

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 Efferfescent
PEN	Pen-injector
PLLT	Pellet

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate SOLN</i>	NP	SON; 4 max fill(s) per 30 day(s) retail
Amphetamines			<i>dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	NP	SON; 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 TABS</i>	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA	DYANAVEL XR SUER	NP	SON; QL(8 ML daily); 4 max fill(s) per 30 day(s) retail
ADZENYS XR-ODT TBED