
CYTOMEL TABS (liothyronine		dasatinib	64	demeclocycline hcl TABS	195
sodium)	195	DAURISMO 100 MG	61	DEMEROL SOLN IJ (meperidine hcl)	
CYTOTEC (misoprostol)	201	DAURISMO 25 MG	61	.....	12
CYTOTEC 100 MCG (misoprostol)		DAWNZERA SOAJ SC 80 MG/0.8ML		DENAVIR (penciclovir)	99
200		.....	127	DENGAXIA	203
D3 BABY DROPS LIQD PO	206			DENTA 5000 PLUS SENSITIVE GEL	

.....170	PADS 135	DETROL LA CP24 (tolterodine tartrate) 201
DEPAKOTE ER TB24 (divalproex sodium) .....32	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) 101	DETROL TABS (tolterodine tartrate) . 201
DEPAKOTE ER TB24 250 MG (divalproex sodium) .....32	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) 101	DEX4 39
DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....32	DERMOTIC (fluocinolone acetonide (otic)) .....186	DEX4 NATURALS .....39
DEPAKOTE TBEC (divalproex sodium) .....32	DESCOVY .....77	dexamethasone ELIX .....92
DEPAKOTE TBEC 500 MG (divalproex sodium) .....32	DESFERAL 500 MG (deferoxamine mesylate) .....44	DEXAMETHASONE INTENSOL CONC .....91
DEPEN TITRATABS TABS (penicillamine) 167	desipramine hcl TABS 36	dexamethasone sodium phosphate (ophth) .....184
DEPO-ESTRADIOL .....116	desloratadine TABS 49	dexamethasone sodium phosphate SOLN IJ .....91
DEPO-MEDROL SUSP (methylprednisolone acetate) .....91	desloratadine TBDP 49	dexamethasone sodium phosphate SOSY IJ .....92
DEPO-MEDROL SUSP .....91	desmopressin acetate SOLN IJ .. 114	dexamethasone SOLN .....92
DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive)) 91	desmopressin acetate spray .....114	dexamethasone TABS .....92
DEPO-PROVERA SUSY IM (medroxyprogesterone acetate (contraceptive)) 91	desmopressin acetate TABS 114	dexamethasone TBPk .....92
DEPO-SUBQ PROVERA 104 SUSY SC .....91	desogestrel & ethinyl estradiol ....89	dexchlorpheniramine maleate SOLN . 48
DERMACEA DRAIN SPONGES PADS 135	desogestrel-ethinyl estradiol (biphasic) .....89	DEXEDRINE CP24 10 MG (dextroamphetamine sulfate) .....1
DERMACEA GAUZE SPONGE PADS 135	desogestrel-ethinyl estradiol (triphasic) .....89	DEXEDRINE CP24 15 MG (dextroamphetamine sulfate) .....1
DERMACEA IV DRAIN SPONGES PADS 135	desonide CREA .....101	DEXILANT (dexlansoprazole) ... 198
DERMACEA NON-WOVEN SPONGES PADS .....135	desonide LOTN .....101	dexlansoprazole .....198
DERMACEA TYPE VII GAUZE PADS 135	desoximetasone CREA .....101	dexmethylphenidate hcl CP24 3
DERMACEA X-RAY SPONGES	desoximetasone GEL .....101	dexmethylphenidate hcl TABS .....3
	desoximetasone LIQD .....101	dextroamphetamine sulfate CP24 15 MG .....1
	desoximetasone OINT .....101	dextroamphetamine sulfate CP24 5 MG, 10 MG .....1
	DESVENLAFAXINE ER .....35	dextroamphetamine sulfate SOLN ..1
	desvenlafaxine succinate 35	dextroamphetamine sulfate TABS 5
	desvenlafaxine succinate 50 MG, 100 MG 35	

MG, 10 MG, 20 MG, 30 MG	1	KIT	106	dicyclomine hcl CAPS	196
dextroamphetamine sulfate TABS ..	1	diazepam (anticonvulsant) GEL 10		dicyclomine hcl SOLN IM	196
dextromethorphan hbr CAPS	93	MG, 20 MG	25	dicyclomine hcl SOLN PO	196
dextromethorphan hbr LIQD 15		diazepam CONC	19	dicyclomine hcl TABS	196
MG/5ML	93	diazepam SOLN IJ 5 MG/ML, 10		DIFFERIN CREA (adapalene)	95
dextromethorphan polistirex SUER		MG/2ML	19	DIFFERIN GEL (adapalene)	95
93		diazepam SOLN PO 5 MG/5ML ...	19	DIFFERIN GEL 0.1 % (adapalene)	95
dextromethorphan-guaifenesin LIQD		diazepam TABS	19	DIFFERIN LOTN	95
100 MG/5ML-10 MG/5ML	93	diazoxide	39	DIFICID SUSR	134
dextromethorphan-guaifenesin SYRP		dichlorphenamide	107	DIFICID TABS 200 MG (fidaxomicin)	134
100 MG/5ML-10 MG/5ML, 200		DICLEGIS TBEC (doxylamine-		diflorasone diacetate CREA	101
MG/10ML-20 MG/10ML	93	pyridoxine)	46	diflorasone diacetate OINT	101
DHIVY TABS	70	diclofenac epolamine PTCH EX ...	97	DIFLUCAN SUSR 10 MG/ML	
DIACOMIT CAPS	27	diclofenac potassium (migraine) .	164	(fluconazole)	47
DIACOMIT PACK	27	diclofenac potassium CAPS	9	DIFLUCAN SUSR 40 MG/ML	
DIALYVITE 5000	171	diclofenac potassium TABS 25 MG .	9	(fluconazole)	47
DIALYVITE 800 PLUS D WAFR .	171	diclofenac potassium TABS	9	DIFLUCAN TABS 100 MG, 150 MG,	
DIALYVITE 800 WAFR	171	diclofenac sodium (actinic keratoses)		200 MG (fluconazole)	47
DIALYVITE 800/IRON	171	EX	97	diflunisal TABS	12
DIALYVITE 800/ZINC	171	diclofenac sodium (ophth)	185	difluprednate	184
DIALYVITE 800-ZINC 15	171	diclofenac sodium (topical) GEL EX		digoxin SOLN IJ 0.25 MG/ML	85
DIALYVITE/ZINC	171	97		digoxin SOLN PO 0.05 MG/ML	85
DIASTAT ACUDIAL GEL (diazepam		diclofenac sodium (topical) SOLN EX		digoxin TABS 62.5 MCG, 125 MCG,	
(anticonvulsant))	25	1.5 %	97	250 MCG	85
DIASTAT PEDIATRIC GEL		diclofenac sodium (topical) SOLN EX		dihydroergotamine mesylate SOLN IJ	
(diazepam (anticonvulsant))	25	2 %	97	1 MG/ML	164
DIATHRIVE LANCET ULTRA THIN		diclofenac sodium TB24	9	dihydroergotamine mesylate SOLN	
30	139	diclofenac sodium TBEC	9	NA 4 MG/ML	164
DIATHRIVE LANCETS	139	diclofenac sodium-capsaicin (topical)		DILANTIN (phenytoin sodium	
DIATHRIVE LANCING DEVICE		.....	97	extended)	31
MISC	139	diclofenac w/ misoprostol TBEC	9	DILANTIN 30 MG	31
DIATHRIVE PEN NEEDLE	149	DICLOGEN	97		
DIATRUST COVID-19 HOME TEST		dicloxacillin sodium	187		

DILANTIN INFATABS CHEW (phenytoin)	31	MG/5ML	48	donepezil hydrochloride TABS 5 MG, 10 MG	188
DILANTIN SUSP (phenytoin)	31	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	48	donepezil hydrochloride TBDP ...	188
DILANTIN-125 SUSP (phenytoin) .	31	diphenhydramine hcl SOLN 50 MG/ML	48	DOPAMINE HCL (dopamine hcl) .	85
DILAUDID LIQD (hydromorphone hcl)	12	diphenhydramine hcl TABS 25 MG 48		dopamine hcl 40 MG/ML	85
DILAUDID TABS (hydromorphone hcl)	12	diphenoxylate w/ atropine LIQD ...	44	DOPAMINE-DEXTROSE	85
diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG ...	84	diphenoxylate w/ atropine TABS ...	44	DOPTELET	128
diltiazem hcl coated beads CP24 ..	84	DIPROLENE OINT (betamethasone dipropionate augmented)	101	DOPTELET SPRINKLE PO 10 MG 128	
diltiazem hcl CP12	84	dipyridamole 25 MG, 75 MG	127	DORAL (quazepam)	131
diltiazem hcl CP24	84	dipyridamole 50 MG	127	DORYX MPC TBEC 60 MG	195
diltiazem hcl extended release beads	84	disopyramide phosphate CAPS ...	19	DORYX TBEC 50 MG (doxycycline hyclate)	195
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	84	disulfiram	188	dorzolamide hcl	185
diltiazem hcl SOLN	84	divalproex sodium CSDR	32	dorzolamide hcl-timolol maleate .	181
DILTIAZEM HCL SOLR	84	divalproex sodium TB24	32	DOVATO	77
diltiazem hcl TABS	84	divalproex sodium TBEC	32	doxazosin mesylate	53
diltiazem hcl TB24	84	DIVIGEL GEL (estradiol)	116	doxepin hcl (antipruritic)	98
DILTIAZEM HCL-SODIUM CHLORIDE	84	dobutamine hcl 12.5 MG/ML, 250 MG/20ML	85	doxepin hcl (sleep)	131
DIMENHYDRINATE SOLN	45	DOBUTAMINE-DEXTROSE	85	doxepin hcl CAPS	36
dimethyl fumarate CDPK	190	docusate calcium	134	doxepin hcl CONC	36
dimethyl fumarate CPDR	190	docusate sodium CAPS 100 MG, 250 MG	134	doxercalciferol CAPS	112
DIOVAN HCT (valsartan- hydrochlorothiazide)	54	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	134	doxycycline (monohydrate) CAPS 50 MG, 100 MG	195
DIOVAN TABS (valsartan)	53	docusate sodium TABS	134	doxycycline (monohydrate) CAPS 75 MG, 150 MG	195
DIPENTUM	119	dofetilide	20	doxycycline (monohydrate) SUSR 195	
diphenhydramine hcl CAPS	48	DOJOLVI	180	doxycycline (monohydrate) TABS 195	
diphenhydramine hcl ELIX 12.5		DOLOBID TABS	12	doxycycline (rosacea)	105
		donepezil hydrochloride TABS 23 MG	188	doxycycline hyclate CAPS	195

doxycycline hyclate SOLR .....195	30G .....139	DUVYZAT .....178
doxycycline hyclate TABS .....195	DRUG MART UNIFINE PENTIPS 149	D-VI-SOL LIQD PO (cholecalciferol) . 206
doxycycline hyclate TBEC .....195	DRUG MART UNIFINE PENTIPS PLUS .....149	DXTERITY COVID-19 HOME TEST . 106
doxylamine-pyridoxine TBEC .....46	DRUG MART UNILET LANCETS 28G .....139	DYANAVEL XR SUER 1
DRISDOL CAPS (ergocalciferol) .206	DRUG MART UNILET LANCETS 30G .....139	DYANAVEL XR TBCR 1
DRIZALMA SPRINKLE CSDR .....35	DRUG MART UNILET LANCETS 33G .....139	DYMISTA SUSP (azelastine hcl- fluticasone propionate) 177
dronabinol CAPS .....46	DRYMAX EXTRA PADS 135	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 134
droperidol SOLN 2.5 MG/ML 18	DUAKLIR PRESSAIR .....22	EASIVENT MASK LARGE MISC .157
DROPLET GENTEEL LANCING DEVICE MISC .....139	DUAVEE 115	EASIVENT MASK MEDIUM MISC 157
DROPLET INSULIN SYRINGE ..149	DUETACT (pioglitazone hcl- glimepiride) .....37	EASIVENT MASK SMALL MISC .157
DROPLET LANCETS ULTRA THIN 30G .....139	DUEXIS (ibuprofen-famotidine) 9	EASIVENT MISC .....157
DROPLET LANCING DEVICE MISC . 139	DULCOLAX TBEC (bisacodyl) ... 133	EASY AIR NEBULIZER FILTERS MISC .....157
DROPLET PEN NEEDLES .....149	DULERA .....23	EASY COMFORT ALCOHOL PADS 146
DROPLET PERSONAL LANCETS 30G .....139	duloxetine hcl CPEP .....35	EASY COMFORT INSULIN SYRINGE 149
DROPSAFE ACTI-LANCE 23G . 139	DUOPA SUSP .....70	EASY COMFORT LANCETS ....139
DROPSAFE ALCOHOL PREP ..146	DUPIXENT SOAJ .....103	EASY COMFORT LANCETS TWIST TOP 139
DROPSAFE SAFETY PEN NEEDLES .....149	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML .....103	EASY COMFORT PEN NEEDLES 149
DROPSAFE SAFETY SYRINGE/NEEDLE .....149	DUREX EXTRA SENSITIVE THIN DEVI 136	EASY FLOW 300 MM HOSE MISC 157
DROPSAFE SICURA .....149	DUREX EXTRA SENSITIVE THIN MISC .....136	EASY FLOW 400 MM HOSE MISC 157
drospirenone-ethinyl estradiol ....89	DUREX REALFEEL .....136	EASY FLOW AIR NOZZLE MISC 157
drospirenone-ethinyl estradiol- levomefolate calcium .....89	DUREX TROPICAL MISC .....136	EASY FLOW BLACK/BLUE DEVI 157
DROXIA CAPS 127	DUREZOL (difluprednate) 184	
droxidopa .....206	dutasteride 122	
DRUG MART LANCING DEVICE MISC .....139	dutasteride-tamsulosin hcl .....122	
DRUG MART ON-THE-GO LANCET		

EASY FLOW BLACK/ORANGE DEVI.....157	EASY TOUCH FLIPLOCK NEEDLES.....149	EASY TOUCH SAFETY PEN NEEDLES .....150
EASY FLOW BLACK/RED DEVI .157	EASY TOUCH FLIPLOCK SAFETY SYR 149	EASY TOUCH SAFETY SYRINGE 150
EASY FLOW BLACK/WHITE DEVI 157	EASY TOUCH HYPODERMIC NEEDLE .....149	EASY TOUCH SHEATHLOCK SYRINGE 150
EASY FLOW BLACK/YELLOW DEVI.....157	EASY TOUCH INSULIN SAFETY SYR 149	EASY TOUCH SYRINGE BARREL 150
EASY FLOW HEPA FILTER MISC 158	EASY TOUCH INSULIN SYRINGE 149	EASY TOUCH TB FLIPLOCK SYRINGE MISC 150
EASY FLOW WHITE/BLUE DEVI 158	EASY TOUCH LANCETS 21G .. 139	EASY TOUCH TB SHEATHLOCK SYR MISC 150
EASY FLOW WHITE/GREEN DEVI 158	EASY TOUCH LANCETS 23G .. 139	EASYPPOINT NEEDLE .....150
EASY FLOW WHITE/PINK DEVI .158	EASY TOUCH LANCETS 26G .. 139	EASYPPOINT NEEDLE/SYRINGE 150
EASY FLOW WHITE/WHITE DEVI 158	EASY TOUCH LANCETS 28G .. 139	EBASE CONTROLLER KIT MISC 158
EASY FLOW WHITE/YELLOW DEVI 158	EASY TOUCH LANCETS 28G/TWIST 139	EBGLYSS SOAJ .....103
EASY GLIDE LUER LOCK SYRINGE.....149	EASY TOUCH LANCETS 30G .. 139	EBGLYSS SOSY 103
EASY GLIDE PEN NEEDLES ... 149	EASY TOUCH LANCETS 30G/TWIST 139	econazole nitrate CREA 96
EASY GLIDE SLIP LOCK SYRINGE.....149	EASY TOUCH LANCETS 32G .. 139	ECONAZOLE NITRATE FOAM 1 % . 96
EASY MINI EJECT LANCING DEVICE MISC 139	EASY TOUCH LANCETS 32G/TWIST 139	ECOTRIN TBEC (aspirin) .....12
EASY MINI LANCING DEVICE MISC.....139	EASY TOUCH LANCETS 33G/TWIST 139	edaravone SOLN 30 MG/100ML .178
EASY NEB NEBULIZER FILTERS MISC .....158	EASY TOUCH LANCING DEVICE MISC .....140	edaravone SOLN 60 MG/100ML .178
EASY TOUCH ALCOHOL PREP MEDIUM 146	EASY TOUCH PEN NEEDLES ..150	EDARBI .....53
EASY TOUCH ALLERGY SYRINGE MISC .....149	EASY TOUCH SAFETY LANCETS 21G .....140	EDARBYCLOR .....54
EASY TOUCH FLIPLOCK INSULIN SY .....149	EASY TOUCH SAFETY LANCETS 23G .....140	EDLUAR SUBL .....131
	EASY TOUCH SAFETY LANCETS 26G .....140	EDURANT .....77
	EASY TOUCH SAFETY LANCETS 28G .....140	EDURANT PED PO 2.5 MG .....77
		efavirenz TABS 77
		efavirenz-emtricitabine-tenofovir disoproxil fumarate .....77

efavirenz-lamivudine-tenofovir	ELEVIDYS 25.5-26.4 KG	178	ELEVIDYS 55.5-56.4 KG	179
disoproxil fumarate 300 MG-600 MG-300 MG	ELEVIDYS 26.5-27.4 KG	178	ELEVIDYS 56.5-57.4 KG	179
EFFER-K	ELEVIDYS 27.5-28.4 KG	178	ELEVIDYS 57.5-58.4 KG	179
EFFEXOR XR CP24 (venlafaxine hcl)	ELEVIDYS 28.5-29.4 KG	178	ELEVIDYS 58.5-59.4 KG	179
EFFIENT (prasugrel hcl)	ELEVIDYS 29.5-30.4 KG	178	ELEVIDYS 59.5-60.4 KG	179
EGRIFTA SV	ELEVIDYS 30.5-31.4 KG	178	ELEVIDYS 60.5-61.4 KG	179
EGRIFTA WR SC 11.6 MG	ELEVIDYS 31.5-32.4 KG	178	ELEVIDYS 61.5-62.4 KG	179
EKTERLY TABS PO 300 MG	ELEVIDYS 32.5-33.4 KG	178	ELEVIDYS 62.5-63.4 KG	179
ELAPRASE	ELEVIDYS 33.5-34.4 KG	178	ELEVIDYS 63.5-64.4 KG	179
ELELYSO	ELEVIDYS 34.5-35.4 KG	178	ELEVIDYS 64.5-65.4 KG	179
ELEPSIA XR TB24	ELEVIDYS 35.5-36.4 KG	178	ELEVIDYS 65.5-66.4 KG	179
ELESTRIN GEL	ELEVIDYS 36.5-37.4 KG	178	ELEVIDYS 66.5-67.4 KG	179
eletriptan hydrobromide	ELEVIDYS 37.5-38.4 KG	178	ELEVIDYS 67.5-68.4 KG	179
ELEVIDYS 10.0-10.4 KG	ELEVIDYS 38.5-39.4 KG	178	ELEVIDYS 68.5-69.4 KG	179
ELEVIDYS 10.5-11.4 KG	ELEVIDYS 39.5-40.4 KG	179	ELEVIDYS 69.5 KG PLUS	179
ELEVIDYS 11.5-12.4 KG	ELEVIDYS 40.5-41.4 KG	179	ELFABRIO	112
ELEVIDYS 12.5-13.4 KG	ELEVIDYS 41.5-42.4 KG	179	ELIGARD SC	62
ELEVIDYS 13.5-14.4 KG	ELEVIDYS 42.5-43.4 KG	179	ELIMITE CREA (permethrin)	105
ELEVIDYS 14.5-15.4 KG	ELEVIDYS 43.5-44.4 KG	179	ELIQUIS (1.5 MG PACK) TBSO PO	24
ELEVIDYS 15.5-16.4 KG	ELEVIDYS 44.5-45.4 KG	179	ELIQUIS (2 MG PACK) TBSO PO	24
ELEVIDYS 16.5-17.4 KG	ELEVIDYS 45.5-46.4 KG	179	ELIQUIS CPSP PO 0.15 MG	24
ELEVIDYS 17.5-18.4 KG	ELEVIDYS 46.5-47.4 KG	179	ELIQUIS DVT/PE STARTER PACK TBPK	24
ELEVIDYS 18.5-19.4 KG	ELEVIDYS 47.5-48.4 KG	179	ELIQUIS TABS	24
ELEVIDYS 19.5-20.4 KG	ELEVIDYS 48.5-49.4 KG	179	ELIQUIS TBSO PO 0.5 MG	24
ELEVIDYS 20.5-21.4 KG	ELEVIDYS 49.5-50.4 KG	179	ELLA	90
ELEVIDYS 21.5-22.4 KG	ELEVIDYS 50.5-51.4 KG	179	ELLUME COVID-19 HOME TEST KIT	106
ELEVIDYS 22.5-23.4 KG	ELEVIDYS 51.5-52.4 KG	179	ELMIRON CAPS	122
ELEVIDYS 23.5-24.4 KG	ELEVIDYS 52.5-53.4 KG	179	ELOCTATE	124
ELEVIDYS 24.5-25.4 KG	ELEVIDYS 53.5-54.4 KG	179		
	ELEVIDYS 54.5-55.4 KG	179		

eltrombopag olamine PACK 12.5 MG, 25 MG	128	EMEND TRIPACK CAPS (aprepitant)	46	ENDUR-AMIDE TBCR	207
eltrombopag olamine TABS 12.5 MG, 25 MG	128	EMFLAZA SUSP (deflazacort)	92	ENERGIX-B SUSP 20 MCG/ML ..	203
eltrombopag olamine TABS 50 MG, 75 MG	128	EMFLAZA TABS (deflazacort)	92	ENERGIX-B SUSY	203
ELYXYB	164	EMGALITY (300 MG DOSE) SOSY 163		ENJAYMO	125
EMBECTA AUTOSHIELD DUO ..	150	EMGALITY SOAJ	163	enoxaparin sodium SOLN IJ 300 MG/3ML	24
EMBECTA INS SYR U/F 1/2 UNIT 150		EMGALITY SOSY	163	enoxaparin sodium SOSY	24
EMBECTA INSULIN SYR		EMPAVELI	125	ENSPRYNG	168
ULTRAFINE	150	EMSAM	33	ENSTILAR FOAM	101
EMBECTA INSULIN SYRINGE ..	150	emtricitabine CAPS	77	entacapone	69
EMBECTA INSULIN SYRINGE U-100	150	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	77	entecavir TABS	80
EMBECTA PEN NEEDLE NANO 150		emtricitabine-tenofovir disoproxil fumarate	77	ENTRESTO CPSP	85
EMBECTA PEN NEEDLE NANO 2 GEN	150	EMTRIVA CAPS (emtricitabine) ...	77	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	86
EMBECTA PEN NEEDLE ULTRAFINE	150	EMTRIVA SOLN	77	ENTYVIO PEN SOAJ	119
EMBRACE LANCETS ULTRA THIN 30G	140	EMVERM CHEW	17	ENTYVIO SOLR	119
EMBRACE LANCING DEVICE/EJECTOR MISC	140	enalapril maleate & hydrochlorothiazide	54	ENVARUSUS XR TB24	168
EMBRACE PEN NEEDLES	150	enalapril maleate SOLN	52	EOHILIA SUSP	92
EMBRACE PRESSURE ACTIVATED 21G	140	enalapril maleate TABS	52	EPANED SOLN (enalapril maleate) 52	
EMBRACE PRESSURE ACTIVATED 28G	140	enalaprilat SOLN	52	EPCLUSA PACK	80
EMEND BIPACK CAPS 80 MG (aprepitant)	46	ENBREL MINI SOCT	11	EPCLUSA TABS	80
EMEND SOLR (fosaprepitant dimeglumine)	46	ENBREL SOLN	11	EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML 206	
EMEND SUSR	46	ENBREL SOSY	11	ephedrine sulfate (pressors) SOLN IV	206
		ENBREL SURECLICK SOAJ	11	EPIDIOLEX	27
		ENCELTO IMPL IZ 200000 CELLS 183		EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	95
		ENDARI (glutamine (sickle cell)) 127		EPIDUO GEL (adapalene-benzoyl peroxide)	95
		ENDOMETRIN INST 100 MG (progesterone (vaginal))	205		

EPIFOAM FOAM	101	EQ SPACE CHAMBER ANTI- STATIC M DEVI	158	erythromycin base TBEC 500 MG 134	
epinastine hcl (ophth)	185	EQ SPACE CHAMBER ANTI- STATIC S DEVI	158	erythromycin base TBEC	134
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	205	EQL ALCOHOL SWABS	146	erythromycin ethylsuccinate SUSR 134	
epinephrine (anaphylaxis) SOAJ ..	205	EQL GAUZE PADS	135	erythromycin ethylsuccinate TABS 134	
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	205	EQUETRO	72	erythromycin stearate TABS 250 MG 134	
EPINEPHRINE PF SOLN IJ 1 MG/ML (epinephrine)	206	ERAXIS	47	ERZOFRI	73
EPINEPHRINE SOLN IJ (epinephrine)	206	ergocalciferol CAPS	207	ESBRIET CAPS (pirfenidone)	194
epinephrine SOLN IJ	206	ergocalciferol SOLN PO 200 MCG/ML	207	ESBRIET TABS 267 MG (pirfenidone)	194
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	205	ergoloid mesylates TABS	192	ESBRIET TABS 801 MG (pirfenidone)	194
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	205	ERGOMAR SUBL	164	ESCITALOPRAM OXALATE CAPS PO 15 MG	33
EPIVIR SOLN (lamivudine)	77	ergotamine w/ caffeine SUPP	163	escitalopram oxalate SOLN	33
EPIVIR TABS (lamivudine)	77	ERIVEDGE	61	escitalopram oxalate TABS	33
eplerenone	55	ERLEADA 240 MG	62	ESGIC TABS (butalbital- acetaminophen-caffeine)	11
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	128	ERLEADA 60 MG	62	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	27
EPRONTIA SOLN 25 MG/ML (topiramate)	27	erlotinib hcl 100 MG, 150 MG	61	esmolol hcl SOLN 100 MG/10ML ..	82
EPSOLAY CREA	95	erlotinib hcl 25 MG	61	ESMOLOL HCL SOLN	82
EPYSQLI SOLN IV 300 MG/30ML 125		ERMEZA SOLN PO	195	esmolol hcl-sodium chloride	82
EPZICOM (abacavir sulfate- lamivudine)	77	ERTACZO	96	esomeprazole magnesium CPDR 20 MG	198
EQ GAUZE PADS	135	ertapenem sodium IJ	56	esomeprazole magnesium CPDR 198	
EQ SPACE CHAMBER ANTI- STATIC DEVI	158	ERYPED 200 SUSR (erythromycin ethylsuccinate)	134	esomeprazole magnesium PACK 198	
EQ SPACE CHAMBER ANTI- STATIC L DEVI	158	ERYPED 400 SUSR (erythromycin ethylsuccinate)	134	esomeprazole magnesium TBEC 198	
		erythromycin (acne aid) GEL	95	esomeprazole sodium 40 MG	198
		erythromycin (acne aid) PADS	95	ESPEROCT	124
		erythromycin (acne aid) SOLN	95		
		erythromycin (ophth)	183		
		erythromycin base CPEP	134		
		erythromycin base TABS	134		

estazolam	131	etodolac TABS	9	EXFORGE (amlodipine besylate-valsartan)	54
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	116	etodolac TB24	9	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	54
ESTRACE CREA (estradiol vaginal) . 205		etonogestrel-ethinyl estradiol	90	EXJADE TBSO (deferasirox)	44
ESTRACE TABS (estradiol)	116	etoposide CAPS	69	EX-LAX CHEW (sennosides)	134
estradiol & norethindrone acetate TABS 1 MG-0.5 MG	116	etravirine	77	EXONDYS 51	179
estradiol & norethindrone acetate TABS	116	EUCRISA	105	EXTENCILLINE SUSR	187
estradiol GEL	116	EVAMIST SOLN	116	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	34
estradiol PTTW	116	EVEKEO TABS (amphetamine sulfate)	1	EXXUA TITRATION PACK TB24 PO 18.2 MG	34
estradiol PTWK	116	EVENITY	109	EYSUVIS SUSP	184
estradiol TABS	116	EVERLYWELL COVID-19 HOME TEST	106	EZALLOR SPRINKLE CPSP	51
estradiol vaginal CREA	205	everolimus (immunosuppressant) 168		ezetimibe	51
estradiol vaginal TABS	205	everolimus TABS	64	ezetimibe-simvastatin	49
estradiol valerate 10 MG/ML	116	everolimus TBSO	64	EZ-LETS LANCETS 21G	140
estradiol valerate 20 MG/ML, 40 MG/ML	116	EVISTA (raloxifene hcl)	111	EZ-LETS LANCETS 26G	140
ESTRING RING 7.5 MCG/24HR .205		EVKEEZA	49	EZ-LETS LANCETS 28G	140
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	116	EVOTAZ	77	EZ-LETS LANCETS 30G	140
eszopiclone	131	EVOXAC (cevimeline hcl)	170	FABHALTA	125
ethacrynate sodium	107	EVRYSDI	179	FABIOR FOAM	95
ethacrynic acid	107	EVRYSDI PO 5 MG	179	FABRAZYME	112
ethambutol hcl TABS	59	EXCILON AMD DRAIN SPONGES PADS	135	famciclovir	81
ethosuximide CAPS	32	EXCILON AMD NON-WOVEN SPONGES PADS	135	famotidine in nacl SOLN	197
ethosuximide SOLN	32	EXCILON DRAIN SPONGES PADS . 135		famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	197
ETHYL CHLORIDE	104	EXELON (rivastigmine)	188	famotidine SUSR	197
ethynodiol diacet & eth estrad	89	exemestane	62	famotidine TABS	197
etodolac CAPS	9	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	40	FANAPT	73
				FANAPT TITRATION PACK A	73
				FANAPT TITRATION PACK B	73

FANAPT TITRATION PACK C ....73	FEMCAP DEVI 136	FER-IN-SOL SOLN (ferrous sulfate) . 130
FANTASY LUBRICATED MISC ..136	FEMLYV TBDP 89	ferric citrate .....121
FANTASY LUBRICATED/SPERMICIDE MISC 136	FEMRING .....205	FERRIPROX SOLN .....44
FARESTON (toremifene citrate) ..62	fenofibrate CAPS .....50	FERRIPROX TABS (deferiprone) . 44
FARXIGA (dapagliflozin propanediol) .....43	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ... 50	FERRIPROX TWICE-A-DAY TABS 44
FASENRA PEN SOAJ .....20	fenofibrate TABS 40 MG, 120 MG .50	FERRLECIT (sodium ferric gluconate complex in sucrose) ...130
FASENRA SOSY 20	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 50	ferrous fumarate w/ b12-vit c-fa-ifc 129
FASTEP COVID-19 ANTIGEN TEST KIT .....106	fenofibric acid .....50	FERROUS GLUCONATE TABS 324 MG .....130
FC2 FEMALE CONDOM 136	fenopropfen calcium CAPS 400 MG . 9	ferrous gluconate TABS .....130
fe fumarate-vitamin c-vitamin b12-folic acid .....129	fenopropfen calcium TABS .....9	ferrous sulfate dried TABS 130
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu 129	FENOPRON CAPS .....9	ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML, 15 MG/ML .....130
febuxostat .....123	FENSOLVI (6 MONTH) SC .....111	ferrous sulfate TABS 325 MG, 65 MG, 325 MG .....130
FEIBA 124	fentanyl citrate LPOP 200 MCG, 1200 MCG .....12	FERROUS SULFATE TBEC (ferrous sulfate) .....130
felbamate SUSP 30	fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML .....12	ferrous sulfate TBEC 130
felbamate TABS 400 MG 30	fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG .....12	ferumoxytol .....130
felbamate TABS 600 MG 30	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....13	fesoterodine fumarate 201
FELBATOL SUSP (felbamate) ....31	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....12	FETROJA 89
FELBATOL TABS 400 MG (felbamate) .....31	FENTORA TABS 100 MCG (fentanyl citrate) .....13	FETZIMA CP24 .....35
FELBATOL TABS 600 MG (felbamate) .....31	FENTORA TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate) .....13	FETZIMA TITRATION C4PK 35
FELDENE CAPS 10 MG (piroxicam) . 9	FEOSOL TABS (ferrous sulfate dried) .....130	FEVERALL JUNIOR STRENGTH SUPP .....12
FELDENE CAPS 20 MG (piroxicam) . 9	FERAHEME (ferumoxytol) .....130	FIASP FLEXTOUCH SOPN 41
felodipine .....84		FIASP PENFILL SOCT 41
FEMARA (letrozole) .....62		FIASP SOLN .....41
		FIBRICOR (fenofibric acid) .....50

fidaxomicin TABS 200 MG 134	flavoxate hcl .....202	FLUBLOK SOSY 203
FIFTY50 ALCOHOL PREP 146	flecainide acetate .....20	FLUCELVAX QUADRIVALENT SUSP 203
FIFTY50 PEN NEEDLES 150	FLEET ENEMA ENEM (sodium phosphates) .....133	FLUCELVAX QUADRIVALENT SUSY 203
FIFTY50 SAFETY SEAL LANCETS . 140	FLEQSUVY SUSP (baclofen) 175	FLUCELVAX SUSP 203
FIFTY50 SUPERIOR COMFORT SYR 150	FLEXICHAMBER ADULT MASK/SMALL .....158	FLUCELVAX SUSY 203
FIFTY50 UNILET LANCETS 33G 140	FLEXICHAMBER CHILD MASK/LARGE 158	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML 47
FILSPARI 122	FLEXICHAMBER CHILD MASK/SMALL .....158	fluconazole SUSR 47
FILSUVEZ .....105	FLEXICHAMBER DEVI .....158	fluconazole TABS .....47
FILTER AIR PP MISC 158	FLINTSTONES + EXTRA IRON CHEW .....172	flucytosine .....47
FINACEA FOAM .....105	FLINTSTONES COMPLETE CHEW . 172	fludrocortisone acetate TABS .....93
FINACEA GEL (azelaic acid) .....105	FLINTSTONES GUMMIES BONE BUILD CHEW .....172	FLULAVAL QUADRIVALENT SUSY . 203
finasteride (alopecia) .....103	FLINTSTONES-IMMUNITY SUPPORT CHEW .....172	FLULAVAL SUSY 203
finasteride 122	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG .....172	FLUMIST .....203
FINE 30 140	FLOVENT DISKUS AEPB (fluticasone propionate (inhalation)) 21	FLUMIST QUADRIVALENT .....203
FINGERSTIX LANCETS .....140	FLOVENT HFA (fluticasone propionate hfa) .....22	flunisolide (nasal) 177
fingolimod hcl 190	FLOWFLEX COVID-19 AG HOME TEST KIT 106	fluocinolone acetonide (otic) .....186
FINTEPLA .....27	FLUAD 203	fluocinolone acetonide CREA 101
FIORICET CAPS (butalbital- acetaminophen-caffeine) 11	FLUAD QUADRIVALENT .....203	fluocinolone acetonide OIL 101
FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) . 14	FLUARIX QUADRIVALENT SUSY 203	fluocinolone acetonide OINT 101
FIRAZYR SOSY (icatibant acetate) 125	FLUARIX SUSY 203	fluocinolone acetonide SOLN 101
FIRDAPSE 58	FLUBLOK QUADRIVALENT 203	fluocinonide CREA .....101
FIRVANQ SOLR PO (vancomycin hcl) 56		fluocinonide emulsified base .....101
FLAGYL CAPS (metronidazole) ...56		fluocinonide GEL 101
FLAREX .....184		fluocinonide OINT 101
		fluocinonide SOLN .....101
		fluorometholone (ophth) SUSP ...184
		fluorouracil (topical) CREA 0.5 % ..97

fluorouracil (topical) CREA 5 %98	fluticasone propionate OINT .....102	40 MG (dexmethylphenidate hcl) ... 3
fluorouracil (topical) SOLN .....98	fluticasone-salmeterol AEPB 100	FOCALIN XR CP24 30 MG, 35 MG
fluoxetine hcl (pmdd) TABS 192	MCG/ACT-50 MCG/ACT, 250	(dexmethylphenidate hcl) 3
fluoxetine hcl CAPS .....33	MCG/ACT-50 MCG/ACT, 500	FOCINVEZ SOLN .....46
fluoxetine hcl CPDR .....33	MCG/ACT-50 MCG/ACT .....23	folic acid CAPS 0.8 MG .....128
fluoxetine hcl SOLN .....34	fluticasone-salmeterol AEPB 23	folic acid SOLN .....128
FLUOXETINE HCL TABS (fluoxetine	fluticasone-salmeterol AERO .....23	folic acid TABS 1 MG, 800 MCG .128
hcl) 34	fluvastatin sodium CAPS .....51	fondaparinux sodium .....24
fluoxetine hcl TABS 60 MG .....34	fluvastatin sodium TB24 51	FORA LANCETS .....140
fluoxetine hcl TABS .....34	fluvoxamine maleate CP24 .....34	FORA LANCING DEVICE MISC . 140
fluphenazine decanoate .....75	fluvoxamine maleate TABS .....34	FORFIVO XL TB24 (bupropion hcl)
fluphenazine hcl CONC .....75	FLUZONE HIGH-DOSE	33
fluphenazine hcl ELIX .....75	QUADRIVALENT 203	formaldehyde SOLN 10 %76
fluphenazine hcl SOLN 75	FLUZONE HIGH-DOSE SUSY ...203	formoterol fumarate NEBU 23
fluphenazine hcl TABS .....75	FLUZONE QUADRIVALENT SUSP	FORTEO SOPN (teriparatide) ....109
flurandrenolide CREA 102	203	FORTESTA GEL TD (testosterone)
flurandrenolide LOTN .....102	FLUZONE QUADRIVALENT SUSY	16
flurazepam hcl 131	203	FORZINITY SOLN SC 280
flurbiprofen sodium .....185	FLUZONE SUSP 203	MG/3.5ML .....112
flurbiprofen TABS 100 MG .....9	FLUZONE SUSY 203	FOSAMAX PLUS D .....109
fluticasone furoate (inhalation) 50	FLYP HYPERSONIQ CARTRIDGE	FOSAMAX TABS 70 MG
MCG/ACT, 100 MCG/ACT, 200	MISC .....158	(alendronate sodium) .....109
MCG/ACT .....22	FML FORTE SUSP .....184	fosamprenavir calcium TABS .....77
fluticasone furoate-vilanterol .....23	FML LIQUIFILM SUSP	fosaprepitant dimeglumine SOLR . 46
fluticasone propionate (inhalation)	(fluorometholone (ophth)) 184	foscarnet sodium 6000 MG/250ML
AEPB .....22	FOCALIN TABS	80
fluticasone propionate (nasal) SUSP .	(dexmethylphenidate hcl) 3	fosfomycin tromethamine 57
177	FOCALIN TABS 2.5 MG, 10 MG	fosinopril sodium &
fluticasone propionate CREA 0.05 %	(dexmethylphenidate hcl) 3	hydrochlorothiazide 54
102	FOCALIN TABS 5 MG	fosinopril sodium 52
fluticasone propionate hfa .....22	(dexmethylphenidate hcl) 3	fosphenytoin sodium .....31
fluticasone propionate LOTN .....102	FOCALIN XR CP24	FOSRENOL CHEW (lanthanum
	(dexmethylphenidate hcl) 3	carbonate) 121
	FOCALIN XR CP24 15 MG, 20 MG,	

FOSRENOL PACK	121	furosemide SOLN IJ 10 MG/ML ..	107	GAUZE DRESSING PADS	135
FOTIVDA	64	furosemide SOLN PO 8 MG/ML, 10		GAUZE PADS PADS	135
FRAGMIN SOLN 10000 UNIT/4ML,		MG/ML	107	GAVRETO	64
95000 UNIT/3.8ML	24	furosemide TABS	107	gefitinib	61
FRAGMIN SOSY	24	FUZEON SOLR	77	GELCLAIR	170
FRAICHE 5000 PREVI	170	FYCOMPA SUSP	25	gemfibrozil TABS	50
FRAICHE 5000 SENSITIVE GEL	170	FYCOMPA TABS 2 MG, 4 MG, 6		GEMTESA	202
FREESTYLE LANCETS	140	MG, 8 MG, 10 MG, 12 MG		GEN7T PTCH (lidocaine)	104
FREESTYLE LIBRE 14 DAY		(perampanel)	25	GENABIO COVID-19 RAPID TEST	
READER	140	FYLNETRA	128	KIT	106
FREESTYLE LIBRE 14 DAY		gabapentin (once-daily) TABS ...	192	GENOTROPIN CART SC	111
SENSOR	140	gabapentin CAPS 300 MG	27	GENOTROPIN MINIQUICK PRSY	
FREESTYLE LIBRE 2 PLUS		gabapentin CAPS	27	111	
SENSOR	140	gabapentin SOLN	27	gentamicin in saline 0.8 MG/ML-0.9	
FREESTYLE LIBRE 2 READER	140	gabapentin TABS 600 MG, 800 MG		%, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9	
FREESTYLE LIBRE 2 SENSOR	140	27		%, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9	
FREESTYLE LIBRE 3 PLUS		GABARONE TABS 100 MG, 400 MG		%	5
SENSOR	140	.....	27	gentamicin sulfate (ophth) SOLN	183
FREESTYLE LIBRE 3 READER	140	GALAFOLD	112	gentamicin sulfate (topical) CREA	96
FREESTYLE LIBRE 3 SENSOR	140	galantamine hydrobromide CP24	188	gentamicin sulfate (topical) OINT	96
FREESTYLE LIBRE READER ...	140	galantamine hydrobromide SOLN		gentamicin sulfate IJ	5
FREESTYLE UNISTICK II LANCETS		188		GENTEEL BUTTERFLY TOUCH	
.....	140	galantamine hydrobromide TABS	188	LANCET	140
FROVA (frovatriptan succinate) .	164	GAMIFANT	168	GENTEEL PLUS LANCING (BLACK)	
frovatriptan succinate	164	GANCICLOVIR SODIUM SOLN ..	80	MISC	140
FRUZAQLA 1 MG	60	ganciclovir sodium SOLR	80	GENTEEL PLUS LANCING	
FRUZAQLA 5 MG	60	GARDASIL 9 SUSP 0.5 ML	203	(PURPLE) MISC	140
FT PRENATAL TABS	173	GARDASIL 9 SUSY 0.5 ML	203	GENTEEL PLUS LANCING (WHITE)	
FULL KIT NEBULIZER SET MISC		GASTROCROM (cromolyn sodium		MISC	140
158		(mastocytosis))	118	GENTEEL PLUS LANCING	
FULPHILA	128	gatifloxacin (ophth)	183	DEV(BLUE) MISC	140
FUROSCIX CTKT	107	GATTEX	121	GENTEEL PLUS LANCING	
				DEV(PINK) MISC	141
				GENTLE IRON	129

GENTLE-LET GP LANCETS	141	GLOBAL INJECT EASE INSULIN SYR	150	glycerin-hypromellose-polyethylene glycol 400	181
GENTLE-LET LANCETS	141	GLOBAL INJECT EASE LANCETS 28G	141	glycerol phenylbutyrate 1.1 GM/ML 112	
GENVOYA	78	GLOBAL INJECT EASE LANCETS 30G	141	GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML (glycopyrrolate)	196
GEODON (ziprasidone hcl)	72	GLOBAL INSULIN SYRINGES ..	150	glycopyrrolate SOLN IJ	196
GEODON (ziprasidone mesylate) .	72	GLOBAL LANCING DEVICE MISC 141		glycopyrrolate SOLN PO 1 MG/5ML . 196	
GEODON 40 MG, 60 MG (ziprasidone hcl)	72	GLOPERBA SOLN PO	123	glycopyrrolate SOSY IJ	197
GILENYA (fingolimod hcl)	190	GLUCAGON EMERGENCY	39	GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	197
GILENYA	190	GLUCAGON EMERGENCY SOLR IJ 1 MG (glucagon)	39	glycopyrrolate TABS 1 MG, 2 MG 197	
GILOTRIF	61	glucagon SOLR IJ 1 MG	39	GLYNASE (glyburide micronized) 43	
GIMOTI SOLN NA	118	GLUCOCOM LANCETS 28G	141	GLYRX-PF SOLN IJ	197
GIVLAARI	123	GLUCOCOM LANCETS 30G	141	GLYXAMBI	37
GLASSIA SOLN	193	GLUCOCOM LANCETS 33G	141	GNP ALCOHOL SWABS	146
glatiramer acetate SOSY	190	GLUCOPRO INSULIN SYRINGE 150		GNP GLUCOSE CHEW	39
GLEEVEC TABS (imatinib mesylate) 65		GLUCOSE CHEW	39	GNP INSULIN SYRINGE	150
GLEEVEC TABS 400 MG (imatinib mesylate)	65	glucose LIQD	180	GNP INSULIN SYRINGES	150
glimepiride 1 MG, 2 MG, 4 MG	43	GLUCOSE LIQD	39	GNP INSULIN SYRINGES 28GX1/2"	150
glimepiride 3 MG	43	GLUCOTROL XL TB24 (glipizide) .	43	GNP INSULIN SYRINGES 29GX1/2"	150
glipizide TABS 2.5 MG	43	GLUCOTROL XL TB24 5 MG, 10 MG (glipizide)	43	GNP INSULIN SYRINGES 30GX5/16"	150
glipizide TABS 5 MG, 10 MG	43	glutamine (sickle cell)	127	GNP INSULIN SYRINGES 31GX5/16"	150
glipizide TB24	43	glyburide micronized 1.5 MG, 3 MG, 6 MG	43	GNP LANCING SYSTEM DEVICE MISC	141
glipizide-metformin hcl	37	glyburide TABS	43	GNP PEN NEEDLES	150
GLOBAL ALCOHOL PREP EASE 146		glyburide-metformin	37	GNP PRENATAL TABS	174
GLOBAL EASE INJECT PEN NEEDLES	150	GLYCATE TABS	196		
GLOBAL EASY GLIDE INSULIN SYR	150	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM	133		
GLOBAL EASY GLIDE PEN NEEDLES	150				

GNP PRENATAL/FOLIC ACID TABS.....174	griseofulvin microsize TABS .....47	HAEMOLANCE PLUS PEDIATRIC FLOW 141
GNP STERILE LANCETS 28G ..141	griseofulvin ultramicrosize .....47	halcinonide CREA 102
GNP STERILE LANCETS 30G ..141	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML .....93	halcinonide SOLN 0.1 % 102
GNP STERILE LANCETS 33G ..141	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML .....93	HALCION 0.25 MG (triazolam) ...131
GNP TRUETRACK TEST STRIPS STRP 106	guaifenesin TABS .....93	HALDOL DECANOATE (haloperidol decanoate) .....74
GNP ULTICARE PEN NEEDLES 150	guaifenesin TB12 1200 MG .....94	halobetasol propionate CREA ....102
GNP ULTIGUARD SAFEPAK NEEDLE .....150	guaifenesin TB12 93	halobetasol propionate FOAM ....102
GNP ULTRA COM INSULIN SYRINGE 150	guanfacine hcl (adhd) .....2	halobetasol propionate OINT .....102
GOCOVRI CP24 .....70	guanfacine hcl .....53	HALOG CREA (halcinonide) 102
GOJJI LANCING DEVICE/CLEAR CAP MISC 141	GUMMI BEAR MULTIVITAMIN/MIN CHEW .....172	haloperidol decanoate .....74
GOJJI STERILE LANCETS .....141	GVOKE HYPOPEN 1-PACK SOAJ 39	haloperidol lactate CONC .....74
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ..133	GVOKE HYPOPEN 2-PACK SOAJ 39	haloperidol lactate SOLN 74
GOMEKLI CAPS PO 1 MG, 2 MG .65	GVOKE KIT SOLN .....39	haloperidol TABS 74
GOMEKLI TBSO PO 1 MG .....65	GVOKE PFS SOSY 1 MG/0.2ML .39	HARLIKU TABS PO 2 MG .....112
GOODSENSE ALCOHOL SWABS 146	GYNAZOLE-1 .....204	HARVONI PACK .....80
GOTOKNOW COVID-19 ANTIGEN RAPI KIT .....106	HADLIMA PUSHTOUCH SOAJ .....7	HARVONI TABS .....80
GRALISE TABS (gabapentin (once- daily)) 192	HADLIMA SOSY 7	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 203
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML .....45	HAEGARDA SOLR SC .....125	HEALTHWISE INSULIN SYR/NEEDLE .....150
granisetron hcl TABS .....45	HAEMOLANCE 141	HEALTHWISE MICRON PEN NEEDLES .....150
GRANIX SOLN 300 MCG/ML 128	HAEMOLANCE LOW FLOW LANCETS .....141	HEALTHWISE SHORT PEN NEEDLES .....150
GRANIX SOSY 128	HAEMOLANCE PLUS 141	H-E-B INCONTROL ADV LANCING MISC .....141
GRASTEK SUBL .....4	HAEMOLANCE PLUS HIGH FLOW . 141	H-E-B INCONTROL ALCOHOL . 146
griseofulvin microsize SUSP .....47	HAEMOLANCE PLUS LOW FLOW . 141	H-E-B INCONTROL LANCETS 28G . 141
	HAEMOLANCE PLUS MAX FLOW 141	H-E-B INCONTROL LANCETS 30G . 141

H-E-B INCONTROL LANCETS 33G 141	HEPARIN SOD (PORCINE) IN D5W.....24	HUMALOG KWIKPEN SOPN 41
H-E-B INCONTROL PEN NEEDLES.....150	heparin sodium (porcine) lock flush 10 UNIT/ML .....24	HUMALOG MIX 50/50 KWIKPEN SUPN 41
H-E-B INCONTROL UNIFINE PENTIP .....151	HEPARIN SODIUM (PORCINE) PF SOLN IJ .....25	HUMALOG MIX 75/25 KWIKPEN SUPN 41
HEMADY TABS .....92	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....25	HUMALOG MIX 75/25 SUSP .....41
HEMANGEOL SOLN PO .....83	heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML .....25	HUMALOG SOCT 41
HEMATINIC PLUS VIT/MINERALS TABS .....129	HEPARIN SODIUM (PORCINE) SOSY IJ .....25	HUMALOG SOLN IJ .....41
HEMGENIX .....124	HEPLISAV-B SOSY .....203	HUMALOG TEMPO PEN SOPN .. 41
HEMICLOR 12.5 MG .....108	HERNEXEOS TABS PO 60 MG ...60	HUMATE-P SOLR .....124
HEMLIBRA .....124	HETLIOZ CAPS (tasimelteon) ....132	HUMATROPE CART IJ .....111
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT ....124	HETLIOZ LQ SUSP .....132	HUMIRA (2 PEN) AJKT .....7
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.9 %-2000 UNIT/L (heparin (porcine) in sodium chloride) .....24	HIBERIX SOLR IJ .....202	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML .....7
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.9 %-2000 UNIT/L .....24	HIPREX (methenamine hippurate) 57	HUMIRA (2 SYRINGE) PSKT .....7
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 (heparin (porcine) in sodium chloride) .....24	HM STERILE ALCOHOL PREP .146	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....7
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 .....24	HM STERILE PADS PADS .....135	HUMIRA-PSORIASIS/UEVIT STARTER AJKT .....7
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L .....24	HM ULTICARE INSULIN SYRINGE . 151	HUMULIN 70/30 KWIKPEN SUPN 41
heparin (porcine) in sodium chloride SOLN IV .....24	HM ULTICARE MINI PEN NEEDLES.....151	HUMULIN 70/30 SUSP .....41
	HM ULTICARE SHORT PEN NEEDLES .....151	HUMULIN N KWIKPEN SUPN 41
	HORIZANT .....192	HUMULIN N SUSP 41
	HULIO (2 PEN) AJKT .....7	HUMULIN R SOLN IJ .....41
	HULIO (2 SYRINGE) PSKT .....7	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....41
	HUMALOG JUNIOR KWIKPEN SOPN 41	HUMULIN R U-500 KWIKPEN SOPN SC .....41
		HYCANTIN CAPS .....69
		hydralazine hcl SOLN .....55
		hydralazine hcl TABS .....55
		HYDREA (hydroxyurea) .....69

hydrochlorothiazide CAPS .....108	hydrocortisone butyrate CREA ...102	197
hydrochlorothiazide TABS .....108	hydrocortisone butyrate LOTN ...102	hyoscyamine sulfate TABS 0.125 MG.....197
hydrocodone bitartrate CP12 .....13	hydrocortisone butyrate OINT ....102	hyoscyamine sulfate TB12 0.375 MG 197
hydrocodone bitartrate T24A .....13	hydrocortisone butyrate SOLN ...102	hyoscyamine sulfate TBDP 0.125 MG.....197
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 .....92	
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML .....14	hydrocortisone TABS .....92	
hydrocodone-acetaminophen SOLN . 14	hydrocortisone valerate CREA ...102	186
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 ....102	HYPERSAL NEBU (sodium chloride (inhalant)) .....94
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 14	hydrocortisone w/acetic acid .....186	HYPERSAL NEBU .....94
hydrocortisone (intrarectal) .....16	hydromorphone hcl LIQD .....13	HYPODERMIC NEEDLE .....151
hydrocortisone (rectal) EX 2.5 % ..17	HYDROMORPHONE HCL SUPP .13	
hydrocortisone (rectal) EX .....17	hydromorphone hcl TABS .....13	HYRIMOZ SOAJ .....8
hydrocortisone (topical) CREA ...102	hydromorphone hcl TB24 .....13	HYRIMOZ SOSY 20 MG/0.2ML ....8
hydrocortisone (topical) LOTN 2.5 % . 102	hydroxocobalamin acetate SOLN 128	HYRIMOZ-CROHNS/UC STARTER SOAJ .....7
hydrocortisone (topical) OINT 1 %, 2.5 %102	hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG .....58	HYRIMOZ-PED<40KG CROHN STARTER SOSY .....7
hydrocortisone (topical) SOLN 2.5 % 102	hydroxychloroquine sulfate 300 MG 58	HYRIMOZ-PED>=40KG CROHN START SOSY .....8
hydrocortisone acetate (rectal) ....17	hydroxyurea .....69	HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ .....8
HYDROCORTISONE ACETATE CREA .....102	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....18	HYSINGLA ER T24A .....13
hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %16	hydroxyzine hcl SYRP .....18	HY-VEE LANCETS .....141
	hydroxyzine hcl TABS 50 MG .....18	HY-VEE THIN LANCETS .....141
	hydroxyzine hcl TABS .....18	HYZAAR (losartan potassium & hydrochlorothiazide) .....54
	hydroxyzine pamoate CAPS .....18	ibandronate sodium SOLN .....109
	HYFTOR .....104	ibandronate sodium TABS .....109
	HYMPAVZI .....124	IBRANCE CAPS .....65
	hyoscyamine sulfate ELIX .....197	IBRANCE TABS .....65
	hyoscyamine sulfate SOLN PO 0.125 MG/ML .....197	IBSRELA .....120
	hyoscyamine sulfate SUBL 0.125 MG	

IBTROZI CAPS PO 200 MG .....65	imatinib mesylate TABS 65	IMVEXXY STARTER PACK INST 205
ibuprofen CHEW 9	IMBRUVICA CAPS 140 MG 65	IN TOUCH LANCING DEVICE MISC 141
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML 10	IMBRUVICA SUSP 65	IN TOUCH STERILE LANCETS 30G.....141
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG .....10	IMCIVREE SOLN SC .....113	INBRIJA CAPS .....70
ibuprofen TABS 300 MG .....10	imipramine hcl TABS .....36	IN-CHECK DIAL FLOW TRAINER DEVI 158
ibuprofen-famotidine .....9	imipramine pamoate .....36	IN-CHECK INSPIRATORY FLOW MTR DEVI 158
ibutilide fumarate .....20	imiquimod 3.75 %104	INCONTROL ULTICARE PEN NEEDLES .....151
ICAR-C (iron-vitamin c) 129	imiquimod 5 %104	INCRELEX .....111
icatibant acetate SOSY .....125	IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan) .....164	INCRUSE ELLIPTA 20
ICLUSIG .....65	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML .....164	indapamide TABS 1.25 MG, 2.5 MG . 108
icosapent ethyl 0.5 GM 49	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML .....164	INDERAL LA CP24 (propranolol hcl) . 83
icosapent ethyl 1 GM 49	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML .....164	INDERAL XL 83
IDACIO (2 PEN) AJKT 8	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) .....164	INDICAID COVID-19 RAPID TEST KIT 106
IDACIO (2 SYRINGE) PSKT .....8	IMITREX TABS (sumatriptan succinate) .....164	indomethacin CAPS 25 MG, 50 MG 10
IDACIO-CROHNS/UC STARTER AJKT .....8	IMKELDI SOLN 65	indomethacin CPCR 10
IDACIO-PSORIASIS STARTER AJKT .....8	IMODIUM A-D CAPS (loperamide hcl) 44	indomethacin SUPP .....10
IDELVION 124	IMODIUM A-D TABS (loperamide hcl) 44	indomethacin SUSP .....10
IDHIFA .....65	IMOVAX RABIES SUSR 203	INFANRIX .....196
IGALMI FILM 132	IMULDOSA SOLN IV 130 MG/26ML . 119	INFANTS ADVIL SUSP (ibuprofen) 10
IHEALTH COVID-19 RAPID TEST KIT 106	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML .....98	INFED .....130
IHEALTH LANCING DEVICE MISC 141	IMURAN TABS (azathioprine) ....168	INFLECTRA SOLR .....119
ILARIS SOLN .....8	IMVEXXY MAINTENANCE PACK INST 205	INFLIXIMAB .....119
ILEVRO 185		INFUVITE PEDIATRIC SOLN IV .173
ILUMYA .....98		
IMAAVY SOLN IV 1200 MG/6.5ML 167		

INGREZZA CAPS 60 MG	189	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	41	INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	37
INGREZZA CAPS 80 MG	189	INSULIN GLARGINE-YFGN SOLN 41		INVOKAMET XR TB24 500 MG-50 MG	37
INGREZZA CPPK	189	INSULIN GLARGINE-YFGN SOPN 41		INVOKANA	43
INGREZZA CPSP 40 MG, 60 MG 189		INSULIN LISPRO (1 UNIT DIAL) SOPN	41	INZIRQO SUSR PO 10 MG/ML ..	108
INJECTAFER	130	INSULIN LISPRO JUNIOR KWIKPEN SOPN	41	IOPIDINE	182
INLURIYO TABS PO 200 MG	62	INSULIN LISPRO PROT & LISPRO SUPN	42	IPOLE IJ	203
INLYTA 1 MG	60	INSULIN LISPRO SOLN IJ	42	ipratropium bromide (nasal)	177
INLYTA 5 MG	60	INSULIN SYRINGE	151	ipratropium bromide SOLN 0.02 % 20	
INNOPRAN XL	83	INSULIN SYRINGE-NEEDLE U-100 151		ipratropium-albuterol SOLN	23
INNOSPIRE REPLACEMENT FILTER MISC	158	INSUPEN PEN NEEDLES	151	IQIRVO	121
INPEFA	86	INSUPEN SENSITIVE	151	irbesartan	53
INQOVI	63	INSUPEN ULTRAFIN	151	irbesartan-hydrochlorothiazide	54
INREBIC	65	INSUPEN32G EXTR3ME	151	IRESSA (gefitinib)	61
INSPIREASE MISC	158	INTELENCE (etravirine)	78	iron combinations CAPS	129
INSPIREASE RESERVOIR BAGS 158		INTELENCE 25 MG	78	iron sucrose 20 MG/ML	130
INSPIRA (eplerenone)	55	INTELISWAB COVID-19 RAPID TEST KIT	106	iron-vitamin c	130
INSULIN ASP PROT & ASP FLEXPEN SUPN	41	INTRAROSA	204	irrigation solutions, physiological	169
INSULIN ASPART FLEXPEN SOPN . 41		INTUNIV (guanfacine hcl (adhd)) ..	2	ISENTRESS CHEW	78
INSULIN ASPART PENFILL SOCT 41		INVEGA 3 MG, 6 MG, 9 MG (paliperidone)	73	ISENTRESS HD TABS	78
INSULIN ASPART PROT & ASPART SUSP	41	INVEGA HAFYERA	73	ISENTRESS PACK	78
INSULIN ASPART SOLN IJ	41	INVEGA SUSTENNA	73	ISENTRESS TABS	78
INSULIN DEGLUDEC FLEXTOUCH SOPN	41	INVEGA TRINZA	73	isoniazid SOLN	59
INSULIN DEGLUDEC SOLN	41	INVELTYS SUSP	184	isoniazid SYRP	59
INSULIN GLARGINE MAX SOLOSTAR SOPN	41	INVOKAMET TABS	37	isoniazid TABS	59
				isopropyl alcohol-glycerin	186
				isosorbide dinitrate TABS	18
				isosorbide dinitrate-hydralazine hcl 86	

isosorbide mononitrate TABS .....18	JALYN (dutasteride-tamsulosin hcl) . 122	KALBITOR 126
ISOSORBIDE MONONITRATE TABS .....18	JANUMET TABS .....37	KALETRA SOLN .....78
isosorbide mononitrate TB24 18	JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG .....37	KALETRA TABS (lopinavir-ritonavir) . 78
isotretinoin .....95	JANUMET XR TB24 1000 MG-50 MG .....37	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir) 78
isradipine CAPS .....84	JANUVIA 40	KALYDECO PACK 25 MG, 50 MG, 75 MG .....193
ISTALOL SOLN (timolol maleate (ophth)) 181	JARDIANCE .....43	KALYDECO PACK 5.8 MG, 13.4 MG 194
ISTURISA 1 MG .....108	JASCAYD TABS PO 9 MG, 18 MG 194	KALYDECO TABS .....194
ISTURISA 5 MG .....108	JATENZO CAPS .....16	KAMELEON LUBRICATED MISC 136
ITOVEBI 3 MG .....65	JAYPIRCA .....65	KANUMA .....113
ITOVEBI 9 MG .....65	JENTADUETO TABS .....37	KAPSPARGO SPRINKLE CS24 .. 83
itraconazole CAPS .....47	JENTADUETO XR TB24 .....37	KAPVAY TB12 (clonidine hcl (adhd)) 2
itraconazole SOLN .....47	JESDUVROQ .....128	KARBINAL ER SUER (carbinoxamine maleate) 48
ivabradine hcl TABS .....88	JIVI .....124	KATERZIA .....84
ivermectin (rosacea) .....105	JOENJA .....167	KAZANO (alogliptin-metformin hcl) 37
ivermectin .....17	JORNAY PM CP24 .....3	KEBILIDI 113
IWILFIN .....69	JOURNAVX 11	KENALOG AERS (triamcinolone acetonide (topical)) 102
IXIARO .....203	JUBBONTI SOSY SC 60 MG/ML 109	KENALOG-10 SUSP (triamcinolone acetonide) .....92
IXINITY SOLR .....124	JULUCA .....78	KENALOG-40 SUSP (triamcinolone acetonide) .....92
IYUZEH SOLN .....185	JUXTAPID 20 MG, 30 MG .....51	KENALOG-80 SUSP .....92
J & J GAUZE PADS .....135	JUXTAPID 5 MG, 10 MG .....51	KENDALL HYDROPHILIC FOAM DRESS PADS 135
J & J GAUZE SPONGES 12-PLY MISC .....135	JYLAMVO SOLN PO 59	KENGREAL .....127
J & J GAUZE SPONGES 16-PLY MISC .....135	JYNARQUE TABS 15 MG (tolvaptan) .....115	KEPPRA SOLN IV 500 MG/5ML
J & J GAUZE SPONGES 8-PLY MISC .....135	JYNARQUE TABS 30 MG (tolvaptan) .....115	
JADENU SPRINKLE PACK (deferasirox) .....44	JYNARQUE TBPK 15 MG (tolvaptan) .....115	
JADENU TABS (deferasirox) .....44	JYNNEOS .....203	
JAKAFI .....65		

(levetiracetam) .....27	KIMONO PLUS MISC 136	(hyperglycemia)) .....39
KEPPRA TABS (levetiracetam) ...27	KIMONO PS MISC 136	KOSELUGO .....65
KEPPRA XR TB24 (levetiracetam) 27	KIMONO PS PLUS MISC 136	KOSELUGO PO 5 MG, 7.5 MG ... 65
KERENDIA .....114	KIMONO SENSATION MISC ....136	KOVALTRY 124
KERLIX SPONGES PADS 135	KIMONO SENSATION PLUS MISC 136	KP PRENATAL MULTIVITAMINS TABS .....174
KERYDIN (tavaborole) .....96	KIMONO SPECIAL DEVI .....136	K-PHOS NO 2 .....121
KESIMPTA .....190	KINERET SOSY .....8	K-PHOS TABS (potassium phosphate monobasic) 166
ketoconazole (topical) CREA .....96	KINNEY LANCETS 141	KRAZATI 65
ketoconazole (topical) FOAM .....96	KINNEY THIN LANCETS .....141	KRINTAFEL .....58
ketoconazole (topical) SHAM 2 % .96	KINRAY INSULIN SYRINGE 151	KROGER AUTOLET LANCING DEVICE MISC 141
ketoconazole .....47	KINRIX SUSY .....196	KROGER HEALTHPRO LANCET 26G .....141
KETODAN .....96	KIRSTY SOLN IJ 100 UNIT/ML ... 42	KROGER LANCETS .....141
ketoprofen CAPS 25 MG .....10	KIRSTY SOPN SC 100 UNIT/ML .42	KROGER LANCETS SUPER THIN 141
ketoprofen CP24 .....10	KISQALI (200 MG DOSE) .....65	KROGER LANCETS THIN 141
ketorolac tromethamine (ophth) . 185	KISQALI (400 MG DOSE) .....65	KROGER PEN NEEDLES .....151
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML .....10	KISQALI (600 MG DOSE) .....65	KRYSTEXXA .....123
ketorolac tromethamine TABS .....10	KISUNLA .....188	K-TAB TBCR 20 MEQ (potassium chloride) .....166
ketotifen fumarate (ophth) 0.035 % 185	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...5	KUVAN PACK (sapropterin dihydrochloride) .....113
KEVEYIS (dichlorphenamide) ... 107	KLONOPIN TABS (clonazepam) .. 25	KUVAN TABS (sapropterin dihydrochloride) .....113
KEVZARA SOAJ .....9	KLONOPIN TABS 1 MG (clonazepam) 25	K-Y ME & YOU EXTRA LUBRICATED DEVI 136
KEVZARA SOSY .....9	KLOXXADO LIQD 44	K-Y ME & YOU INTENSE DEVI ..136
KHINDIVI SOLN PO 1 MG/ML ....92	KOATE SOLR 124	KYLEENA 91
KIMONO COLORS DEVI .....136	KOATE-DVI SOLR 500 UNIT, 1000 UNIT 124	KYMRIAH 60
KIMONO MAXX-LARGE FLARE MISC .....136	KOGENATE FS KIT 124	labetalol hcl SOLN .....82
KIMONO MICRO THIN MISC 136	KOMBIGLYZE XR (saxagliptin- metformin hcl) .....37	
KIMONO MICRO THIN PLUS MISC . 136	KONVOMEK SUSR 201	
KIMONO MISC 136	KORLYM (mifepristone	

LABETALOL HCL SOLN .....82	lamotrigine CHEW .....28	LANTUS SOLOSTAR SOPN .....42
LABETALOL HCL SOSY 10 MG/2ML.....82	lamotrigine KIT 25 MG .....28	LANZO MISC .....142
labetalol hcl TABS 100 MG, 200 MG, 300 MG .....82	lamotrigine TABS .....28	lapatinib ditosylate .....66
labetalol hcl TABS 400 MG .....82	lamotrigine TB24 .....28	LASIX TABS (furosemide) .....108
lacosamide SOLN IV 200 MG/20ML . 27	lamotrigine TBDP .....28	latanoprost SOLN .....185
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....27	LAMPIT .....56	LATUDA (lurasidone hcl) .....72
lacosamide TABS .....27	LAMZEDE .....113	LAZCLUZE 240 MG .....61
lactic acid (ammonium lactate) CREA.....103	LANCET DEVICE MISC .....141	LAZCLUZE 80 MG .....61
lactic acid (ammonium lactate) LOTN 12 %103	LANCET DEVICE WITH EJECTOR MISC .....141	LDO PLUS GEL .....104
lactulose (encephalopathy) .....120	LANCETS .....141	LEADER ADVANCED LANCING DEVICE MISC .....142
lactulose PACK .....133	LANCETS 28G THIN .....141	LEADER UNIFINE PENTIPS ....151
lactulose SOLN 10 GM/15ML ....133	LANCETS 30G .....141	LEADER UNIFINE PENTIPS PLUS . 151
lactulose SOLN .....133	LANCETS 33G .....141	LEDIPASVIR-SOFOSBUVIR TABS 80
LAGEVRIO .....82	LANCETS MICRO THIN 33G ....142	leflunomide .....11
LAMICTAL CHEW (lamotrigine) ...28	LANCETS SUPER THIN .....142	LEMTRADA .....190
LAMICTAL ODT KIT (lamotrigine) .27	LANCETS SUPER THIN 28G ...142	lenalidomide .....167
LAMICTAL ODT TBDP (lamotrigine) . 27	LANCETS THIN .....142	LENMELDY .....189
LAMICTAL STARTER KIT 25 MG (lamotrigine) .....27	LANCETS ULTRA THIN .....142	LENTOCILIN SUSR .....187
LAMICTAL TABS (lamotrigine) ....28	LANCETS ULTRA THIN 30G ....142	LENVIMA (10 MG DAILY DOSE) .60
LAMICTAL XR KIT .....27	LANCING DEVICE MISC .....142	LENVIMA (12 MG DAILY DOSE) .60
LAMICTAL XR TB24 (lamotrigine) .28	LANOXIN PEDIATRIC SOLN IJ ...85	LENVIMA (14 MG DAILY DOSE) .60
lamivudine (hbv) TABS .....80	LANOXIN SOLN IJ (digoxin) .....85	LENVIMA (18 MG DAILY DOSE) .60
lamivudine SOLN .....78	lanreotide acetate .....114	LENVIMA (20 MG DAILY DOSE) .60
lamivudine TABS .....78	LANREOTIDE ACETATE .....115	LENVIMA (24 MG DAILY DOSE) .60
lamivudine-zidovudine .....78	lansoprazole CPDR .....198	LENVIMA (4 MG DAILY DOSE) ..60
	lansoprazole TBDD .....198	LENVIMA (8 MG DAILY DOSE) ..60
	lanthanum carbonate CHEW .....121	LEQEMBI .....188
	LANTIDRA .....37	LEQEMBI IQLIK SC 360 MG/1.8ML
	LANTUS SOLN .....42	

188	levobunolol hcl 0.5 %	181	LEVSIN/SL SUBL (hyoscyamine sulfate)	197	
LEQSELVI TABS PO 8 MG	103	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	113	LEVULAN KERASTICK SOLR	98
LEQVIO	52	levocarnitine (metabolic modifiers) TABS	113	LEXAPRO TABS (escitalopram oxalate)	34
LESCOL XL TB24 (fluvastatin sodium)	51	levocetirizine dihydrochloride SOLN 49		LEXETTE FOAM (halobetasol propionate)	102
LETAIRIS (ambrisentan)	87	levocetirizine dihydrochloride TABS 49		LEXITRAL PHARMAPAK II (diclofenac sodium-capsaicin (topical))	97
letrozole	62	levofloxacin (ophth) 0.5 %	183	LEXIVA TABS (fosamprenavir calcium)	78
leucovorin calcium TABS	69	levofloxacin SOLN PO	117	LIALDA TBEC (mesalamine)	119
LEUKINE SOLR IJ	128	levofloxacin TABS	117	LIBERTY MEDICAL LANCETS	142
leuprolide acetate (3 month) INJ 22.5 MG	62	levonorgestrel & eth estradiol TABS 89		LIBERTY MINI LANCING DEVICE MISC	142
leuprolide acetate KIT IJ 1 MG/0.2ML	62	levonorgestrel (emergency oc) 1.5 MG	90	LIBERVANT FILM	26
levalbuterol hcl	23	levonorgestrel-eth estradiol (triphasic)	89	lidocaine hcl (mouth-throat) 2 %	169
levalbuterol tartrate	23	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	89	lidocaine hcl (mouth-throat) 4 %	169
levamlodipine maleate	84	levonorgestrel-ethinyl estradiol (continuous)	89	lidocaine hcl CREA 3 %	104
LEVEMIR SOLN	42	levonorgestrel-ethinyl estradiol-iron 89		lidocaine hcl GEL 2 %	104
LEVETIRACETAM IN NACL (levetiracetam in sodium chloride)	28	LEVOPHED IV (norepinephrine bitartrate)	206	lidocaine hcl PRSY	104
LEVETIRACETAM IN NACL	28	levorphanol tartrate TABS	13	lidocaine hcl SOLN	104
levetiracetam in sodium chloride	28	LEVOTHYROXINE SODIUM SOLN IV	195	LIDOCAINE OINT (lidocaine)	104
levetiracetam SOLN IV 500 MG/5ML 28		LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium)	196	lidocaine OINT 5 %	104
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	28	levothyroxine sodium SOLR IV	195	lidocaine PTCH 5 %	104
levetiracetam SOLN PO 100 MG/ML 28		levothyroxine sodium TABS	196	lidocaine-prilocaine CREA	104
levetiracetam TABS 500 MG	28	LEVSIN TABS (hyoscyamine sulfate)	197	lidocaine-prilocaine KIT	104
levetiracetam TABS	28			LIDODERM PTCH (lidocaine)	104
levetiracetam TB24	28			LIDOTRAL CREA	104
LEVETIRACETAM TB3D	28			LIKMEZ SUSP	56
LEVICYN GEL	105			LILETTA (52 MG)	91

LINCOCIN (lincomycin hcl) .....57	LITETOUCH MASK SMALL MISC 159	LOPID TABS (gemfibrozil) .....51
lincomycin hcl 57		lopinavir-ritonavir TABS .....78
LINEZOLID IN SODIUM CHLORIDE.....57	LITETOUCH PEN NEEDLES ....151	LOPRESSOR SOLN PO 10 MG/ML . 83
linezolid SOLN .....57	LITFULO 103	LOPRESSOR TABS (metoprolol tartrate) .....83
linezolid SUSR .....57	lithium .....72	loratadine & pseudoephedrine TB12 . 93
linezolid TABS 57	lithium carbonate CAPS 72	loratadine & pseudoephedrine TB24 . 93
LINZESS 120	lithium carbonate TABS .....72	loratadine SOLN 49
liothyronine sodium SOLN .....196	lithium carbonate TBCR 72	loratadine TABS 49
liothyronine sodium TABS .....196	LITHOBID TBCR (lithium carbonate) . 72	lorazepam CONC 19
LIPITOR TABS (atorvastatin calcium) .....51	LITHOSTAT .....122	lorazepam SOLN .....19
LIPOFEN CAPS (fenofibrate) .....51	LIVALO (pitavastatin calcium) ....51	lorazepam TABS .....19
LIQREV SUSP .....87	LIVDELZI .....121	LORBRENA 100 MG .....66
liraglutide (weight management) 18 MG/3ML 2	LIVE BETTER LANCET SUPER THIN .....142	LORBRENA 25 MG .....66
liraglutide .....40	LIVMARLI .....118	LOREEV XR CS24 .....19
lisdexamphetamine dimesylate CAPS 1	LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG 118	losartan potassium & hydrochlorothiazide 54
lisdexamphetamine dimesylate CHEW . 1	LIVTENCITY .....80	losartan potassium 25 MG .....53
lisinopril & hydrochlorothiazide ...54	LIXOFEN KIT 97	losartan potassium 50 MG, 100 MG 53
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 52	LO LOESTRIN FE TABS 89	LOTEMAX GEL (loteprednol etabonate) 184
LITE TOUCH LANCETS .....142	LOCOID LOTN (hydrocortisone butyrate) 102	LOTEMAX OINT .....184
LITE TOUCH LANCING PEN MISC 142	LODOCO .....86	LOTEMAX SM GEL 184
LITETOUCH INSULIN SYRINGE 151	lofexidine hcl .....188	LOTEMAX SUSP (loteprednol etabonate) 184
LITETOUCH LANCETS .....142	LOKELMA 10 GM 169	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) .....52
LITETOUCH MASK LARGE MISC 159	LOKELMA 5 GM .....169	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 55
LITETOUCH MASK MEDIUM MISC . 159	LOMOTIL TABS (diphenoxylate w/ atropine) .....44	
	LONSURF .....63	
	loperamide hcl CAPS .....44	
	loperamide hcl TABS 44	

loteprednol etabonate GEL .....184	LUPRON DEPOT (3-MONTH) KIT IM .....62	MACROBID (nitrofurantoin monohyd macro) .....57
loteprednol etabonate SUSP .....184	LUPRON DEPOT (4-MONTH) IM .62	MACRODANTIN (nitrofurantoin macrocrystal) .....57
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .55	LUPRON DEPOT (6-MONTH) IM .62	mafenide acetate PACK .....100
LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical)) .....96	LUPRON DEPOT-PED (1-MONTH) .111	MAG-AL LIQD .....17
LOTRONEX (alosetron hcl) .....120	LUPRON DEPOT-PED (3-MONTH) .111	MAGELLAN INSULIN SAFETY SYR .....151
lovastatin TABS .....51	LUPRON DEPOT-PED (6-MONTH) IM .....112	MAGELLAN TUBERCULIN SYRINGE MISC .....151
LOVAZA (omega-3-acid ethyl esters) .....49	lurasidone hcl .....72	magnesium citrate 1.745 GM/30ML 133
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) .....25	LURBIRO TABS 100 MG (flurbiprofen) .....10	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....133
LOVENOX SOSY (enoxaparin sodium) .....25	LUTATHERA .....69	MALARONE (atovaquone-proguanil hcl) .....58
loxapine succinate .....74	LUTRATE DEPOT INJ 22.5 MG ...62	malathion .....105
lubiprostone .....118	LUXTURNA .....183	MARATHON MEDICAL PENTIPS 151
LUCEMYRA (lofexidine hcl) .....188	LYBALVI .....189	maraviroc TABS .....78
LUCIRA CHECK IT COVID-19 TEST KIT .....106	LYFGENIA .....127	MARINOL CAPS 2.5 MG (dronabinol) .....46
LUCIRA COVID-19 ALL-IN-ONE KIT 106	LYNKUET CAPS PO 60 MG .....112	MARINOL CAPS 5 MG, 10 MG (dronabinol) .....46
LUER LOCK SAFETY SYRINGES 151	LYNPARZA TABS .....66	MARPLAN .....33
LUMAKRAS 120 MG .....66	LYRICA CAPS (pregabalin) .....28	MASK VORTEX/CHILD/FROG ..159
LUMAKRAS 240 MG .....66	LYRICA CAPS 75 MG (pregabalin) 28	MASK VORTEX/TODDLER/LADYBUG .159
LUMAKRAS 320 MG .....66	LYRICA CR 330 MG (pregabalin (once-daily)) .....192	MASONATAL TABS .....174
LUMIGAN SOLN 0.01 %185	LYRICA CR 82.5 MG, 165 MG (pregabalin (once-daily)) .....192	MATULANE .....69
LUMIZYME .....113	LYRICA SOLN (pregabalin) .....28	MAVENCLAD (10 TABS) .....190
LUNESTA (eszopiclone) .....132	LYSODREN .....62	MAVENCLAD (4 TABS) .....190
LUPKYNIS .....168	LYUMJEV KWIKPEN SOPN .....42	MAVENCLAD (5 TABS) .....190
LUPRON DEPOT (1-MONTH) KIT IM .....62	LYUMJEV SOLN .....42	
	LYUMJEV TEMPO PEN SOPN ...42	
	LYVISPAH PACK .....175	

MAVENCLAD (6 TABS)	190	meclofenamate sodium CAPS	10	mefloquine hcl	58
MAVENCLAD (7 TABS)	190	MEDIC INSULIN SYRINGE	151	megestrol acetate (appetite)	187
MAVENCLAD (8 TABS)	190	MEDICHOICE SAFETY LANCET		megestrol acetate SUSP	62
MAVENCLAD (9 TABS)	190	142		MEIJER ALCOHOL SWABS	146
MAVYRET PACK	80	MEDICHOICE SAFETY LANCET		MEIJER LANCETS	142
MAVYRET TABS	81	EXTRA	142	MEIJER LANCETS UNIVERSAL 21G	
MAXALT TABS 10 MG (rizatriptan		MEDICHOICE SAFETY LANCET		.....	142
benzoate)	164	NORM	142	MEIJER LANCETS UNIVERSAL 30G	
MAXALT-MLT TBDP 10 MG		MEDICINE SHOPPE PEN NEEDLES		.....	142
(rizatriptan benzoate)	164	.....	151	MEIJER LANCETS UNIVERSAL 33G	
MAXICOMFORT II PEN NEEDLE		MEDLANCE EXTRA 21G	142	.....	142
151		MEDLANCE LITE 25G	142	MEIJER PEN NEEDLES	151
MAXI-COMFORT INSULIN		MEDLANCE PLUS EXTRA 21G ..	142	MEKINIST SOLR	66
SYRINGE	151	MEDLANCE PLUS LANCETS ...	142	MEKINIST TABS 0.5 MG	66
MAXICOMFORT SYR 27G X 1/2"		MEDLANCE PLUS LITE 25G ...	142	MEKINIST TABS 2 MG	66
151		MEDLANCE PLUS SPECIAL 0.8MM		MEKTOVI	66
MAXIDEX SUSP OP	184	.....	142	meloxicam CAPS	10
MAXITROL OINT (neomycin-polymy-		MEDLANCE PLUS SUPERLITE 30G		meloxicam TABS	10
dexameth)	184	.....	142	memantine hcl CP24	188
MAXITROL SUSP (neomycin-		MEDLANCE PLUS UNIVERSAL 21G		memantine hcl SOLN	188
polymy-dexameth)	184	.....	142	memantine hcl TABS	188
MAXX MISC	136	MEDLANCE UNIVERSAL 21G ..	142	memantine hcl-donepezil hcl CP24	
MAXX PLUS MISC	136	MEDROL TABS		188	
MAXZIDE TABS (triamterene &		(methylprednisolone)	92	MENACTRA	202
hydrochlorothiazide)	107	MEDROL TABS	92	MENEST 2.5 MG	116
MAXZIDE-25 TABS (triamterene &		MEDROL TBPK		MENOSTAR PTWK	116
hydrochlorothiazide)	107	(methylprednisolone)	92	MENQUADFI 0.5 ML	202
MAYZENT STARTER PACK TBPK		medroxyprogesterone acetate		MENVEO SOLN	202
0.25 MG	191	(contraceptive) SUSP IM	91	MENVEO SOLR	202
MAYZENT TABS	191	medroxyprogesterone acetate		meperidine hcl SOLN PO 50	
meclizine hcl CHEW	45	(contraceptive) SUSY IM	91	MG/5ML	13
meclizine hcl TABS 12.5 MG, 25 MG,		medroxyprogesterone acetate 2.5		meperidine hcl TABS 50 MG	13
50 MG	45	MG, 5 MG, 10 MG	187		
meclizine hcl TABS 50 MG	45	mefenamic acid CAPS	10		

meprobamate	18	METHADONE HCL POWD	13	methoxsalen rapid	98
MEPRON (atovaquone)	56	METHADONE HCL SOLN IJ (methadone hcl)	13	methscopolamine bromide	197
MEPSEVII	113	methadone hcl SOLN IJ 10 MG/ML 13		methsuximide	32
mercaptopurine SUSP 2000 MG/100ML	59	methadone hcl SOLN PO	13	methyldopa TABS	54
mercaptopurine TABS	59	methadone hcl TABS	13	methylergonovine maleate TABS	186
MERILOG SOLN SC 100 UNIT/ML 42		methadone hcl TBSO	13	METHYLIN SOLN (methylphenidate hcl)	3
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	42	METHADOSE CONC (methadone hcl)	13	methylphenidate hcl CHEW	3
mesalamine CP24	119	METHADOSE SUGAR-FREE CONC (methadone hcl)	13	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3
mesalamine CPCR	119	methamphetamine hcl	1	methylphenidate hcl CP24	3
mesalamine CPDR	119	methazolamide TABS	107	methylphenidate hcl CPCR	3
mesalamine ENEM	119	methenamine hippurate	57	methylphenidate hcl SOLN	3
mesalamine SUPP	119	methenamine mandelate	58	methylphenidate hcl TABS	3
mesalamine TBEC 1.2 GM	119	methenamine-hyoscamine-methylene blue-sodium phosphate TABS	56	methylphenidate hcl TB24	3
mesalamine TBEC 800 MG	119	methenamine-hyosc-methylene blue- sod phos-phenyl sal CAPS	56	methylphenidate hcl TBCR 10 MG, 20 MG	4
mesalamine w/ cleanser	119	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81 MG	56	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	4
mesna TABS	69	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81 MG	56	methylphenidate hcl TBCR 45 MG, 63 MG	4
MESNEX TABS	69	methimazole TABS	195	methylphenidate hcl TBCR 72 MG ..	3
metaxalone 400 MG	175	methocarbamol SOLN	175	methylphenidate PTCH	4
METAXALONE 640 MG	175	methocarbamol TABS 1000 MG .	176	methylprednisolone acetate SUSP	92
metaxalone 800 MG	175	methocarbamol TABS 500 MG ...	176	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	92
metformin hcl SOLN	38	methocarbamol TABS 750 MG ...	176	methylprednisolone TABS	92
metformin hcl TABS 500 MG, 750 MG, 850 MG, 1000 MG	38	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	59	methylprednisolone TBPK	92
metformin hcl TABS 625 MG	38	methotrexate sodium SOLR	59	methyltestosterone CAPS	16
metformin hcl TB24 500 MG, 1000 MG	39	methotrexate sodium TABS 2.5 MG 59		methyltestosterone TABS	16
metformin hcl TB24 500 MG, 750 MG	39			metoclopramide hcl SOLN IJ 5 MG/ML	118
methadone hcl CONC	13				

metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	118	(topical))	96	MINIVELLE PTTW (estradiol)	117
metoclopramide hcl TABS	118	miconazole nitrate (topical) CREA .	97	MINOCIN SOLR	195
metolazone	108	miconazole nitrate vaginal CREA 2 %	204	minocycline hcl CAPS	195
metoprolol & hydrochlorothiazide TABS	55	miconazole nitrate vaginal SUPP 200 MG	205	minocycline hcl TABS	195
metoprolol succinate TB24	83	miconazole-zinc oxide-white petrolatum	97	minocycline hcl TB24	195
metoprolol tartrate SOLN IV 5 MG/5ML	83	MICROCHAMBER DEVI	159	minoxidil 2.5 MG, 10 MG	55
metoprolol tartrate TABS	83	MICROCHAMBER MISC	159	MIPLYFFA	192
METROCREAM CREA (metronidazole (topical))	105	MICRODOT PEN NEEDLE	151	mirabegron TB24	202
METROGEL GEL 1 % (metronidazole (topical))	105	MICROLET LANCETS	142	MIRALAX POWD (polyethylene glycol 3350)	133
metronidazole (topical) CREA	105	MICROLET NEXT LANCING DEVICE MISC	142	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 4.5 MG (pramipexole dihydrochloride)	70
metronidazole (topical) GEL	105	MICROSPACER MISC	159	MIRAPEX ER TB24 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole dihydrochloride)	70
metronidazole (topical) LOTN	105	midazolam hcl SOLN IJ	132	MIRASORB SPONGES MISC ...	135
metronidazole CAPS	56	midazolam hcl SYRP	132	MIRCERA	128
metronidazole TABS 125 MG	56	midodrine hcl	206	MIRENA (52 MG)	91
metronidazole TABS 250 MG, 500 MG	56	MIEBO	185	mirtazapine TABS	32
metronidazole vaginal	204	MIFEPREX (mifepristone)	114	mirtazapine TBDP	32
metyrosine	53	mifepristone (hyperglycemia)	39	MIRVASO (brimonidine tartrate (topical))	105
mexiletine hcl	20	mifepristone	114	misoprostol	201
MIACALCIN IJ (calcitonin (salmon)) 109		miglitol	36	MITIGARE CAPS (colchicine)	123
micafungin sodium	47	miglustat	127	MM INSULIN SYRINGE/NEEDLE 151	
MICAFUNGIN SODIUM	47	milrinone lactate	85	MM LANCING DEVICE MISC	142
MICAFUNGIN SODIUM-NACL ...	47	milrinone lactate in dextrose	85	MM PEN NEEDLES	151
MICARDIS (telmisartan)	53	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	89	MM TWIST LANCETS	142
MICARDIS HCT (telmisartan- hydrochlorothiazide)	55	MINI LANCING DEVICE MISC ...	142	M-M-R II SOLR	203
MICATIN CREA (miconazole nitrate (topical))	96	MINIELITE FILTER REPLACEMENTS MISC	159	M-NATAL PLUS TABS	174
		MINIPRESS CAPS (prazosin hcl) .	54		

MNEXSPIKE SUSY 10 MCG/0.2ML . 203	151	succinate) .....117
MOBILE LANCETS 30G .....142	MONOJECT SYRINGE .....151	MOTOFEN 44
modafinil 100 MG .....4	MONOJECT SYRINGE .....152	MOTPOLY XR CP24 100 MG, 150 MG 29
modafinil 200 MG .....4	MONOJECT SYRINGE PHARMACY TRAY .....152	MOTPOLY XR CP24 200 MG .....29
MODERNA COVID-19 BIVALENT 203	MONOJECT SYRINGE REG LUER . 152	MOTRIN CHILDRENS CHEW (ibuprofen) .....10
MODERNA COVID-19 VAC 6M-11Y SUSP .....204	MONOJECT SYRINGE REGULAR TIP .....152	MOTRIN INFANTS DROPS SUSP (ibuprofen) .....10
MODERNA COVID-19 VAC 6M-11Y SUSY .....204	MONOJECT TB SAFETY SYRINGE MISC .....152	MOUNJARO 40
MODERNA COVID-19 VACCINE SUSP .....204	MONOJECT TB SYRINGE .....152	MOUTH KOTE SOLN 170
MODEYSO CAPS PO 125 MG ....63	MONOJECT ULTRA COMFORT SYRINGE .....152	MOVANTIK .....120
moexipril hcl .....52	MONOLET LANCETS .....142	moxifloxacin hcl (ophth) SOLN OP 183
MOI-STIR SOLN .....170	MONOLET OPD LANCETS .....142	moxifloxacin hcl TABS .....117
molindone hcl .....75	MONOLETTOR SAFETY LANCETS 142	MPD SAFETY LANCET 21G ....142
mometasone furoate (nasal) SUSP 177	montelukast sodium CHEW .....21	MPD SAFETY LANCET 23G ....142
mometasone furoate CREA .....102	montelukast sodium PACK .....21	MPD SAFETY LANCET 28G ....142
mometasone furoate OINT .....102	montelukast sodium TABS .....21	MPD SAFETY LANCET 30G ....142
mometasone furoate SOLN .....102	MONUROL (fosfomycin tromethamine) .....58	MRESVIA .....204
MONOFERRIC .....130	morphine sulfate beads .....13	MS CONTIN TBCR (morphine sulfate) .....13
MONOJECT BLUNTIP SYR/CANNULA .....151	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....13	MUCINEX MAXIMUM STRENGTH TB12 (guaifenesin) .....94
MONOJECT HYPODERMIC NEEDLE .....151	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML . 13	MUCOSITISRX PACK .....170
MONOJECT INSULIN SYRINGE 151	morphine sulfate SUPP .....13	MUGARD LIQD .....170
MONOJECT MAGELLAN SAFETY NDL .....151	morphine sulfate TABS .....13	MULPLETA .....128
MONOJECT MAGELLAN SYRINGE 151	morphine sulfate TBCR .....13	MULTAQ .....20
MONOJECT PHARMACY TRAY	MOTTEGRITY (prucalopride	MULTI PRENATAL TABS .....174
		MULTI-LANCET DEVICE MISC ..143
		multiple vitamins w/ minerals TABS 171

MULTIVITAMIN DROPS/IRON SOLN.....173	mycophenolate mofetil TABS .....168	naltrexone hcl 45
MULTIVITAMIN INFANT & TODDLER SOLN PO .....173	mycophenolate sodium 168	NAMENDA TABS (memantine hcl) 189
MULTIVITAMIN INFANT & TODDLER SOLN .....173	MYDAYIS CP24 (amphetamine- dextroamphetamine) 2	NAMENDA TITRATION PAK TABS (memantine hcl) 189
MULTIVITAMIN/FLUORIDE CHEW 172	MYDRIACYL SOLN (tropicamide) 182	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl) .....189
MULTIVITAMIN/FLUORIDE SOLN 172	MYFEMBREE .....116	NAMZARIC CP24 (memantine hcl- donepezil hcl) .....189
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML .....172	MYFORTIC (mycophenolate sodium) 168	NAMZARIC CP24 189
MULTIVITAMINS PLUS IRON CHILD CHEW .....173	MYGLUCOHEALTH LANCETS 30G 143	NAPRELAN TB24 (naproxen sodium) .....10
MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG .....172	MYHIBBIN SUSP .....168	NAPRELAN TB24 500 MG (naproxen sodium) .....10
MULTIVIT-MIN GUMMIES CHILDRENS CHEW .....172	MYLICON INFANTS GAS RELIEF SUSP (simethicone) 117	NAPROSYN SUSP (naproxen) ....10
mupirocin calcium (topical) .....96	MYRBETRIQ SRER .....202	naproxen sodium TABS 220 MG .. 10
mupirocin OINT .....96	MYRBETRIQ TB24 (mirabegron) 202	naproxen sodium TABS 275 MG, 550 MG 10
MVW COMPLETE FORMULATION CHEW .....172	MYTESI .....44	naproxen sodium TB24 375 MG, 500 MG 10
MVW COMPLETE FORMULATION D3000 CHEW .....172	nabumetone .....10	naproxen sodium TB24 750 MG ...10
MVW COMPLETE FORMULATION D5000 CHEW .....172	nadolol TABS 20 MG, 40 MG, 80 MG.....83	naproxen SUSP .....10
MYALEPT .....113	naftifine hcl CREA .....97	naproxen TABS .....10
MYAMBUTOL TABS 400 MG (ethambutol hcl) .....59	naftifine hcl GEL 2 %97	naproxen TBEC .....10
MYCAMINE .....47	NAFTIN GEL 2 % (naftifine hcl) ... 97	naproxen-esomeprazole magnesium.....10
MYCAPSSA CPDR .....115	NAGLAZYME 113	naratriptan hcl .....164
MYCOBUTIN (rifabutin) .....59	NALFON CAPS (fenoprofen calcium) .....10	NARCAN LIQD (naloxone hcl) 45
mycophenolate mofetil CAPS 168	NALFON TABS 600 MG .....10	NARDIL (phenelzine sulfate) .....33
mycophenolate mofetil SUSR 168	NALOCET TABS .....15	NASONEX 24HR SUSP (mometasone furoate (nasal)) ....177
	naloxone hcl LIQD .....45	NATACYN .....183
	naloxone hcl SOCT .....45	NATAZIA 89
	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML .....45	
	naloxone hcl SOSY .....45	

nateglinide	43	neomycin-polymyxin-hc (otic) SOLN .	186	NEUPOGEN SOLN	128
NATESTO GEL NA	16			NEUPOGEN SOSY	128
NATROBA (spinosad)	105	neomycin-polymyxin-hc (otic) SUSP .	186	NEUPRO	70
NAYZILAM	26	NEONATAL COMPLETE TABS	120	NEURONTIN CAPS (gabapentin) .	29
nebivolol hcl	83	MG-3 MG-30 MCG-1000 MCG-25		NEURONTIN CAPS 400 MG	
NEBULIZER AIR TUBE/PLUGS		MCG-8 MCG-3 MG-20 MG-7 MG-29		(gabapentin)	29
MISC	159	MG-200 MG-3 MG-100 MG-15 MG-3		NEURONTIN SOLN (gabapentin) .	29
NEBULIZER CUP/TUBING DEVI	159	MG-1200 MCG-150 MCG-18.4 MG	174	NEURONTIN TABS (gabapentin) .	29
NEBULIZER MASK ADULT MISC	159	NEONATAL PLUS TABS	174	NEVANAC	185
NEBULIZER MASK ADULT/TUBING		NEORAL CAPS (cyclosporine		nevirapine SUSP	78
MISC	159	modified (for microemulsion))	168	nevirapine TABS	78
NEBULIZER MASK CHILD MISC	159	NEORAL SOLN (cyclosporine		nevirapine TB24 400 MG	78
		modified (for microemulsion))	168	NEXAVAR (sorafenib tosylate) ...	66
NEBULIZER MASK PED/TUBING		NEOSTIGMINE METHYLSULFATE		NEXICLON XR TB24 (clonidine) ..	54
MISC	159	RFID SOLN IV 10 MG/10ML	58	NEXIUM CPDR (esomeprazole	
NEBUPENT IN (pentamidine		NEOSTIGMINE METHYLSULFATE		magnesium)	199
isethionate)	56	RFID SOSY (neostigmine		NEXIUM I.V. 40 MG (esomeprazole	
NEBUSAL NEBU	94	methylsulfate)	58	sodium)	198
nefazodone hcl 200 MG	35	neostigmine methylsulfate SOLN IV 5		NEXIUM PACK (esomeprazole	
nefazodone hcl 50 MG, 100 MG, 150		MG/10ML, 10 MG/10ML	58	magnesium)	199
MG, 250 MG	35	NEOSTIGMINE METHYLSULFATE		NEXLETOL	49
NEFFY SOLN NA	206	SOLN IV 5 MG/10ML, 10 MG/10ML	58	NEXLIZET	49
NEMLUVIO	104	NEOSTIGMINE METHYLSULFATE		NEXPLANON	91
neomycin sulfate TABS	5	SOSY (neostigmine methylsulfate) 59		NEXTSTELLIS	90
neomycin-bacitracin zn-polymyxin		neostigmine methylsulfate SOSY ..	58	NEXVIAZYME	113
183		NEO-SYNALAR	96	NGENLA	111
neomycin-polymy-dexameth OINT		NEO-VITAL RX TABS	174	niacin (antihyperlipidemic) TBCR ..	52
184		NEPHRONEX LIQD	171	niacin TABS 500 MG	207
neomycin-polymy-dexameth SUSP		NERLYNX	66	niacin TBCR 500 MG, 750 MG ...	207
0.1 %-3.5 MG/ML-10000 UNIT/ML,		NESINA (alogliptin benzoate)	40	niacinamide TABS 500 MG	207
0.1 %	184	NEULASTA ONPRO SOSY 6		niacinamide TBCR 500 MG	207
neomycin-polymyxin-gramicidin .	183	MG/0.6ML	128		
neomycin-polymyxin-hc (ophth) .	184	NEULASTA SOSY	128		

nicardipine hcl CAPS	84	sodium-sodium chloride)	55	NIVA-PLUS TABS	174
NICARDIPINE HCL IN NACL SOLN (nicardipine hcl in sodium chloride) 84		nisoldipine	84	NIVESTYM SOLN	129
nicardipine hcl in sodium chloride SOLN	84	nitazoxanide TABS	56	NIVESTYM SOSY	129
NICARDIPINE HCL SOLN (nicardipine hcl)	84	nitisinone CAPS 2 MG, 5 MG, 10 MG	113	NIX LICE KILLING SPRAY LIQD XX . 105	
nicardipine hcl SOLN	84	nitisinone CAPS 20 MG	113	nizatidine CAPS	197
NICORETTE GUM (nicotine polacrilex)	193	NITRO-BID OINT	18	NOC DURNA SUBL	114
NICORETTE MINI LOZG (nicotine polacrilex)	193	NITRO-DUR PT24 (nitroglycerin) ..	18	NOKOR VENTED NEEDLE	152
NICORETTE MINI LOZG 2 MG (nicotine polacrilex)	193	NITRO-DUR PT24	18	NORDITROPIN FLEXPPO SOPN 111	
NICORETTE STARTER KIT GUM (nicotine polacrilex)	193	nitrofurantoin	58	norelgestromin-ethinyl estradiol ...	90
nicotine polacrilex GUM	193	NITROFURANTOIN	58	NOREPINEPHRINE BITARTRATE IV 1 MG/ML	206
nicotine polacrilex LOZG	193	nitrofurantoin macrocrystal 25 MG	58	norepinephrine bitartrate IV	206
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	193	nitrofurantoin macrocrystal 50 MG, 100 MG	58	norethin acet & estrad-fe CAPS ...	90
NICOTROL NS SOLN	193	nitrofurantoin monohyd macro	58	norethin acet & estrad-fe CHEW ..	90
nifedipine CAPS	84	nitroglycerin (intra-anal)	17	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30	
nifedipine TB24	84	nitroglycerin CPCR	18	MCG-75 MG	90
NIKTIMVO	167	nitroglycerin PT24	18	norethindrone & eth estradiol	90
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	66	NITROGLYCERIN SOLN IV	18	norethindrone & ethinyl estradiol-fe 90	
nilotinib hcl 50 MG, 150 MG, 200 MG	66	nitroglycerin SOLN TL 0.4 MG/SPRAY	18	norethindrone (contraceptive)	91
nilutamide	62	nitroglycerin SUBL	18	norethindrone acet & eth estra TABS 90	
nimodipine CAPS	84	NITROLINGUAL SOLN TL (nitroglycerin)	18	norethindrone acetate TABS	187
nimodipine SOLN	84	nitroprusside sodium	55	norethindrone acetate-ethinyl estradiol	116
NINLARO	66	nitroprusside sodium-sodium chloride	56	norethindrone acetate-ethinyl estradiol-fe	90
NIPRIDE RTU (nitroprusside		NITROSTAT SUBL (nitroglycerin) .	18	norethindrone-eth estradiol (triphasic)	90
		NITROSTAT SUBL 0.3 MG (nitroglycerin)	18	norgestimate-ethinyl estradiol (triphasic)	90
		NITYR TABS	113		
		NIVA THYROID TABS	196		

norgestimate-ethinyl estradiol .....90	NOVOFINE AUTOCOVER PEN NEEDLE .....152	NOVOSEVEN RT .....124
norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....90	NOVOFINE PEN NEEDLE 152	NOXAFIL PACK 47
NORLIQVA SOLN 84	NOVOFINE PLUS PEN NEEDLE 152	NOXAFIL SOLN (posaconazole) .. 47
NORM-JECT LUER SLIP SYRINGE 152	NOVOLIN 70/30 FLEXPEN RELION SUPN .....42	NOXAFIL SUSP (posaconazole) .. 47
NORPACE CAPS (disopyramide phosphate) 19	NOVOLIN 70/30 FLEXPEN SUPN 42	NOXAFIL TBEC (posaconazole) .. 47
NORPACE CR CP12 19	NOVOLIN 70/30 RELION SUSP .. 42	NP THYROID TABS .....196
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) .....36	NOVOLIN 70/30 SUSP 42	NPLATE .....129
NORTHERA (droxidopa) .....206	NOVOLIN N FLEXPEN RELION SUPN .....42	NU GAUZE 4PLY PADS 135
nortriptyline hcl CAPS .....36	NOVOLIN N FLEXPEN SUPN 42	NU GAUZE GENERAL-USE SPONGES MISC 135
nortriptyline hcl SOLN .....36	NOVOLIN N RELION SUSP 42	NUBEQA 62
NORVASC TABS (amlodipine besylate) 84	NOVOLIN N SUSP 42	NUCALA SOAJ 20
NORVASC TABS 5 MG, 10 MG (amlodipine besylate) .....84	NOVOLIN R FLEXPEN RELION SOPN IJ .....42	NUCALA SOLR .....20
NORVIR CAPS .....78	NOVOLIN R FLEXPEN SOPN IJ .. 42	NUCALA SOSY .....20
NORVIR PACK .....78	NOVOLIN R RELION SOLN IJ 42	NUDEXTA .....192
NORVIR TABS (ritonavir) .....78	NOVOLIN R SOLN IJ .....42	NULIBRY .....113
NOSE CLIP MISC 159	NOVOLOG 70/30 FLEXPEN RELION SUPN .....42	NULOJIX .....168
NOURIANZ .....69	NOVOLOG FLEXPEN RELION SOPN .....42	NUPLAZID CAPS .....72
NOVA SAFETY LANCETS 23G .143	NOVOLOG FLEXPEN SOPN .....42	NUPLAZID TABS 10 MG .....72
NOVA SAFETY LANCETS 28G .143	NOVOLOG MIX 70/30 FLEXPEN SUPN .....42	NURTEC .....163
NOVA SUREFLEX LANCETS ...143	NOVOLOG MIX 70/30 RELION SUSP .....42	NUTRIVIT .....171
NOVA SUREFLEX LANCING DEVICE MISC .....143	NOVOLOG MIX 70/30 SUSP .....42	NUTROPIN AQ NUSPIN 10 SOPN 111
NOVAVAX COVID-19 VACCINE SUSP .....204	NOVOLOG PENFILL SOCT .....42	NUTROPIN AQ NUSPIN 20 SOPN 111
NOVAVAX COVID-19 VACCINE SUSY .....204	NOVOLOG RELION SOLN IJ 42	NUTROPIN AQ NUSPIN 5 SOPN 111
NOVOEIGHT .....124	NOVOLOG SOLN IJ .....43	NUVARING (etonogestrel-ethinyl estradiol) 90
		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML 204
		NUVESSA .....205

NUVIGIL (armodafinil)	4	ofloxacin (ophth)	183	OMBRA COMPRESSOR AIR FILTERS MISC	159
NUWIQ KIT	124	ofloxacin (otic)	186	OMBRA TABLE TOP COMPRESSOR DEVI	159
NUWIQ SOLR	124	ofloxacin 300 MG, 400 MG	117	OMECLAMOX-PAK	201
NUZYRA SOLR	194	OGSIVEO 100 MG, 150 MG	66	omega-3-acid ethyl esters	50
NUZYRA TABS	194	OGSIVEO 50 MG	66	omeprazole CPDR 10 MG	199
NYMALIZE SOLN 6 MG/ML	84	OHC COVID-19 ANTIGEN SELF TEST KIT	106	omeprazole CPDR 20 MG, 40 MG 199	
NYPOZI	129	OHTUVAYRE	21	omeprazole TBEC	199
NYSTATIN (nystatin (mouth-throat)) . 170		OJEMDA SUSR	66	omeprazole-sodium bicarbonate CAPS	201
nystatin (mouth-throat)	170	OJEMDA TABS	66	omeprazole-sodium bicarbonate PACK	201
nystatin (topical) CREA	97	OJJAARA	66	OMISIRGE	60
nystatin (topical) OINT	97	olanzapine SOLR	74	OMNARIS SUSP	177
nystatin (topical) POWD EX	97	olanzapine TABS	74	OMNITROPE SOCT	111
nystatin TABS	47	olanzapine TBDP	74	OMNITROPE SOLR SC	111
nystatin-triamcinolone CREA	97	olanzapine-fluoxetine hcl	189	OMVOH SOAJ	119
nystatin-triamcinolone OINT	97	olmesartan medoxomil	53	OMVOH SOLN	119
NYVEPRIA	129	olmesartan medoxomil-amlodipine- hydrochlorothiazide	55	OMVOH SOSY	119
OBIZUR	125	olmesartan medoxomil- hydrochlorothiazide	55	ON/GO COVID-19 ANTIGEN TEST KIT	106
OICALIVA	117	olopatadine hcl (nasal)	177	ON/GO ONE COVID-19 HOME TEST KIT	106
OCEAN NASAL SPRAY SOLN (saline)	177	olopatadine hcl 0.2 %	185	ONAPGO SOCT 98 MG/20ML	70
OCREVUS	191	OLPRUVA (2 GM DOSE) THPK .	113	ondansetron hcl SOLN PO 4 MG/5ML	45
OCREVUS ZUNOVO	191	OLPRUVA (3 GM DOSE) THPK .	113	ondansetron hcl SOSY	45
octreotide acetate KIT	115	OLPRUVA (4 GM DOSE) THPK .	113	ondansetron hcl TABS 4 MG, 8 MG 45	
octreotide acetate SOLN	115	OLPRUVA (5 GM DOSE) THPK .	113	ondansetron TBDP 16 MG	45
octreotide acetate SOSY	115	OLPRUVA (6 GM DOSE) THPK .	113	ondansetron TBDP 4 MG, 8 MG ..	45
OCUFLOX (ofloxacin (ophth)) ...	183	OLPRUVA (6.67 GM DOSE) THPK 113			
ODACTRA SUBL	4	OLUMIANT	6		
ODEFSEY	78	OLUX-E (clobetasol propionate emulsion)	102		
ODOMZO	61				
OFEV	194				

ONE FLOW SPIROMETER DEVI 159	OPTICHAMBER DIAMOND DEVI 159	ORFADIN CAPS 20 MG (nitisinone) . 113
ONE-A-DAY WOMENS 50 PLUS TABS (multiple vitamins w/ minerals) 171	OPTICHAMBER DIAMOND MISC 160	ORFADIN SUSP .....113
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals) 171	OPTICHAMBER DIAMOND-LG MASK DEVI .....159	ORGOVYX 62
ONETOUCH DELICA PLUS LANCET30G 143	OPTICHAMBER DIAMOND-MD MASK MISC 159	ORIAHNN 116
ONETOUCH DELICA PLUS LANCET33G 143	OPTICHAMBER DIAMOND-SM MASK MISC 160	ORILISSA 111
ONETOUCH DELICA PLUS LANCING MISC 143	OPTIMAL D3 M CAPS 207	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG 194
ONETOUCH DELICA SAFETY LANCING 143	OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals) 171	ORKAMBI PACK 94 MG-75 MG . 194
ONETOUCH ULTRASOFT 2 LANCETS 143	OPVEE NA 45	ORKAMBI TABS 194
ONEVITE CALCIUM+D3 TABS .. 166	OPZELURA 103	ORLADEYO 126
ONFI SUSP (clobazam) 26	ORACEA (doxycycline (rosacea)) 105	ORLYNVAH TABS PO 57
ONFI TABS (clobazam) 26	ORACIT 121	orphenadrine citrate SOLN 30 MG/ML 176
ONGENTYS 69	ORAL CITRATE 121	orphenadrine citrate TB12 176
ONGLYZA (saxagliptin hcl) 40	ORAL RELIEF SPRAY SOLN 170	orphenadrine w/ aspirin & caff ... 177
ONPATTRO 193	ORALAIR SUBL 5	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG 177
ONUREG TABS 59	ORAMAGIC PLUS SUSR 169	ORSERDU 62
ONYDA XR SUER 2	ORAMAGICRX SUSR 170	oseltamivir phosphate CAPS 81
OPFOLDA 113	ORAPEUTIC GEL 170	oseltamivir phosphate SUSR 81
OPILL 91	ORAPRED ODT TBDP (prednisolone sodium phosphate) 92	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone) 38
OPIPZA FILM 76	ORAVIG 170	OSENVELT SOLN SC 120 MG/1.7ML 109
opium tincture 44	ORENCIA CLICKJECT SOAJ 11	OSMOLEX ER TB24 129 MG, 193 MG 70
OPSUMIT 87	ORENCIA SOLR 11	OSPHENA 111
OPSYNVI 20 MG-10 MG 86	ORENCIA SOSY 11	OTEZLA TABS 11
OPSYNVI 40 MG-10 MG 86	ORENITRAM TBCR 86	OTEZLA TBPK 11
	ORFADIN CAPS 2 MG, 5 MG, 10 MG (nitisinone) 113	OTEZLA XR TB24 PO 75 MG 11
		OTEZLA/OTEZLA XR INITIATION

PK TBPK	11	oxycodone hcl CAPS	13	CSPK	5
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	6	oxycodone hcl CONC 100 MG/5ML 13		PALFORZIA (3 MG DAILY DOSE) CSPK	5
OTULFI SOLN SC 45 MG/0.5ML ..	98	oxycodone hcl SOLN	13	PALFORZIA (300 MG MAINTENANCE) PACK	5
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	98	oxycodone hcl T12A 20 MG, 40 MG . 13		PALFORZIA (300 MG TITRATION) PACK	5
OVACE PLUS WASH GEL (sulfacetamide sodium)	99	oxycodone hcl TABS	13	PALFORZIA (40 MG DAILY DOSE) CSPK	5
OVACE PLUS WASH LIQD (sulfacetamide sodium)	99	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ...	15	PALFORZIA (6 MG DAILY DOSE) CSPK	5
OVACE WASH LIQD (sulfacetamide sodium)	99	OXYCONTIN T12A	13	PALFORZIA (80 MG DAILY DOSE) CSPK	5
OVIDE (malathion)	105	oxymorphone hcl TABS	13	PALFORZIA INITIAL ESCALATION CSPK	5
oxaprozin TABS	10	oxymorphone hcl TB12	13	paliperidone	73
oxazepam CAPS	19	OXYTROL PTTW	202	palonosetron hcl SOLN	45
oxcarbazepine SUSP	29	oyster shell	166	PALONOSETRON HCL SOLN	45
oxcarbazepine TABS	29	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	40	palonosetron hcl SOSY	45
oxcarbazepine TB24	29	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	40	PALSONIFY TABS PO 20 MG, 30 MG	115
OXERVATE	184	OZEMPIC (2 MG/DOSE) SOPN ...	40	PALYNZIQ 10 MG/0.5ML	113
oxiconazole nitrate CREA	97	OZOBAX DS SOLN PO (baclofen) 176		PALYNZIQ 2.5 MG/0.5ML	113
OXISTAT CREA (oxiconazole nitrate)	97	OZOBAX SOLN PO (baclofen) ...	176	PALYNZIQ 20 MG/ML	113
OXISTAT LOTN	97	PALFORZIA (12 MG DAILY DOSE) CSPK	5	PAMELOR CAPS (nortriptyline hcl) 36	
OXLUMO	122	PALFORZIA (120 MG DAILY DOSE) CSPK	5	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	109
OXTELLAR XR TB24 (oxcarbazepine)	29	PALFORZIA (160 MG DAILY DOSE) CSPK	5	PAMIDRONATE DISODIUM SOLN 110	
oxybutynin chloride SOLN	201	PALFORZIA (20 MG DAILY DOSE) CSPK	5	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT	107
oxybutynin chloride TABS 2.5 MG 201		PALFORZIA (200 MG DAILY DOSE) CSPK	5	PANDA MASK LARGE	160
oxybutynin chloride TABS 5 MG .	201	PALFORZIA (240 MG DAILY DOSE)		PANDA MASK MEDIUM	160
oxybutynin chloride TB24	201				

PANDA MASK SMALL	160	PARI SOFT PLASTIC PED MASK	sodium phosphate)	92
PANDEL	102	MISC	PEDIARIX SUSY	196
PANHEMATIN 350 MG	126	PARI TREK S COMBO PACK DEVI .	PEDIATRIC MOUTHPIECE MISC	
pantoprazole sodium PACK	199	160	160	
PANTOPRAZOLE SODIUM SOLR		PARI VORTEX ADULT MASK ...	pediatric multiple vitamins CHEW 15	
40 MG (pantoprazole sodium)	199	160	MCG-30 MG-15 MCG-0.85 MG-2	
pantoprazole sodium SOLR	199	PARI VORTEX PEDIATRIC MASK	MCG-2.5 MG-2.5 MG-1.82 MG-10	
pantoprazole sodium TBEC	200	160	MG-5 MG-39.75 MCG-360 MCG-100	
PANTOPRAZOLE SODIUM-NACL		paricalcitol CAPS	MCG-5 MG	173
0.9 %-40 MG/100ML	199	113	pediatric multiple vitamins CHEW 60	
PANTOPRAZOLE SODIUM-NACL		PARLODEL CAPS (bromocriptine	MG-1.05 MG-300 MCG-400 UNIT-	
0.9 %-40 MG/50ML	199	mesylate)	4.5 MCG-1.2 MG-10 MG-1998 UNIT-	
PANTOPRAZOLE SODIUM-NACL		71	1.05 MG-15 UNIT	173
0.9 %-80 MG/100ML	199	PARLODEL TABS (bromocriptine	pediatric multiple vitamins w/ iron	
PAPZIMEOS SUSP SC	81	mesylate)	CHEW 18 MG	173
PARAGARD INTRAUTERINE		71	pediatric multivitamins w/fl CHEW	
COPPER	90	paroxetine hcl SUSP	172	
PARI ALTERA NEBULIZER		34	pediatric multivitamins w/fl SOLN	172
HANDSET MISC	160	paroxetine hcl TABS	PEDIATRIC PANDA MASK	160
PARI BABY CONVERSION KIT		34	pediatric vitamins acd w/ fluoride	
MISC	160	paroxetine hcl TB24	SOLN	172
PARI BUBBLES PEDIATRIC MASK		34	pediatric vitamins adc 400 UNIT/ML-	
MISC	160	paroxetine mesylate (vasomotor)	750 UNIT/ML-35 MG/ML	173
PARI ERAPID NEBULIZER		193	PEDVAX HIB SUSP	202
HANDSET MISC	160	PAXIL CR TB24 (paroxetine hcl) ..	peg 3350-kcl-nacl-na sulfate-na	
PARI EXPIRATORY FILTER SET		34	ascorbate-ascorbic acid	133
DEVI	160	PAXIL SUSP (paroxetine hcl)	peg 3350-kcl-sod bicarb-sod	
PARI MANUAL INTERRUPTER		34	chloride-sod sulfate SOLR	133
DEVI	160	PAXIL TABS (paroxetine hcl)	peg 3350-potassium chloride-sod	
PARI MASK SET MISC	160	80	bicarbonate-sod chloride	133
PARI SMARTMASK BABY/ELBOW		PAXLOVID (150/100)	PEGASYS SOLN	81
MISC	160	80	PEGASYS SOSY	81
PARI SOFT PLASTIC ADULT MASK		PAXLOVID (300/100 & 150/100) .	PEMAZYRE	66
MISC	160	80	PEN NEEDLE/5-BEVEL TIP	152
		PAXLOVID (300/100)	PEN NEEDLES	152
		80		
		66		
		66		
		173		
		173		
		152		
		172		
		PEDIAPRED SOLN (prednisolone		

PENBRAYA	202	MG-7.5 MG (oxycodone w/ acetaminophen)	15	WIPES MISC	160
penciclovir	99	PERFECT LANCETS 28G	143	PHAZYME MAXIMUM STRENGTH CAPS (simethicone)	117
penicillamine CAPS	167	PERFECT LANCETS 30G	143	PHAZYME ULTRA STRENGTH CAPS (simethicone)	117
penicillamine TABS	167	PERFECT POINT SAFETY LANCETS	143	PHEBURANE PLLT	113
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	187	PERFECT POINT SAFETY NEEDLE	152	phenazopyridine hcl TABS 100 MG, 200 MG	122
penicillin g potassium 5000000 UNIT, 20000000 UNIT	187	PERFOROMIST NEBU (formoterol fumarate)	23	phenelzine sulfate	33
penicillin g sodium	187	perindopril erbumine	52	PHENERGAN SOLN IJ (promethazine hcl)	49
penicillin v potassium SOLR	187	permethrin AERO	105	phenobarbital ELIX	131
penicillin v potassium TABS	187	permethrin CREA	105	phenobarbital sodium SOLN	131
PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	97	permethrin LIQD EX	105	phenobarbital TABS	131
PENTACEL	196	perphenazine TABS	76	phenobarbital-hyoscyamine-atropine- scopolamine TABS	197
PENTAM IJ (pentamidine isethionate)	56	perphenazine-amitriptyline	189	phenoxybenzamine hcl	53
pentamidine isethionate IN	56	PERSERIS PRSY	73	phenylephrine hcl (mydriatic) SOLN 182	
PENTASA CPCR (mesalamine) ..	119	PERTZYE CPEP	107	phenylephrine hcl (oral) TABS ...	177
PENTASA CPCR 250 MG	119	PFIZER COVID-19 VAC BIVALENT . 204		PHENYLEPHRINE HCL (PRESSORS) SOLN IV (phenylephrine hcl (pressors)) ...	206
PENTIPS	152	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	204	phenylephrine hcl (pressors) SOLN IV	206
PENTIPS GENERIC PEN NEEDLES	152	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	204	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ...	182
pentobarbital sodium SOLN	131	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	204	phenytoin CHEW	31
pentoxifylline	126	PFIZER-BIONTECH COVID-19 VACC SUSP	204	phenytoin sodium extended 100 MG, 200 MG, 300 MG	31
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	197	PFLEX MISC	160	phenytoin sodium extended 200 MG, 300 MG	31
PEPCID AC TABS (famotidine) ..	197	PHARMACIST CHOICE ALCOHOL . 146		phenytoin sodium SOLN	31
PEPTO BISMOL SUSP 525 MG/30ML (bismuth subsalicylate) .	44	PHARMACIST CHOICE LANCETS . 143		phenytoin SUSP 125 MG/5ML	31
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	25	PHARMACIST CHOICE MASK			

PHEXX	205	PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	187	POCKET CHAMBER DEVI	161
PHEXXI	205	PIQRAY (200 MG DAILY DOSE)	67	POCKET SPACER DEVI	161
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	67	PIQRAY (250 MG DAILY DOSE)	67	podofilox SOLN	104
PIASKY	125	PIQRAY (300 MG DAILY DOSE)	67	POKONZA PACK PO	166
PIFELTRO	78	pirfenidone CAPS	194	POLY HUB NEEDLE	152
PILLOW MASK/ADULT MISC	161	pirfenidone TABS 267 MG	194	polyethylene glycol 3350 POWD	133
PILLOW MASK/CHILD MISC	161	pirfenidone TABS 534 MG	194	polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	181
PILLOW MASK/PEDIATRIC MISC	161	pirfenidone TABS 801 MG	194	POLYMEM NON-ADHESIVE PADS	135
pilocarpine hcl (oral)	170	piroxicam CAPS	10	polymyxin b-trimethoprim	183
pilocarpine hcl SOLN 1 %, 2 %, 4 %	182	pitavastatin calcium	51	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (bacitracin-polymyxin b)	96
pilocarpine hcl SOLN 1.25 %	182	PIXEL COVID-19 PCR HOME TEST	106	POLY-VI-FLOR CHEW 0.25 MG, 1 MG	172
PILOT COVID-19 AT-HOME TEST KIT	106	PLAN B ONE-STEP (levonorgestrel (emergency oc))	90	POLY-VI-FLOR SUSP	172
pimecrolimus	104	PLAVIX 75 MG (clopidogrel bisulfate)	127	polyvinyl alcohol 1.4 %	181
pimozide	192	PLEGRIDY SOAJ	191	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %	181
pindolol TABS	83	PLEGRIDY SOSY IM	191	POLY-VI-SOL SOLN PO	173
pioglitazone hcl	43	PLEGRIDY STARTER PACK SOAJ	191	POLY-VITA SOLN PO	173
pioglitazone hcl-glimepiride	38	PLEGRIDY STARTER PACK SOSY SC	191	POLY-VITA/IRON SOLN	173
pioglitazone hcl-metformin hcl TABS	38	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	95	POLY-VITE PEDIATRIC SOLN PO	173
PIP LANCETS 28G	143	PLEXION CREA (sulfacetamide sodium w/ sulfur)	95	POLY-VITE/IRON SOLN	173
PIP LANCETS 30G	143	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	95	POMALYST	63
PIP PEN NEEDLES 31G X 5MM	152	PLIAGLIS CREA	104	POMBILITI	113
PIP PEN NEEDLES 32G X 4MM	152	PLUVICTO	69	PONVORY STARTER PACK TBPK	191
piperacillin sodium-tazobactam sodium	187	PNEUMOVAX 23 SOLN	202	PONVORY TABS	191
piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	187	PNEUMOVAX 23 SOSY	202	posaconazole SOLN	47
				posaconazole SUSP	47

posaconazole TBEC	47	potassium citrate (alkalinizer) TBCR .	121	PREDNISOLONE SODIUM	
POSFREA SOLN	45	potassium citrate-citric acid SOLN	121	PHOSPHATE TBDP 10 MG, 15 MG,	
pot & sod citrates w/citric ac SOLN	121			30 MG	92
pot phosphate monobasic w/ sod		potassium phosphate monobasic		prednisolone SOLN	92
phosphate dibasic & monobasic .	166	TABS	166	prednisolone TABS	92
POTASSIUM ACETATE SOLN		PRADAXA CAPS (dabigatran		PREDNISONE INTENSOL CONC	92
(potassium acetate)	166	etexilate mesylate)	25	prednisone SOLN	92
potassium acetate SOLN 2 MEQ/ML .	166	PRADAXA CAPS 75 MG (dabigatran		prednisone TABS	92
		etexilate mesylate)	25	prednisone TBPB	92
potassium bicarbonate TBEF	166	PRADAXA PACK	25	PREFERRED PLUS UNIFINE	
potassium chloride CPCR	166	PRALUENT SOAJ	52	PENTIPS	152
potassium chloride		pramipexole dihydrochloride TABS		pregabalin (once-daily) 330 MG ..	192
microencapsulated crystals er ...	166	0.5 MG, 0.75 MG, 1 MG, 1.5 MG ..	71	pregabalin (once-daily) 82.5 MG, 165	
potassium chloride		pramipexole dihydrochloride TABS		MG	192
microencapsulated crystals er 20		71		pregabalin CAPS	29
MEQ	166	pramipexole dihydrochloride TB24	71	pregabalin SOLN	29
potassium chloride PACK PO 20		prasugrel hcl	127	PREHEVBRIO	204
MEQ	166	pravastatin sodium	51	PREMARIN	205
POTASSIUM CHLORIDE SOLN IV		praziquantel	17	PREMARIN SOLR	117
(potassium chloride)	167	prazosin hcl CAPS	54	PREMARIN TABS 0.3 MG, 0.45 MG,	
potassium chloride SOLN IV 2		PRECISION SURE-DOSE SYRINGE		0.625 MG, 0.9 MG, 1.25 MG	
MEQ/ML	166	.....	152	(estrogens, conjugated)	117
POTASSIUM CHLORIDE SOLN IV		PRECISION THINS GP LANCETS		PREMPHASE	116
167		143		PREMPRO	116
potassium chloride SOLN PO 10 %,		PRED FORTE (prednisolone acetate		PRENATABS FA TABS	174
10 %	166	(ophth))	184	PRENATAL (W/IRON & FA) TABS	
potassium chloride SOLN PO 20 %		PRED MILD	184	174	
166		prednisolone acetate (ophth)	184	PRENATAL MULTIVITAMIN + DHA	
potassium chloride TBCR 15 MEQ		PREDNISOLONE SODIUM		MISC	174
167		PHOSPHATE	184	PRENATAL ONE DAILY TABS ..	174
potassium chloride TBCR 8 MEQ, 10		prednisolone sodium phosphate		PRENATAL PLUS	
MEQ	167	SOLN 5 MG/5ML, 10 MG/5ML, 15		VITAMIN/MINERAL TABS	174
potassium chloride TBCR 8 MEQ, 20		MG/5ML, 20 MG/5ML, 25 MG/5ML		PRENATAL TABS 100 MG-2.6 MG-	
MEQ	167	92			

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	174	PREVENT SAFETY PEN NEEDLES 30G	143
PRENATAL TABS	174	PREVIMIS PACK	80
prenatal vit w/ docusate-fe fumarate-folic acid TABS	174	PREVIMIS SOLN	80
prenatal vit w/ ferrous fumarate-folic acid CHEW	174	PREVIMIS TABS	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	174	PREZCOBIX	78
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	174	PREZISTA SUSP	78
PRENATAL VITAMIN AND MINERAL TABS	174	PREZISTA TABS (darunavir)	78
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	174	PREZISTA TABS 75 MG, 150 MG	78
PRENATAL/IRON TABS	174	PRIFTIN	59
PRETOMANID	59	PRILOSEC PACK	200
PREVACID 24HR CPDR (lansoprazole)	200	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	58
PREVACID CPDR 30 MG (lansoprazole)	200	primaquine phosphate TABS	58
PREVACID SOLUTAB TBDD (lansoprazole)	200	primidone 125 MG	29
PREVENT DROPSAFE PEN NEEDLES	152	primidone 50 MG, 250 MG	29
		PRIORIX SUSR	204
		PRISTIQ (desvenlafaxine succinate) 35	
		PRISTIQ 50 MG (desvenlafaxine succinate)	35
		PRO COMFORT ALCOHOL	147
		PRO COMFORT INSULIN SYRINGE	152
		PRO COMFORT LANCETS 30G	143
		PRO COMFORT LANCETS 31G	143
		PRO COMFORT PEN NEEDLES	152
		PRO COMFORT SAFETY LANCETS	
		PRO COMFORT SPACER ADULT MISC	161
		PRO COMFORT SPACER CHILD MISC	161
		PRO COMFORT SPACER INFANT DEVI	161
		PROAIR RESPIClick AEPB	23
		probenecid	123
		PROCARDIA XL TB24 (nifedipine) 84	
		PROCARE SPACER/ADULT MASK DEVI	161
		PROCARE SPACER/CHILD MASK DEVI	161
		PROCHAMBER VHC DEVI	161
		prochlorperazine	76
		prochlorperazine edisylate 10 MG/2ML	76
		prochlorperazine maleate TABS	76
		PROCRIT	129
		PROCTOFOAM HC FOAM EX	17
		PROCYSBI CPDR	121
		PROCYSBI PACK	122
		PRODIGY INSULIN SYRINGE	152
		PRODIGY LANCETS 28G	143
		PRODIGY LANCING DEVICE MISC	143
		PRODIGY SAFETY LANCETS 26G	143
		PRODIGY TWIST TOP LANCETS 28G	143
		PROFILNINE	125

progesterone (vaginal) INST 100 MG 205	propafenone hcl TABS .....20	pseudoephedrine hcl TABS 177
progesterone CAPS 187	proparacaine hcl 184	PSS SELECT GP LANCETS 143
progesterone OIL .....187	PROPECIA (finasteride (alopecia)) 103	PSS SELECT SAFETY LANCETS 143
PROGLYCEM (diazoxide) 39	propranolol hcl CP24 .....83	psyllium POWD 25 %, 28.3 %, 43 %, 51.7 % 133
PROGRAF CAPS (tacrolimus) ... 168	propranolol hcl SOLN IV 1 MG/ML 83	psyllium POWD 43 %133
PROGRAF PACK .....168	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....83	PULMICORT FLEXHALER AEPB .22
PROGRAF SOLN .....168	propranolol hcl TABS 83	PULMICORT SUSP (budesonide (inhalation)) 22
PROLASTIN-C SOLN 193	propylene glycol (ophth) 181	PULMOZYME .....194
PROLATE SOLN .....15	propylthiouracil .....195	PURE COMFORT 3-BALL BREATHE EX DEVI 161
PROLATE TABS .....15	PROQUAD SUSR 204	PURE COMFORT ALCOHOL PREP .....147
PROLENSA (bromfenac sodium (ophth)) 185	PROSCAR (finasteride) .....122	PURE COMFORT LANCETS 30G 143
PROLIA SOSY .....110	protamine sulfate .....127	PURE COMFORT PEN NEEDLE 152
PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine) .....129	PROTHELIAL PSTE .....170	PURE COMFORT SAFETY PEN NEEDLE .....152
PROMACTA TABS 12.5 MG, 25 MG (eltrombopag olamine) .....129	PROTONIX PACK (pantoprazole sodium) 200	PURE COMFORT SPACER CHAMBER DEVI 161
PROMACTA TABS 50 MG, 75 MG (eltrombopag olamine) .....129	PROTONIX SOLR (pantoprazole sodium) 200	PURIXAN SUSP 2000 MG/100ML (mercaptopurine) .....59
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML 49	PROTONIX TBEC (pantoprazole sodium) 200	PURIXAN SUSP 2000 MG/100ML (mercaptopurine) .....60
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 49	protriptyline hcl 36	PX ADVANCED LANCING DEVICE MISC .....143
promethazine hcl SUPP 12.5 MG, 25 MG 49	PROVENGE .....60	PX GLUCOSE .....39
promethazine hcl SUPP 49	PROVENTIL HFA AERS (albuterol sulfate) 23	PX INSULIN SYRINGE 152
promethazine hcl TABS .....49	PROVERA 5 MG, 10 MG (medroxyprogesterone acetate) ..188	PX LANCET AUTO INJECTOR MISC .....143
PROMETRIUM CAPS (progesterone) .....188	PROVIGIL 100 MG (modafinil) .....4	PX LANCETS MICROTHIN 33G 143
PRONEB ULTRA FILTER SET MISC .....161	PROVIGIL 200 MG (modafinil) .....4	
propafenone hcl CP12 .....20	PROZAC CAPS (fluoxetine hcl) ... 34	
	prucalopride succinate .....117	
	PRUDOXIN (doxepin hcl (antipruritic)) .....98	

PX LANCETS ULTRA THIN 28G 143	MISC .....143	QUESTRAN PACK (cholestyramine) 50
PX MINI PEN NEEDLES 152	QC ALCOHOL SWABS .....147	QUESTRAN POWD (cholestyramine) .....50
PX SHORTLENGTH PEN NEEDLES.....152	QC ALL PURPOSE DRESSINGS PADS 135	quetiapine fumarate TABS 150 MG 74
PYLERA (bismuth subcitrate potassium-metronidazole- tetracycline) .....201	QC LANCETS SUPER THIN 30G 143	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 74
pyrazinamide .....59	QC LANCETS ULTRA THIN .....143	quetiapine fumarate TB24 74
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % 105	QC PEN NEEDLES .....152	QUFLORA FE PEDIATRIC LIQD 172
PYRIDIDIUM TABS (phenazopyridine hcl) .....122	QC STERILE PADS PADS .....135	QUICK TOUCH INSULIN PEN NEEDLE .....152
PYRIDOSTIGMINE BROMIDE ER TB24 PO 105 MG .....44	QC UNIFINE PENTIPS 152	QUICKVUE AT-HOME COVID-19 TEST KIT 106
pyridostigmine bromide SOLN PO .59	QC UNILET LANCETS 28G .....143	QUILLICHEW ER CHER .....4
pyridostigmine bromide TABS 30 MG.....59	QC UNILET LANCETS MICRO THIN.....143	QUILLIVANT XR SRER .....4
pyridostigmine bromide TABS 60 MG.....59	QDOLO SOLN (tramadol hcl) .....13	quinapril hcl .....52
pyridostigmine bromide TBCR .....59	QELBREE 100 MG, 150 MG .....2	quinapril-hydrochlorothiazide 55
pyridoxine hcl SOLN .....207	QELBREE 200 MG .....2	quinidine gluconate TBCR .....19
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG .....207	QFITLIA SOAJ SC 50 MG/0.5ML 125	quinidine sulfate TABS .....19
pyrimethamine .....58	QFITLIA SOLN SC 20 MG/0.2ML 125	quinine sulfate CAPS 324 MG .....58
PYRUKYND TABS 127	QINLOCK .....67	QULIPTA .....163
PYRUKYND TAPER PACK TBPK 127	QNASL .....177	QUTENZA (2 PATCH) .....104
PYZCHIVA 45 MG/0.5ML, 90 MG/ML.....98	QNASL CHILDRENS 177	QUTENZA (4 PATCH) .....104
PYZCHIVA SC 45 MG/0.5ML .....98	QTERN .....38	QUTENZA .....104
QALSODY .....178	QUADRACEL SUSP 196	QUVIVIQ .....132
QBRELIS SOLN 52	QUADRACEL SUSY 196	QVAR REDIHALER .....22
QC ADVANCED LANCING DEVICE	QUAKE DEVI .....161	RA GLUCOSE .....39
	QUALAQUIN CAPS (quinine sulfate) 58	RABAVERT .....204
	quazepam .....132	rabeprazole sodium TBEC 200
	QUDEXY XR CS24 (topiramate) .. 29	RADICAVA ORS STARTER KIT SUSP 178
	QUESTRAN LIGHT POWD (cholestyramine light) .....50	

RADICAVA ORS SUSP	178	TEXTURED DEVI	136	RELION INSULIN SYRINGE	152	
RADICAVA SOLN (edaravone) ..	178	REALITY LATEX/ULTRA THIN DEVI	136	RELION LANCET DEVICES 30G	143	
RAGWITEK SUBL	5	REALITY SWABS	147	RELION LANCETS	143	
RALDESY SOLN PO 10 MG/ML ..	35	REALITY TRIGGER LANCETS .	143	RELION LANCETS MICRO-THIN	33G	143
raloxifene hcl	111	REBIF REBIDOSE SOAJ	191	RELION LANCETS THIN 26G ...	144	
ramelteon	133	REBIF REBIDOSE TITRATION		RELION LANCETS ULTRA-THIN	30G	144
ramipril CAPS	52	PACK SOAJ	191	RELION LANCING DEVICE MISC	144	
ranolazine TB12 1000 MG	18	REBIF SOSY	191	RELION PEN NEEDLES	152	
ranolazine TB12 500 MG	18	REBIF TITRATION PACK SOSY .	191	RELION TRUE METRIX TEST	STRIPS STRP	106
RAPAFLO (silodosin)	122	REBINYN	125	RELION ULTRA THIN LANCETS	30G	144
RAPAMUNE SOLN (sirolimus) ...	168	REBLOZYL	129	REL PAX (eletriptan hydrobromide)	165	
RAPAMUNE TABS (sirolimus) ...	169	RECLAST SOLN (zoledronic acid)	110	REL PAX 40 MG (eletriptan	hydrobromide)	164
RAPIVAB	81	RECOMBINATE SOLR	125	RELTONE CAPS	117	
rasagiline mesylate	71	RECOMBIVAX HB SUSP	204	RELYVRIO	178	
RASUVO SOAJ 7.5 MG/0.15ML, 10		RECOMBIVAX HB SUSY	204	REMERON SOLTAB TBDP	(mirtazapine)	32
MG/0.2ML, 12.5 MG/0.25ML, 15		RECORLEV	108	REMERON TABS 15 MG, 30 MG	(mirtazapine)	32
MG/0.3ML, 17.5 MG/0.35ML, 20		RECTIV (nitroglycerin (intra-anal))	17	REMICADE	119	
MG/0.4ML, 22.5 MG/0.45ML, 25		REGLAN TABS (metoclopramide hcl)	118	RENAPLEX-D TABS	171	
MG/0.5ML, 30 MG/0.6ML	6	REGONOL SOLN IV	59	RENFLEXIS	119	
RAVICTI 1.1 GM/ML (glycerol		RELAFEN DS	10	RENTHYROID TABS 15 MG, 30 MG,	60 MG, 90 MG, 120 MG	196
phenylbutyrate)	113	RELENZA DISKHALER	81	RENVELA PACK (sevelamer	carbonate)	121
RAYA SURE PEN NEEDLE	152	RELEUKO SOSY	129	RENVELA TABS (sevelamer		
RAYALDEE	113	RELEXXII TBCR 18 MG, 27 MG, 36				
RAYOS TBEC	92	MG, 54 MG	4			
RAY-TEC X-RAY DETECTABLE		RELEXXII TBCR 45 MG, 63 MG				
SPNGE MISC	136	(methylphenidate hcl)	4			
READYLANCE SAFETY LANCETS .	143	RELEXXII TBCR 72 MG	4			
REALITY INSULIN SYRINGE ...	152	RELION ALCOHOL SWABS	147			
REALITY LANCETS	143					
REALITY LATEX CONDOMS MISC .	136					
REALITY LATEX/ULTRA						

carbonate) 121	(pulmonary hypertension)) 87	RIGHTEST GD500 LANCING DEVICE MISC 144
repaglinide 43	REVATIO TABS (sildenafil citrate (pulmonary hypertension)) 87	RIGHTEST GL300 LANCETS ... 144
REPATHA PUSHTRONEX SYSTEM SOCT 52	REVCIVI 114	RILUTEK TABS (riluzole) 178
REPATHA SOSY 52	REVLIMID 167	riluzole TABS 178
REPATHA SURECLICK SOAJ 52	REVUFORJ 63	rimantadine hydrochloride TABS .. 81
REPLACEMENT AIR FILTER MISC . 161	REXTOVY LIQD 45	RIMSO-50 122
REPLACEMENT FILTERS MISC 161	REXULTI 76	ringer's irrigation 169
RESTASIS EMUL (cyclosporine (ophth)) 183	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 79	RINGERS IRRIGATION 4.5 MEQ/L- 156 MEQ/L-147 MEQ/L-4 MEQ/L 169
RESTASIS MULTIDOSE EMUL .. 183	REYATAZ PACK 79	RINVOQ LQ SOLN 6
RESTORE FOAM DRESSING PADS 136	REYVOW 165	RINVOQ TB24 6
RESTORE ODOR ABSORBING DRESS PADS 136	REZDIFFRA 118	RIOMET SOLN 39
RESTORIL (temazepam) 132	REZLIDHIA 67	risedronate sodium TABS 110
RETACRIT 129	REZUROCK 167	risedronate sodium TBEC 110
RETEVMO TABS 120 MG, 160 MG 67	REZVOGLAR KWIKPEN 43	RISPERDAL CONSTA (risperidone microspheres) 73
RETEVMO TABS 40 MG 67	REZZAYO 47	RISPERDAL SOLN (risperidone) .. 73
RETEVMO TABS 80 MG 67	RHAPSIDO TABS PO 25 MG 167	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 73
RETHYMIC 167	RHOFADE 105	risperidone microspheres 73
RETROVIR CAPS (zidovudine) ... 78	RHOGAM ULTRA-FILTERED PLUS SOSY IM 186	risperidone SOLN 73
RETROVIR SOLN 78	RHOPRESSA 183	risperidone TABS 73
RETROVIR SYRP (zidovudine) ... 78	ribavirin (hepatitis c) CAPS 81	risperidone TBDP 74
REUSABLE COMFORTSEAL MASK- LRG MISC 161	ribavirin (hepatitis c) TABS 200 MG 81	RITALIN LA CP24 (methylphenidate hcl) 4
REUSABLE COMFORTSEAL MASK- MED MISC 161	ribavirin 82	RITALIN TABS (methylphenidate hcl) 4
REUSABLE COMFORTSEAL MASK- SML MISC 161	RIDAURA 8	RITALIN TABS 5 MG (methylphenidate hcl) 4
REVATIO SUSR (sildenafil citrate	rifabutin 59	RITEFLO DEVI 161
	RIFADIN SOLR (rifampin) 59	ritonavir TABS 79
	rifampin CAPS 59	
	rifampin SOLR 59	

rivaroxaban SUSR 1 MG/ML 24	ROWASA (mesalamine w/ cleanser) 119	RYNCIL 50KG TO <62.5KG KIT IV 167
rivaroxaban TABS 2.5 MG .....24	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl) 14	RYNCIL 62.5KG TO <75KG KIT IV 167
rivastigmine 189	ROXYBOND TABA 14	RYNCIL 75KG TO <87.5KG KIT IV 167
rivastigmine tartrate CAPS 189	ROZEREM (ramelteon) .....133	RYNCIL 87.5KG TO <100KG KIT IV .....167
RIVFLOZA SOLN .....122	ROZLYTREK CAPS 100 MG .....67	RYPLAZIM 126
RIVFLOZA SOSY 128 MG/0.8ML 122	ROZLYTREK CAPS 200 MG .....67	RYSTIGGO 167
RIVFLOZA SOSY 160 MG/ML ... 122	ROZLYTREK PACK 67	RYTARY CPCR .....71
RIXUBIS SOLR .....125	RUBRACA .....67	RYTHMOL SR CP12 (propafenone hcl) 20
rizatriptan benzoate TABS 10 MG 165	RUCONEST .....125	RYZNEUTA SOSY SC 20 MG/ML 129
rizatriptan benzoate TABS 5 MG .165	rufinamide SUSP .....29	SABRIL PACK (vigabatrin) 31
rizatriptan benzoate TBDP 10 MG 165	rufinamide TABS .....29	SABRIL TABS (vigabatrin) .....31
rizatriptan benzoate TBDP 5 MG .165	RUKOBIA .....79	sacubitril-valsartan TABS .....86
ROBAXIN SOLN (methocarbamol) 176	RYALTRIS 177	SAFE-T-LANCE .....144
ROBINUL TABS (glycopyrrolate) .197	RYANODEX SUSR .....176	SAFE-T-LANCE PLUS .....144
ROBINUL-FORTE TABS (glycopyrrolate) 197	RYBELSUS TABS 40	SAFETY LANCET 30G/PRESSURE ACT 144
ROCALTROL CAPS (calcitriol) ...114	RYDAPT .....67	SAFETY LANCETS .....144
ROCKLATAN 183	RYKINDO SRER .....74	SAFETY LANCETS 21G .....144
ROCTAVIAN .....125	RYNCIL <12.5KG KIT IV 167	SAFETY LANCETS 23G .....144
roflumilast 21	RYNCIL 100KG TO <112.5KG KIT IV .....167	SAFETY LANCETS 28G .....144
ROLVEDON .....129	RYNCIL 112.5KG TO <125KG KIT IV .....167	SAFETY PEN NEEDLES 152
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG .....67	RYNCIL 12.5KG TO <25KG KIT IV 167	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ... .90
ropinirole hydrochloride TABS .....71	RYNCIL 125KG TO <137.5KG KIT IV .....167	salicylic acid LIQD 27.5 %104
ropinirole hydrochloride TB24 71	RYNCIL 137.5KG TO <150KG KIT IV .....167	SALICYLIC ACID OINT .....104
rosuvastatin calcium TABS 51	RYNCIL 25KG TO <37.5KG KIT IV 167	saline SOLN 0.65 %177
ROTARIX SUSP .....204	RYNCIL 37.5KG TO <50KG KIT IV	
ROTATEQ SOLN .....204		

SALIVAMAX PACK .....171	SAVAYSA .....24	selegiline hcl CAPS .....71
salsalate .....12	SAVELLA TABS .....189	selegiline hcl TABS .....71
SALYCIM CREA .....104	SAVELLA TITRATION PACK MISC 189	selenium sulfide LOTN 2.5 %99
SAMI THE SEAL FILTERS MISC 162	saxagliptin hcl .....40	SELSUN BLUE DAILY LOTN (selenium sulfide) .....99
SAMSCA TABS 15 MG (tolvaptan) 115	saxagliptin-metformin hcl .....38	SELSUN BLUE LOTN (selenium sulfide) .....99
SAMSCA TABS 30 MG (tolvaptan) 115	SAXENDA 18 MG/3ML (liraglutide (weight management)) .....2	SELSUN BLUE MEDICATED LOTN (selenium sulfide) .....99
SANCUSO PTCH .....45	SB ALCOHOL PREP .....147	SELZENTRY SOLN .....79
SANDIMMUNE CAPS (cyclosporine) 169	SB INSULIN SYRINGE .....152	SELZENTRY TABS (maraviroc) ...79
SANDIMMUNE SOLN PO 100 MG/ML .....169	SB LANCETS THIN .....144	SEMGLEE (YFGN) SOLN .....43
SANDOSTATIN LAR DEPOT KIT (octreotide acetate) .....115	SB LANCETS ULTRA THIN .....144	SEMGLEE (YFGN) SOPN .....43
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate) .....115	SCEMBLIX 100 MG .....67	SE-NATAL 19 CHEW .....175
SAPHRIS (asenapine maleate) ...75	SCEMBLIX 20 MG, 40 MG .....67	SE-NATAL 19 TABS .....175
sapropterin dihydrochloride PACK 114	SCENESSE .....105	sennosides CAPS .....134
sapropterin dihydrochloride TABS 114	scopolamine .....45	sennosides CHEW .....134
SAPS CARE ALCOHOL PREP ..147	SECUADO .....75	sennosides LIQD .....134
SAPS HEALTH ALCOHOL PREP 147	SECURESAFE HYPODERMIC NEEDLE .....152	sennosides SYRP 8.8 MG/5ML ..134
SAPS HEALTH CARE ALCOHOL PREP .....147	SECURESAFE INSULIN SYRINGE . 152	sennosides TABS 8.6 MG, 15 MG, 25 MG .....134
SAPS HEALTH PLUS LANCETS 144	SECURESAFE SAFETY PEN NEEDLES .....153	SENOKOT TABS (sennosides) ..134
SAPS HEALTH TWIST TOP LANCETS .....144	SECURESAFE SYRINGE/NEEDLE . 153	SENSIPAR (cinacalcet hcl) .....114
SAPS TWIST TOP LANCETS ...144	SEGLENTIS .....15	SEPHIENCE PACK PO 250 MG, 1000 MG .....114
SAPSCARE TWIST TOP LANCETS 144	SEGLUROMET .....38	SEREVENT DISKUS .....23
	SELARSDI SOLN SC 45 MG/0.5ML . 98	SEROQUEL TABS (quetiapine fumarate) .....75
	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML .....98	SEROQUEL XR TB24 (quetiapine fumarate) .....75
	SELECT-LITE LANCING DEVICE MISC .....144	SEROSTIM SC 4 MG, 5 MG, 6 MG 111
		SERTRALINE HCL CAPS 150 MG,

200 MG (sertraline hcl)	34	silodosin	122	SITAGLIPT BASE-METFORM HCL ER TB24	38
sertraline hcl CAPS 150 MG, 200 MG	34	SILVADENE (silver sulfadiazine) 100 silver sulfadiazine	100	SITAGLIPTIN	40
sertraline hcl CONC	34	SIMBRINZA	182	SITAGLIPTIN BASE-METFORMIN HCL TABS	38
sertraline hcl TABS 50 MG, 100 MG . 34		simethicone CAPS 125 MG	117	SIVEXTRO SOLR	57
sertraline hcl TABS	34	simethicone CHEW	117	SIVEXTRO TABS	57
sevelamer carbonate PACK	121	simethicone SUSP 20 MG/0.3ML 117		SKYCLARYS	178
sevelamer carbonate TABS	121	SIMLANDI (1 PEN) AJKT	8	SKYLA	91
sevelamer hcl	121	SIMLANDI (2 PEN) AJKT	8	SKYRIZI PEN SOAJ	98
SEVENFACT	125	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	8	SKYRIZI SOCT	120
SEZABY SOLR	131	SIMPLE DIAGNOSTICS LANCING DEV MISC	144	SKYRIZI SOLN	120
SFROWASA ENEM	119	SIMPLICITY COVID-19 AT-HOME 106		SKYRIZI SOSY	98
SHINGRIX	204	SIMPONI ARIA SOLN	8	SKYSONA	189
SIDESTREAM ADULT FACE MASK MISC	162	SIMPONI SOAJ	8	SKYTROFA	111
SIDESTREAM PEDIATRIC FACE MASK MISC	162	SIMPONI SOSY	8	SLO-NIACIN TBCR 500 MG (niacin) . 207	
SIDESTREAM PLS ADULT FACE MASK MISC	162	SIMULECT	169	SLO-NIACIN TBCR 750 MG (niacin) . 207	
SIGNIFOR	115	simvastatin TABS	51	SLYND	91
SIGNIFOR LAR	115	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	71	SM ALCOHOL PREP	147
SIKLOS TABS	127	SINGLE-LET	144	SM STERILE PADS	136
sildenafil citrate (pulmonary hypertension) SUSR	87	SINGULAIR CHEW (montelukast sodium)	21	SM TRUEDRAW LANCING DEVICE MISC	144
sildenafil citrate (pulmonary hypertension) TABS	87	SINGULAIR PACK (montelukast sodium)	21	SMART DIABETES VANTAGE LANCING MISC	144
SILICONE MASK/ADULT MISC	162	SINGULAIR TABS (montelukast sodium)	21	SMARTEST LANCETS 28G	144
SILICONE MASK/INFANT MISC	162	sirolimus SOLN	169	SOD FLUORIDE-POTASSIUM NITRATE GEL	170
SILICONE MASK/PEDIATRIC MISC . 162		sirolimus TABS	169	sodium chloride (gu irrigant) 0.9 % 122	
SILIGENTLE FOAM DRESSING PADS	136	SIRTURO	59	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %	94

sodium citrate & citric acid .....121	10 MG .....177	105
SODIUM EDECRIN (ethacrynate sodium) 108	solifenacin succinate TABS 202	SOOTHENEB NBL 100 ADULT MASK MISC 162
sodium ferric gluconate complex in sucrose .....130	SOLQUA .....38	SOOTHENEB NBL 100 CHILD MASK MISC 162
sodium fluoride (dental) CREA ... 170	SOLIRIS .....125	SOOTHENEB NBL 100 MED CUP MISC .....162
sodium fluoride (dental) GEL .....170	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (minocycline hcl) .....195	SOOTHENEB NBL 100 MESH CAP MISC .....162
sodium fluoride (dental) PSTE DT 170	SOLOSEC .....5	sorafenib tosylate .....67
sodium fluoride (dental) SOLN 0.2 % 170	SOLTAMOX SOLN 62	SORILUX FOAM .....99
SODIUM FLUORIDE 5000 ENAMEL GEL .....170	SOLU-CORTEF (hydrocortisone sod succinate) .....93	sotalol hcl (afib/afib) 83
SODIUM FLUORIDE 5000 SENSITIVE GEL .....170	SOLU-CORTEF .....93	sotalol hcl TABS 83
sodium fluoride CHEW 166	SOLU-MEDROL (PF) .....93	SOTYKTU .....99
sodium fluoride SOLN 0.5 MG/ML 166	SOLU-MEDROL .....93	SOTYLIZE SOLN PO .....83
SODIUM OXYBATE SOLN .....188	SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ) .....93	SOVALDI PACK 81
sodium phenylbutyrate POWD ... 114	SOLUS V2 LANCETS 28G 144	SOVALDI TABS .....81
sodium phenylbutyrate TABS 114	SOLUS V2 LANCING DEVICE MISC 144	SOVUNA 200 MG .....58
sodium phosphates ENEM 19 GM/118ML-7 GM/118ML .....133	SOLUS V2 TWIST LANCETS 30G 144	SOVUNA 300 MG .....58
sodium polystyrene sulfonate POWD 169	SOLUVITA ACD WITH FLUORIDE SOLN 172	SPEEDY SWAB COVID-19 ANTIGEN KIT .....106
sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....169	SOLUVITA SOLN .....166	SPEVIGO SOLN .....99
sodium sulfate-potassium sulfate-magnesium sulfate .....133	SOLUVITA WITH FLUORIDE SOLN . 172	SPEVIGO SOSY .....99
SOFOSBUVIR-VELPATASVIR TABS .....81	SOMA TABS (carisoprodol) 176	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML 204
SOF-WICK PADS 136	SOMATULINE DEPOT 120 MG/0.5ML .....115	SPIKEVAX SUSP 204
SOGROYA .....111	SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML 115	SPIKEVAX SUSY 204
SOHONOS 1 MG, 1.5 MG, 2.5 MG,	SOMAVERT .....111	spinosad .....105
	SOOLANTRA (ivermectin (rosacea)).	SPINRAZA 179
		SPIRIVA HANDIHALER CAPS IN (tiotropium bromide) 21
		SPIRIVA RESPIMAT AERS IN ....21

SPIRO PD DEVI	162	STIMUFEND	129	CREA 10 %-2 %, 10 %-5 %	95
spironolactone & hydrochlorothiazide	107	STIOLTO RESPIMAT	23	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	95
spironolactone SUSP	108	STIVARGA	67	sulfacetamide sodium w/ sulfur FOAM	95
spironolactone TABS	108	STOBOCLO SOSY SC 60 MG/ML 110		sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	95
SPORANOX CAPS (itraconazole) .	47	STRATTERA (atomoxetine hcl)	2	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	95
SPORANOX SOLN (itraconazole) .	48	STRENSIQ	114	sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 % .	95
SPRITAM TB3D	29	streptomycin sulfate SOLR	5	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	95
SPRYCEL (dasatinib)	67	STRIBILD	79	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	95
STALEVO 100 (carbidopa-levodopa-entacapone)	71	STRIVERDI RESPIMAT	23	sulfacetamide sodium w/ sulfur SUSP	95
STALEVO 125 (carbidopa-levodopa-entacapone)	71	STROMECTOL (ivermectin)	17	SULFACETAMIDE SODIUM-SULFUR SUSP	95
STALEVO 150 (carbidopa-levodopa-entacapone)	71	SUBLOCADE SOSY	15	sulfacetamide sod-prednisolone SOLN	184
STALEVO 200 (carbidopa-levodopa-entacapone)	71	SUBOXONE FILM SL (buprenorphine hcl-naloxone hcl dihydrate)	15	sulfadiazine TABS	194
STALEVO 50 (carbidopa-levodopa-entacapone)	71	sucralfate SUSP	197	sulfamethoxazole-trimethoprim SOLN	56
STALEVO 75 (carbidopa-levodopa-entacapone)	71	sucralfate TABS	197	sulfamethoxazole-trimethoprim SUSP	56
STAMARIL SUSR	204	SUDAFED PE SINUS CONGESTION TABS (phenylephrine hcl (oral))	178	sulfamethoxazole-trimethoprim TABS	56
STARJEMZA SOLN IV 130 MG/26ML	120	SUDAFED SINUS CONGESTION TABS (pseudoephedrine hcl)	178	SULFAMYLON CREA	100
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	99	SUFLAVE	133	SULFAMYLON PACK 5 % (mafenide acetate)	100
STEGLATRO	43	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	85	sulfasalazine TABS	120
STEGLUJAN	38	sulfacetamide sodium (acne)	95	sulfasalazine TBEC	120
STELARA 130 MG/26ML	120	sulfacetamide sodium (ophth) OINT 183		sulindac TABS	10
STELARA SOSY	99	sulfacetamide sodium (ophth) SOLN . 183		SUMADAN WASH LIQD	
STEQEYMA	120	sulfacetamide sodium GEL	99		
STEQEYMA	99	sulfacetamide sodium LIQD	99		
STERILANCE TL	144	sulfacetamide sodium w/ sulfur			

(sulfacetamide sodium w/ sulfur) .. 95	144	SYNALAR (CREAM) .....102
sumatriptan .....165	SURE COMFORT LANCETS 23G 144	SYNALAR (OINTMENT) .....102
sumatriptan succinate SOAJ 4 MG/0.5ML .....165	SURE COMFORT LANCETS 28G 144	SYNALAR CREA (fluocinolone acetoneide) .....102
sumatriptan succinate SOAJ 6 MG/0.5ML .....165	SURE COMFORT LANCETS 30G 144	SYNALAR OINT (fluocinolone acetoneide) .....102
sumatriptan succinate SOCT 4 MG/0.5ML .....165	SURE COMFORT LANCING PEN MISC .....144	SYNALAR SOLN (fluocinolone acetoneide) .....103
sumatriptan succinate SOCT 6 MG/0.5ML .....165	SURE COMFORT PEN NEEDLES 153	SYNALAR TS .....102
sumatriptan succinate SOLN 6 MG/0.5ML .....165	SURELITE LANCETS 144	SYNAREL .....112
sumatriptan succinate TABS 165	SUSTOL PRSY 45	SYNJARDY TABS 38
sumatriptan-naproxen sodium ... 164	SUTAB .....133	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....38
SUMAXIN PADS .....95	SUTENT (sunitinib malate) .....67	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG 38
sunitinib malate .....67	SWIM EAR (isopropyl alcohol (otic)) 186	SYNTHROID TABS (levothyroxine sodium) 196
SUNLENCA SOLN .....79	SYMBICORT (budesonide- formoterol fumarate dihydrate) 23	SYRINGE LUER LOCK .....153
SUNLENCA TABS PO 300 MG ... 79	SYMBRAVO TABS PO .....164	SYRINGE LUER SLIP 153
SUNLENCA TBPK 300 MG .....79	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ...189	SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % (polyethylene glycol-propylene glycol (ophth)) .. 181
SUNOSI .....2	SYMDEKO .....194	SYSTANE ULTRA PF SOLN (polyethylene glycol-propylene glycol (ophth)) 181
SUPER DAILY D3 LIQD PO 2000 UT/0.028ML 207	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....79	SYSTANE ULTRA SOLN (polyethylene glycol-propylene glycol (ophth)) 181
SUPER THIN LANCETS .....144	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....79	TABRECTA .....67
SUPPRELIN LA .....112	SYMLINPEN 120 SOPN .....37	TACLONEX OINT (calcipotriene- betamethasone dipropionate) 103
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) .....133	SYMLINPEN 60 SOPN 37	TACLONEX SUSP (calcipotriene- betamethasone dipropionate) 103
SURE COMFORT ALCOHOL PREP.....147	SYMPAZAN FILM .....26	tacrolimus (topical) OINT .....104
SURE COMFORT INSULIN	SYMPROIC 120	tacrolimus CAPS .....169
SYRINGE 153	SYMPTUZA .....79	
SURE COMFORT LANCETS 18G 144	SYNAGIS SOLN .....186	
SURE COMFORT LANCETS 21G		

tacrolimus SOLN 5 MG/ML	169	(nilotinib hcl)	68	(carbamazepine)	30
tadalafil (pulmonary hypertension) TABS	87	tasimelteon CAPS	133	TEKTURNA (aliskiren fumarate) ..	55
tadalafil 5 MG	86	tavaborole	97	telmisartan	53
TADLIQ SUSP	87	TAVALISSE	126	telmisartan-amlodipine	55
TAFINLAR CAPS	67	TAVNEOS	125	telmisartan-hydrochlorothiazide ...	55
TAFINLAR TBSO	67	TAYTULLA CAPS (norethin acet & estradiol-fe)	90	temazepam	132
tafluprost	185	tazarotene CREA	99	temozolomide CAPS	59
TAGRISSO	61	TAZAROTENE FOAM	95	TENIVAC SUSP 2 LFU-5 LFU ...	196
TAKHZYRO SOLN	126	tazarotene GEL	99	tenofovir disoproxil fumarate TABS	79
TAKHZYRO SOSY 150 MG/ML ..	126	TAZVERIK	68	TENORETIC 100 (atenolol & chlorthalidone)	55
TAKHZYRO SOSY 300 MG/2ML	126	TDVAX SUSP	196	TENORETIC 50 (atenolol & chlorthalidone)	55
TALICIA	201	TECARTUS	60	TENORMIN TABS (atenolol)	83
TALTZ SOAJ	99	TECELRA	60	TEPEZZA	111
TALTZ SOSY	99	TECFIDERA CDPK (dimethyl fumarate)	191	TEPMETKO	68
TALZENNA 0.1 MG, 0.35 MG	68	TECFIDERA CPDR (dimethyl fumarate)	191	terazosin hcl	54
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	67	TECHLITE AST LANCETS	144	terbinafine hcl TABS	47
TAMIFLU CAPS 30 MG, 75 MG (oseltamivir phosphate)	81	TECHLITE INSULIN SYRINGE ..	153	terbutaline sulfate SOLN	23
TAMIFLU CAPS 45 MG (oseltamivir phosphate)	81	TECHLITE LANCETS	144	terbutaline sulfate TABS	23
TAMIFLU SUSR (oseltamivir phosphate)	81	TECHLITE LANCETS 26G	144	terconazole vaginal CREA	205
tamoxifen citrate TABS	62	TECHLITE LANCETS 30G	144	terconazole vaginal SUPP	205
tamsulosin hcl	122	TECHLITE PEN NEEDLES	153	teriflunomide	191
TARCEVA 100 MG (erlotinib hcl) ..	61	TECHLITE PLUS PEN NEEDLES	153	teriparatide SOPN	110
TARCEVA 150 MG (erlotinib hcl) ..	61	TEGADERM FOAM PADS	136	TERIPARATIDE SOPN	110
TARCEVA 25 MG (erlotinib hcl) ...	61	TEGRETOL SUSP (carbamazepine) .	29	TESTIM GEL TD (testosterone) ...	16
TARPEYO CPDR	93	TEGRETOL TABS (carbamazepine) .	29	testosterone cypionate SOLN IM ..	16
TASCENSO ODT	191	TEGRETOL-XR TB12		testosterone enanthate SOLN IM ..	16
TASIGNA 50 MG, 150 MG, 200 MG				testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	16

testosterone GEL TD 1 %	16	THINLETS GP LANCETS	144	TINACTIN CREA (tolnaftate)	97
testosterone GEL TD 1.62 %, 1.62 %	16	THIOLA EC TBEC 100 MG (tiopronin)	123	tinidazole	56
testosterone SOLN	16	THIOLA EC TBEC 300 MG (tiopronin)	123	tiopronin TABS	123
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	196	THIOLA TABS (tiopronin)	123	tiopronin TBEC 100 MG	123
tetrabenazine 12.5 MG	190	thioridazine hcl	76	tiopronin TBEC 300 MG	123
tetrabenazine 25 MG	190	thiothixene	76	tiotropium bromide CAPS IN 18 MCG	21
tetracaine hcl (ophth)	184	THRESHOLD IMT MISC	162	TIVICAY PD TBSO	79
tetracycline hcl CAPS	195	THRESHOLD PEP DEVI	162	TIVICAY TABS 50 MG	79
TETRACYCLINE HCL TABS	195	THRIVITE RX TABS	175	tizanidine hcl CAPS 2 MG	176
TEZRULY PO 1 MG/ML	54	THYQUIDITY SOLN PO	196	tizanidine hcl CAPS 4 MG	176
TEZSPIRE SOAJ	20	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	196	tizanidine hcl CAPS 6 MG	176
TEZSPIRE SOSY	20	tiagabine hcl 16 MG	31	tizanidine hcl CAPS 2 MG	176
THALITONE	108	tiagabine hcl 2 MG, 4 MG, 12 MG	31	tizanidine hcl TABS 4 MG	176
THALOMID 50 MG, 100 MG	168	TIBSOVO	68	TLANDO CAPS	16
THEO-24 CP24	23	ticagrelor 60 MG, 90 MG	127	TNKASE	127
theophylline ELIX	23	TICOVAC	204	TOBI NEBU (tobramycin)	5
theophylline SOLN	23	TIGAN SOLN	45	TOBI PODHALER CAPS	5
theophylline TB12 300 MG, 450 MG . 23		tigecycline	194	TOBRADEX OINT	185
theophylline TB24	23	TIGECYCLINE	194	TOBRADEX ST SUSP	184
THERANATAL CORE NUTRITION TABS	175	TIGLUTIK SUSP	178	tobramycin (ophth) SOLN	183
THERATEARS EXTRA SOLN (carboxymethylcellulose sodium (ophth))	181	TIKOSYN (dofetilide)	20	tobramycin NEBU	6
thiamine hcl SOLN	207	timolol	181	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	5
thiamine hcl TABS	207	timolol maleate (ophth) SOLG	181	tobramycin sulfate SOLR	5
thiamine mononitrate TABS 100 MG . 207		timolol maleate (ophth) SOLN	182	tobramycin-dexamethasone SUSP 185	
thiamine mononitrate TABS 250 MG . 207		timolol maleate TABS	83	TOBREX OINT	183
		TIMOPTIC OCUDOSE SOLN 0.25 % (timolol maleate (ophth))	182	TODAYS HEALTH LANCING DEVICE MISC	144
		TIMOPTIC OCUDOSE SOLN 0.5 % (timolol maleate (ophth))	182	TODAYS HEALTH PEN NEEDLES .	

153	topiramate CPSP 50 MG .....30	trandolapril .....53
TODAYS HEALTH SHORT PEN NEEDLE .....153	topiramate CPSP .....30	trandolapril-verapamil hcl .....55
TODAYS HEALTH THIN LANCETS 28G .....144	topiramate CS24 .....30	tranexamic acid SOLN 1000 MG/10ML .....131
TODAYS HEALTH THIN LANCETS 30G .....144	topiramate SOLN 25 MG/ML .....30	tranexamic acid TABS .....131
TOFIDENCE .....9	topiramate TABS .....30	TRANEXAMIC ACID-NACL (tranexamic acid-sodium chloride) 131
TOLAK CREA .....98	TOPPER DRESSING SPONGES MISC .....136	TRANEXAMIC ACID-NACL .....130
tolcapone .....70	TOPROL XL TB24 (metoprolol succinate) .....83	tranexamic acid-sodium chloride 131
tolmetin sodium CAPS .....10	toremifene citrate .....62	TRANSDERM SCOP 1 MG/3DAYS (scopolamine) .....46
tolmetin sodium TABS 600 MG ....10	torsemide TABS .....108	TRANSDERM-SCOP (scopolamine) 46
tolmetin sodium TABS 600 MG ....11	TOSYMRA .....165	tranylcypromine sulfate .....33
tolnaftate CREA .....97	TOUJEO MAX SOLOSTAR SOPN 43	TRAVATAN Z SOLN (travoprost) 185
TOLSURA CAPS .....48	TOUJEO SOLOSTAR SOPN .....43	TRAVEL LANCETS ADVANCED 28G .....144
tolterodine tartrate CP24 .....202	TOVET .....103	travoprost SOLN .....185
tolterodine tartrate TABS .....202	TOVIAZ (fesoterodine fumarate) 202	trazodone hcl TABS 50 MG, 100 MG 35
tolvaptan TABS 15 MG .....115	TRACLEER TABS (bosentan) ....87	trazodone hcl TABS .....35
tolvaptan TABS 30 MG .....115	TRACLEER TBSO 32 MG (bosentan) .....87	TRELEGY ELLIPTA .....23
tolvaptan TBPK 15 MG .....115	TRADJENTA .....40	TRELSTAR MIXJECT .....62
TONMYA SUBL SL 2.8 MG .....189	tramadol hcl CP24 100 MG, 200 MG, 300 MG .....14	TREMFYA ONE-PRESS SOPN SC 100 MG/ML .....99
TOPAMAX SPRINKLE CPSP (topiramate) .....30	TRAMADOL HCL SOLN (tramadol hcl) .....14	TREMFYA PEN SOAJ SC 200 MG/2ML .....120
TOPAMAX TABS (topiramate) ....30	tramadol hcl SOLN .....14	TREMFYA SOLN IV .....120
TOPICORT CREA (desoximetasone) .....103	tramadol hcl TABS 100 MG .....14	TREMFYA SOSY SC .....120
TOPICORT GEL (desoximetasone) 103	tramadol hcl TABS 25 MG .....14	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML .....120
TOPICORT OINT (desoximetasone) . 103	tramadol hcl TABS 50 MG .....14	TRESIBA FLEXTOUCH SOPN ....43
TOPICORT SPRAY LIQD (desoximetasone) .....103	tramadol hcl TABS 75 MG .....14	
topiramate CP24 .....30	tramadol hcl TB24 .....14	
	tramadol-acetaminophen .....15	

TRESIBA SOLN .....43	trientine hcl 250 MG .....167	TROJAN MAGNUM MISC .....136
tretinoin (chemotherapy) .....69	trientine hcl 500 MG .....167	TROJAN ULTRA THIN MISC ....136
tretinoin CREA 0.025 %, 0.05 %, 0.1 %95	TRIESENCE .....185	TROJAN ULTRA THIN/SPERMICIDAL MISC .....136
tretinoin GEL 0.01 %, 0.025 %95	trifluoperazine hcl TABS .....76	TROJAN-ENZ LUBRICATED MISC 136
tretinoin GEL 0.05 %95	trifluridine .....183	TROJAN-ENZ/SPERMICIDAL MISC .136
tretinoin microsphere .....95	trihexyphenidyl hcl SOLN .....69	
TRETEN .....125	trihexyphenidyl hcl TABS .....69	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....60	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG, 1000 MG-5 MG-10 MG .....38	TROKENDI XR CP24 (topiramate) 30
triamcinolone acetonide (mouth) 170	TRIJARDY XR 1000 MG-5 MG-25 MG .....38	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) .....30
triamcinolone acetonide (nasal) AERO .....177	TRIKAFTA TBPK .....194	tropicamide SOLN 0.5 %182
triamcinolone acetonide (topical) AERS .....103	TRIKAFTA THPK .....194	tropicamide SOLN 1 %182
triamcinolone acetonide (topical) CREA .....103	TRILEPTAL SUSP (oxcarbazepine) 30	trospium chloride CP24 .....202
triamcinolone acetonide (topical) LOTN .....103	TRILEPTAL TABS (oxcarbazepine) 30	trospium chloride TABS .....202
triamcinolone acetonide (topical) OINT .....103	TRILIPIX (choline fenofibrate) ....51	TRUDHESA .....164
triamcinolone acetonide SUSP ....93	trimethobenzamide hcl CAPS ....46	TRUE COMFORT ALCOHOL PREP PADS .....147
TRIAMINIC LONG ACTING COUGH LIQD (dextromethorphan hbr) ....93	trimethoprim TABS .....56	TRUE COMFORT INSULIN SYRINGE .....153
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....107	trimipramine maleate CAPS .....36	TRUE COMFORT PEN NEEDLES 153
triamterene & hydrochlorothiazide TABS .....107	TRINATAL RX 1 TABS .....175	TRUE COMFORT PRO ALCOHOL PREP .....147
triamterene CAPS .....108	TRINTELLIX .....35	TRUE COMFORT PRO INSULIN SYR .....153
triazolam .....132	TRIPTODUR .....112	TRUE COMFORT PRO PEN NEEDLES .....153
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) .....55	TRIUMEQ PD TBSO .....79	TRUE COMFORT SAFETY LANCETS .....145
TRICOR TABS (fenofibrate) .....51	TRIUMEQ TABS .....79	TRUE COMFORT SAFETY PEN NEEDLE .....153
	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML .....172	TRUE COMFORT TWIST TOP LANCETS .....145
	TROGARZO .....79	
	TROJAN BARESKIN DEVI .....136	
	TROJAN ENZ MISC .....136	

TRUE COVER DEVI	136	TRUSTEX LUB/RIBBED/STUDDED	carbonate (antacid))	17
TRUE METRIX BLOOD GLUCOSE		MISC	TUMS EXTRA STRENGTH 750	
TEST STRP	106	TRUSTEX LUB/SPERMICIDE EX ST	CHEW (calcium carbonate (antacid))	
TRUE METRIX LEVEL 1 SOLN ..	145	MISC	17	
TRUE METRIX LEVEL 2 SOLN ..	145	TRUSTEX LUB/SPERMICIDE XL	TUMS EXTRA STRENGTH CHEW	
TRUE METRIX LEVEL 3 SOLN ..	145	MISC	(calcium carbonate (antacid))	17
TRUE VITAMIN B1 TABS	207	TRUSTEX LUBRICATED EX LARGE	TUMS LASTING EFFECTS CHEW	
TRUE VITAMIN B6 TABS	207	MISC	(calcium carbonate (antacid))	17
TRUECONTROL GLUCOSE CONT		TRUSTEX LUBRICATED EXTRA ST	TUMS SMOOTHIES CHEW (calcium	
LEV 0 LIQD	145	MISC	carbonate (antacid))	17
TRUECONTROL GLUCOSE CONT		TRUSTEX LUBRICATED MISC ..	TUMS ULTRA 1000 CHEW (calcium	
LEV 1 LIQD	145	TRUSTEX	carbonate (antacid))	17
TRUEDRAW LANCING DEVICE		LUBRICATED/SPERMICIDE MISC	TURALIO 125 MG	68
MISC	145	137	TWINRIX SUSY	204
TRUEPLUS 5-BEVEL PEN		TRUSTEX NATURAL CONDOMS +	TWIRLA	90
NEEDLES	153	LUBE MISC	TWIST TOP LANCETS 30G	145
TRUEPLUS GLUCOSE CHEW	39	TRUSTEX NON-LUBRICATED MISC	TWYNEO	96
TRUEPLUS INSULIN SYRINGE	153	.....	TYBLUME CHEW	90
TRUEPLUS LANCETS 26G	145	.....	TYBOST	79
TRUEPLUS LANCETS 28G	145	TRUSTEX RIA LUB/SPERMICIDE	TYENNE SOAJ	9
TRUEPLUS LANCETS 30G	145	MISC	TYENNE SOLN	9
TRUEPLUS LANCETS 33G	145	TRUSTEX RIA LUBRICATED MISC .	TYENNE SOSY	9
TRUEPLUS PEN NEEDLES	153	137	TYGACIL (tigecycline)	195
TRUEPLUS SAFETY LANCETS 28G		TRUSTEX RIA NON-LUBRICATED	TYKERB (lapatinib ditosylate)	68
.....	145	MISC	TYLENOL 8 HOUR ARTHRITIS	
TRUETRACK TEST STRP	106	TRUSTEX-NONNOXYNOL-	PAIN TBCR (acetaminophen)	12
TRULICITY	40	9/RIB/STUD MISC	TYLENOL 8 HOUR TBCR	
TRUMENBA 0.5 ML	202	137	(acetaminophen)	12
TRUQAP TABS	68	TRUVADA (emtricitabine-tenofovir	TYLENOL CHILDRENS	
TRUQAP TBPk	68	disoproxil fumarate)	CHEWABLES CHEW	
TRUSTEX COLOR CONDOMS +		TRYNGOLZA	(acetaminophen)	12
LUBE MISC	136	TRYPTyr SOLN OP 0.003 % ...	TYLENOL CHILDRENS PAIN +	
		185	FEVER SUSP (acetaminophen) ...	12
		TRYVIO	TYLENOL CHILDRENS SUSP	
		55		
		TUBING/WING TIP MISC		
		162		
		TUDORZA PRESSAIR		
		21		
		TUKYSA		
		60		
		TUMS E-X 750 CHEW (calcium		

(acetaminophen)	12	ULTICARE MICRO PEN NEEDLES .	153	ULTRA THIN PEN NEEDLES ...	153
TYLENOL EXTRA STRENGTH				ULTRA-CARE ALCOHOL PREP	
TABS (acetaminophen)	12	ULTICARE MINI PEN NEEDLES	153	PADS	147
TYLENOL FOR CHILDREN +				ULTRACARE INSULIN SYRINGE	
ADULTS SUSP (acetaminophen) .	12	ULTICARE PEN NEEDLES	153	153	
TYLENOL INFANTS PAIN+FEVER		ULTICARE SHORT PEN NEEDLES		ULTRA-CARE LANCETS 30G ...	145
SUSP (acetaminophen)	12	153		ULTRACARE PEN NEEDLES ...	153
TYMLOS	110	ULTICARE TUBERCULIN SAFETY		ULTRA-THIN II AUTO LANCET .	145
TYPHIM VI SOLN	202	SYR MISC	153	ULTRA-THIN II INS SYR SHORT	
TYPHIM VI SOSY	202	ULTIGUARD SAFEPAK PEN		153	
		NEEDLE	153	ULTRA-THIN II INSULIN SYRINGE .	
TYRUKO CONC IV 300 MG/15ML		ULTIGUARD SAFEPAK		153	
191		SYR/NEEDLE	153	ULTRA-THIN II LANCETS	145
TYRVAYA	182	ULTI-LANCE AUTOMATIC MISC		ULTRA-THIN II MINI PEN NEEDLE .	
TYSABRI	191	145		153	
TYVASO DPI INSTITUTIONAL KIT		ULTILET ALCOHOL SWABS	147	ULTRA-THIN II PEN NEEDLE	
POWD	86	ULTILET CLASSIC LANCETS ...	145	SHORT	153
TYVASO DPI MAINTENANCE KIT		ULTILET LANCETS	145	ULTRA-THIN II PEN NEEDLES .	153
POWD	86	ULTILET PEN NEEDLE	153	ULTRAVATE LOTN	103
TYVASO DPI TITRATION KIT		ULTILET SAFETY LANCETS ...	145	umeclidinium-vilanterol	23
POWD	86	ULTILET SAFETY LANCETS 23G		UNASYN IJ 1 GM-0.5 GM, 2 GM-1	
TYVASO REFILL KIT SOLN IN ...	86	145		GM (ampicillin & sulbactam sodium) .	
TYVASO SOLN IN	86	ULTOMIRIS	125	187	
TYVASO STARTER KIT SOLN IN	86	ULTRA COMFORT INSULIN		UNDECATREX CAPS	16
TZIELD	38	SYRINGE	153	UNIFINE OTC PEN NEEDLES ..	154
UBRELVY	163	ULTRA FLO INSULIN PEN		UNIFINE PENTIPS	154
UDENYCA ONBODY SOSY	129	NEEDLES	153	UNIFINE PENTIPS PLUS	154
UDENYCA SOAJ	129	ULTRA FLO INSULIN SYR 1/2 UNIT		UNIFINE PROTECT PEN NEEDLE .	
UDENYCA SOSY	129	.....	153	154	
ULORIC (febuxostat)	123	ULTRA FLO INSULIN SYRINGE		UNIFINE SAFECONTROL PEN	
ULTICARE ALCOHOL SWABS .	147	153		NEEDLE	154
ULTICARE INSULIN SAFETY SYR .		ULTRA NEB ACCESSORIES KIT		UNIFINE ULTRA PEN NEEDLE .	154
153		MISC	162	UNILET COMFORTOUCH LANCET	
ULTICARE INSULIN SYRINGE .	153	ULTRA THIN LANCETS 31G	145	145	

UNILET EXCELITE	145	UNISTIK SAFETY LANCETS 30G 146	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	99
UNILET EXCELITE II	145	UNISTIK TOUCH SAFETY LANC 21G	USTEKINUMAB-TTWE	120
UNILET G.P. LANCET	145	UNISTIK TOUCH SAFETY LANC 23G	USTEKINUMAB-TTWE	99
UNILET G.P. SUPERLITE LANCET . 145		UNISTIK TOUCH SAFETY LANC 28G	UZEDY SUSY	74
UNILET GP 28 ULTRA THIN	145	UNISTIK TOUCH SAFETY LANC 30G	VAFSEO 150 MG	129
UNILET LANCET	145	UNISTIK TOUCH SAFETY LANC 30G	VAFSEO 300 MG	129
UNILET MICRO-THIN 33G	145	UPLIZNA	VAGIFEM TABS (estradiol vaginal) 205	
UNILET SUPERLITE LANCET ..	145	UPTRAVI SOLR	valacyclovir hcl	81
UNILET SUPER-THIN 30G	145	UPTRAVI TABS	VALCHLOR	98
UNILET ULTRA-THIN 28G	145	UPTRAVI TITRATION TBPK	VALCYTE SOLR (valganciclovir hcl) . 80	
UNISTIK 1	145	urea CREA 40 %	VALCYTE TABS (valganciclovir hcl) . 80	
UNISTIK 2	145	URIBEL	valganciclovir hcl SOLR	80
UNISTIK 2 COMFORT	145	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	valganciclovir hcl TABS	80
UNISTIK 2 EXTRA	145	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	32
UNISTIK 2 NEONATAL	145	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	valproic acid CAPS	32
UNISTIK 2 NORMAL	145	UROGESIC-BLUE TABS (methenamine-hyoscamine- methylene blue-sodium phosphate) 56	valsartan SOLN	53
UNISTIK 2 SUPER	145	URSO 250 TABS (ursodiol)	valsartan TABS	53
UNISTIK 3	145	URSO FORTE TABS (ursodiol) ..	valsartan-hydrochlorothiazide	55
UNISTIK 3 COMFORT	145	ursodiol CAPS	VALTOCO 10 MG DOSE LIQD	26
UNISTIK 3 EXTRA	145	URSODIOL CAPS	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	26
UNISTIK 3 GENTLE	145	ursodiol TABS	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	26
UNISTIK 3 NEONATAL	145	USTEKINUMAB 130 MG/26ML ..	VALTOCO 5 MG DOSE LIQD	26
UNISTIK 3 NORMAL	145	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	VALTrex (valacyclovir hcl)	81
UNISTIK CZT COMFORT	145		VANCOCIN CAPS (vancomycin hcl) . 57	
UNISTIK CZT NORMAL	145		vancomycin hcl CAPS	57
UNISTIK NORMAL	145			
UNISTIK PRO SAFETY LANCET 146				
UNISTIK SAFETY LANCETS 28G 146				

vancomycin hcl SOLR IV 1 GM ....57	VELPHORO .....121	VERIFINE INSULIN PEN NEEDLE 154
VANCOMYCIN HCL SOLR IV 1 GM . 57	VELSIPITY .....120	VERIFINE INSULIN SYRINGE ..154
vancomycin hcl SOLR IV 500 MG .57	VELTASSA 1 GM .....169	VERIFINE PLUS PEN NEEDLE .154
VANCOMYCIN HCL SOLR IV 500 MG .....57	VELTASSA 8.4 GM, 16.8 GM ....169	VERIFINE SAFE LANCET MINI 21G.....146
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .57	VEMLIDY .....81	VERIFINE SAFE LANCET MINI 23G.....146
vancomycin hcl SOLR PO 25 MG/ML.....57	VENCLEXTA STARTING PACK TBPK .....60	VERIFINE SAFE LANCET MINI 28G.....146
VANDAZOLE .....205	VENCLEXTA TABS .....60	VERIFINE SAFE LANCET MINI 30G.....146
VANFLYTA .....68	VENLAFAXINE BESYLATE ER ...36	VERIFINE UNIVERSAL LANCETS 28G .....146
VANISHPOINT INSULIN SYRINGE . 154	venlafaxine hcl CP24 .....36	VERIFINE UNIVERSAL LANCETS 30G .....146
VANISHPOINT SAFETY SYRINGE . 154	venlafaxine hcl TABS .....36	VERIFINE UNIVERSAL LANCETS 33G .....146
VANISHPOINT SYRINGE .....154	venlafaxine hcl TB24 225 MG ....36	VERISAFE SAFETY STERILE NEEDLE .....154
VANISHPOINT TUBERCULIN SYRINGE MISC .....154	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG .....36	VERKAZIA EMUL .....183
VANRAFIA TABS PO 0.75 MG ...122	VENOFER 20 MG/ML (iron sucrose) . 130	VERQUVO .....88
VAQTA .....204	VENTAVIS IN 10 MCG/ML .....86	VERSACLOZ SUSP .....75
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML .....204	VENTAVIS IN 20 MCG/ML .....86	VERSAPAP DEVI .....162
varenicline tartrate TABS .....193	VENTOLIN HFA AERS (albuterol sulfate) .....23	VERSAPAP W/UNIVERSAL TUBING DEVI .....162
varenicline tartrate TBPK .....193	VEOPOZ .....125	VERZENIO .....68
VARIVAX SUSR .....204	VEOZAH .....112	VESICARE LS SUSP .....202
VAXCHORA .....202	verapamil hcl CP24 .....85	VESICARE TABS (solifenacin succinate) .....202
VAXELIS SUSP .....196	VERAPAMIL HCL ER CP24 (verapamil hcl) .....85	VEVYE SOLN .....183
VAXELIS SUSY .....196	verapamil hcl SOLN 2.5 MG/ML ...85	VFEND IV SOLR (voriconazole) ...48
VAXNEUVANCE .....202	verapamil hcl TABS .....85	VFEND SUSR (voriconazole) .....48
VAZCULEP SOLN IV (phenylephrine hcl (pressors)) .....206	verapamil hcl TBCR .....85	VFEND TABS 200 MG (voriconazole)
VECTICAL (calcitriol (topical)) ....99	VEREGEN .....96	
	VERELAN CP24 (verapamil hcl) ..85	
	VERELAN PM CP24 (verapamil hcl) . 85	

48	VIREAD TABS 150 MG, 200 MG, 250 MG	VIVAGUARD LANCETS 30G
VIBERZI	VISTARIL CAPS 25 MG (hydroxyzine pamoate)	VIVAGUARD LANCING DEVICE MISC
VIBRAMYCIN CAPS (doxycycline hyclate)	VISTOGARD	VIVAGUARD SAFETY LANCETS 28G
VIBRAMYCIN SUSR (doxycycline (monohydrate))	VITAMIN A/C/D/ INFANT/TODDLER	VIVELLE-DOT PTTW (estradiol)
VICTOZA (liraglutide)	VITAMIN A-C-D INFANT	VIVITROL
vigabatrin PACK	VITAMIN B1 LIQD PO 25 MG/ML 207	VIVJOA
vigabatrin TABS	VITAMIN B6 LIQD PO 12.5 MG/ML 208	VIVOTIF
VIGAFYDE SOLN	VITAMIN D (ERGOCALCIFEROL) CAPS	VIZIMPRO
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	VITAMIN D2 TABS 2000 UNIT	VOGELXO GEL TD (testosterone)
VIIBRYD TABS (vilazodone hcl)	VITAMIN D2 TABS 400 UNIT	VOGELXO PUMP GEL TD (testosterone)
VIJOICE PACK	VITAMIN D3 IMMUNE HEALTH LIQD PO	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical))
VIJOICE TBPK	VITAMIN D3 LIQD PO 125 MCG/ML 207	VONJO
vilazodone hcl TABS	VITAMIN D3 LIQD PO 30 MCG/15ML, 125 MCG/0.5ML	VONVENDI
VILTEPSO	VITAMIN D3 TABS (cholecalciferol) 207	VOQUEZNA
VIMIZIM	VITAMIN D3 TABS	VOQUEZNA DUAL PAK
VIMOVO 375 MG-20 MG (naproxen-esomeprazole magnesium)	VITAMINS ACD-FLUORIDE SOLN 172	VOQUEZNA TRIPLE PAK
VIMOVO 500 MG-20 MG (naproxen-esomeprazole magnesium)	vitamins w/ lipotropics TABS	VORANIGO 10 MG
VIMPAT SOLN IV 200 MG/20ML (lacosamide)	VITAROCA PLUS TABS (multiple vitamins w/ minerals)	VORANIGO 40 MG
VIMPAT SOLN PO 10 MG/ML (lacosamide)	VITRAKVI CAPS 100 MG	voriconazole SOLR
VIMPAT TABS (lacosamide)	VITRAKVI CAPS 25 MG	VORICONAZOLE SOLR
VIOKACE TABS	VITRAKVI SOLN	voriconazole SUSR
VIRACEPT TABS	VIVAGUARD LANCETS	voriconazole TABS
VIRAZOLE (ribavirin)		VORTEX HOLD CHMBR/MASK/CHILD DEVI
VIREAD POWD		VORTEX HOLD CHMBR/MASK/TODDLER DEVI
VIREAD TABS (tenofovir disoproxil fumarate)		VORTEX VALVE CHAMBER-PEDI MASK DEVI

VORTEX VALVED HOLDING CHAMBER DEVI	162	VYZULTA	185	WINDMILL TRAINER MISC	163
VOSEVI	81	WAINUA	193	WINLEVI	96
VOTRIENT (pazopanib hcl)	68	WAKIX	2	WINREVAIR	86
VOWST	120	WALGREENS GLUCOSE	39	WYOST SOLN SC 120 MG/1.7ML 110	
VOXZOGO	114	warfarin sodium TABS	24	XACDURO	56
VOYDEYA TABS	126	WAYRILZ TABS PO 400 MG	126	XACIATO GEL	205
VOYDEYA TBPK	126	WEBCOL ALCOHOL PREP LARGE 147		XADAGO	71
VPRIV	127	WEBCOL ALCOHOL PREP MEDIUM	147	XALATAN SOLN (latanoprost) ...	186
VRAYLAR CAPS	72	WEGMANS UNIFINE PENTIPS PLUS	154	XALKORI CAPS	68
VTAMA	99	WEGOVY	2	XALKORI CPSP	68
VUITY SOLN 1.25 % (pilocarpine hcl)	182	WELCHOL PACK (colesevelam hcl) . 50		XANAX TABS (alprazolam)	19
VUMERITY	191	WELCHOL TABS (colesevelam hcl) . 50		XANAX XR TB24 (alprazolam)	19
VUSION (miconazole-zinc oxide-white petrolatum)	97	WELIREG	63	XANAX XR TB24 0.5 MG, 2 MG, 3 MG (alprazolam)	19
VYALEV SOLN SC	71	WELLBUTRIN SR TB12 (bupropion hcl)	33	XARELTO STARTER PACK TBPK 24	
VYEPTI	163	WESNATAL DHA COMPLETE ..	175	XARELTO SUSR 1 MG/ML (rivaroxaban)	24
VYJUVEK	105	WESTAB PLUS TABS	175	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	24
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	114	white petrolatum-mineral oil	181	XARELTO TABS	24
VYNDAMAX	88	WIDE-SEAL DIAPHRAGM 60 ...	137	XATMEP SOLN PO	60
VYNDAQEL	88	WIDE-SEAL DIAPHRAGM 65 ...	137	XCOPRI (250 MG DAILY DOSE) TBPK	31
VYONDYS 53	179	WIDE-SEAL DIAPHRAGM 70 ...	137	XCOPRI (350 MG DAILY DOSE) TBPK	31
VYSCOXIA PO 10 MG/ML	11	WIDE-SEAL DIAPHRAGM 75 ...	137	XCOPRI TABS	31
VYTORIN (ezetimibe-simvastatin) 49		WIDE-SEAL DIAPHRAGM 80 ...	137	XCOPRI TBPK	31
VYVANSE CAPS	2	WIDE-SEAL DIAPHRAGM 85 ...	137	XDEMVY	183
VYVANSE CHEW	2	WIDE-SEAL DIAPHRAGM 90 ...	137	XELJANZ SOLN	6
VYVGART	168	WIDE-SEAL DIAPHRAGM 95 ...	137	XELJANZ TABS	6
VYVGART HYTRULO	168	WILATE KIT	125		
VYVGART HYTRULO SC	168				

XELJANZ XR TB24	6	XPOVIO (40 MG ONCE WEEKLY)	63	YEZTUGO TABS PO 300 MG	79
XELODA (capecitabine)	60	XPOVIO (40 MG TWICE WEEKLY) 40 MG	63	YF-VAX SUSR	204
XELPROS EMUL	186	XPOVIO (60 MG ONCE WEEKLY) 60 MG	63	YONSA	62
XELSTRYM	2	XPOVIO (60 MG TWICE WEEKLY) ..	63	YORVIPATH	114
XENAZINE 12.5 MG (tetrabenazine) .	190	XPOVIO (80 MG ONCE WEEKLY) 40 MG	63	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	8
XENAZINE 25 MG (tetrabenazine) ..	190	XPOVIO (80 MG TWICE WEEKLY) ..	63	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	8
XENPOZYME	114	XPOVIO (80 MG TWICE WEEKLY) 63		YUFLYMA (2 PEN) AJKT	8
XEPI	96	XROMI SOLN PO 100 MG/ML ...	127	YUFLYMA (2 SYRINGE) PSKT	8
XERAVA	194	XTANDI CAPS	62	YUFLYMA-CD/UC/HS STARTER AJKT	8
XGEVA SOLN	110	XTANDI TABS 40 MG	62	YUPELRI	21
XHANCE EXHU	177	XTANDI TABS 80 MG	62	YUSIMRY	8
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	38	XULTOPHY	38	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	86
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	38	XYLIDERM	104	zafirlukast	21
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	38	XYLIGEL GEL	171	zaleplon	132
XIIDRA	183	XYNTHA	125	ZANAFLEX CAPS 2 MG (tizanidine hcl)	176
XOFLUZA (40 MG DOSE) 40 MG ..	82	XYNTHA SOLOFUSE	125	ZANAFLEX CAPS 4 MG (tizanidine hcl)	176
XOFLUZA (80 MG DOSE) 80 MG ..	82	XYOSTED SOAJ	16	ZANAFLEX CAPS 6 MG (tizanidine hcl)	176
XOLAIR SOAJ	20	XYREM SOLN	188	ZANAFLEX CAPS 8 MG	176
XOLAIR SOLR	20	XYWAV	188	ZANAFLEX CAPS 4 MG (tizanidine hcl)	176
XOLAIR SOSY	20	YASMIN 28 (drospirenone-ethinyl estradiol)	90	ZARONTIN CAPS (ethosuximide) ..	32
XOLREMDI	130	YAZ (drospirenone-ethinyl estradiol) 90		ZARONTIN SOLN (ethosuximide) ..	32
XOPENEX HFA (levalbuterol tartrate)	23	YCANTH SOLN	104	ZARXIO	129
XOSPATA	68	YESCARTA	60	ZAVESCA (miglustat)	127
XPHOZAH	114	YESINTEK SOLN 45 MG/0.5ML ..	99	ZAVZPRET	163
XPOVIO (100 MG ONCE WEEKLY) 50 MG	63	YESINTEK SOSY	99		
		YEZTUGO SOLN 463.5 MG/1.5ML			

ZEGALOGUE SOAJ	39	PAD	147	ZOKINVY	169
ZEGALOGUE SOSY	39	ZEV RX TWIST TOP LANCETS 30G 146		zoledronic acid CONC	110
ZEJULA TABS	68			zoledronic acid SOLN 5 MG/100ML 110	
ZELBORAF	68	ZIAGEN SOLN (abacavir sulfate) ..	79	ZOLEDRONIC ACID SOLN	110
ZELSUVMI GEL EX 10.3 %	100	ZIAGEN TABS (abacavir sulfate) ..	79	ZOLGENSMA 20.6-21.0 KG	179
ZEMAIRA SOLR	193	zidovudine CAPS	79	ZOLGENSMA 10.1-10.5 KG	179
ZEMBRACE SYMTOUCH SOAJ ..	165	zidovudine SYRP	79	ZOLGENSMA 10.6-11.0 KG	179
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	107	zidovudine TABS	79	ZOLGENSMA 11.1-11.5 KG	179
		ZIEXTENZO	129	ZOLGENSMA 11.6-12.0 KG	179
ZEPATIER	81	ZILBRYSQ	126	ZOLGENSMA 12.1-12.5 KG	179
ZEPBOUND SOAJ	2	zileuton TB12	21	ZOLGENSMA 12.6-13.0 KG	179
ZEPBOUND SOLN	2	ZILRETTA SRER	93	ZOLGENSMA 13.1-13.5 KG	179
ZEPOSIA 7-DAY STARTER PACK CPPK	191	ZIMHI SOSY	45	ZOLGENSMA 13.6-14.0 KG	179
ZEPOSIA CAPS	191	ZIOPTAN (tafluprost)	186	ZOLGENSMA 14.1-14.5 KG	179
ZEPOSIA STARTER KIT CPPK ..	191	ziprasidone hcl	72	ZOLGENSMA 14.6-15.0 KG	179
ZERVIA TE	185	ziprasidone mesylate	72	ZOLGENSMA 15.1-15.5 KG	179
ZESTORETIC (lisinopril & hydrochlorothiazide)	55	ZIRGAN GEL	183	ZOLGENSMA 15.6-16.0 KG	180
ZESTRIL TABS (lisinopril)	53	ZITHROMAX PACK	134	ZOLGENSMA 16.1-16.5 KG	180
ZETIA (ezetimibe)	51	ZITHROMAX SUSR (azithromycin) 134		ZOLGENSMA 16.6-17.0 KG	180
ZEVASKYN (UP TO 12 SHEETS) SHEE EX	105	ZITHROMAX TABS 250 MG, 500 MG (azithromycin)	134	ZOLGENSMA 17.1-17.5 KG	180
ZEV RX INSULIN SYRINGE	154	ZITHROMAX TRI-PAK TABS (azithromycin)	134	ZOLGENSMA 17.6-18.0 KG	180
ZEV RX PEN NEEDLES	154	ZITHROMAX Z-PAK TABS (azithromycin)	134	ZOLGENSMA 18.1-18.5 KG	180
ZEV RX STERILE ALCOHOL PREP		ZITUVIMET TABS	38	ZOLGENSMA 18.6-19.0 KG	180
		ZITUVIMET XR TB24	38	ZOLGENSMA 19.1-19.5 KG	180
		ZITUVIO	40	ZOLGENSMA 19.6-20.0 KG	180
		ZMA CLEAR SUSP	96	ZOLGENSMA 2.6-3.0 KG	180
		ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	51	ZOLGENSMA 20.1-20.5 KG	180
				ZOLGENSMA 3.1-3.5 KG	180
				ZOLGENSMA 3.6-4.0 KG	180

ZOLGENSMA 4.1-4.5 KG	180	(immunosuppressant))	169	ZYRTEC CHILDRENS ALLERGY SOLN PO (cetirizine hcl)	49
ZOLGENSMA 4.6-5.0 KG	180	ZORYVE CREA EX	105	ZYTIGA 250 MG (abiraterone acetate)	63
ZOLGENSMA 5.1-5.5 KG	180	ZORYVE FOAM EX	105	ZYTIGA 500 MG (abiraterone acetate)	62
ZOLGENSMA 5.6-6.0 KG	180	ZOSYN	187	ZYVOX SOLN (linezolid)	57
ZOLGENSMA 6.1-6.5 KG	180	ZTALMY	30	ZYVOX SOLN	57
ZOLGENSMA 6.6-7.0 KG	180	ZTLIDO PTCH	104	ZYVOX SUSR (linezolid)	57
ZOLGENSMA 7.1-7.5 KG	180	ZUBSOLV SUBL	15	ZYVOX TABS (linezolid)	57
ZOLGENSMA 7.6-8.0 KG	180	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	189		
ZOLGENSMA 8.1-8.5 KG	180	ZURNAI IJ 1.5 MG/0.5ML	45		
ZOLGENSMA 8.6-9.0 KG	180	ZURZUVAE 20 MG, 25 MG	33		
ZOLGENSMA 9.1-9.5 KG	180	ZURZUVAE 30 MG	33		
ZOLGENSMA 9.6-10.0 KG	180	ZYDELIG	68		
ZOLINZA	68	ZYFLO TABS	21		
zolmitriptan SOLN	165	ZYKADIA TABS	69		
zolmitriptan TABS	165	ZYLET	185		
zolmitriptan TBDP	165	ZYMAXID (gatifloxacin (ophth)) ..	183		
ZOLOFT CONC (sertraline hcl) ...	34	ZYMFENTRA (1 PEN) AJKT	120		
ZOLOFT TABS (sertraline hcl) ...	34	ZYMFENTRA (2 PEN) AJKT	120		
ZOLOFT TABS 25 MG (sertraline hcl)	34	ZYMFENTRA (2 SYRINGE) PSKT 120			
ZOLPIDEM TARTRATE CAPS ...	132	ZYNTEGLO	128		
zolpidem tartrate SUBL	132	ZYPITAMAG 2 MG, 4 MG	51		
zolpidem tartrate TABS	132	ZYPREXA RELPREVV	75		
zolpidem tartrate TBCR	132	ZYPREXA SOLR (olanzapine)	75		
ZOMACTON SOLR SC	111	ZYPREXA TABS (olanzapine)	75		
ZOMIG SOLN (zolmitriptan)	165	ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (olanzapine)	75		
ZONALON (doxepin hcl (antipruritic))	98	ZYPREXA ZYDIS TBDP (olanzapine)	75		
ZONISADE SUSP	30	ZYRTEC ALLERGY TABS (cetirizine hcl)	49		
zonisamide CAPS	30				
ZORTRESS (everolimus					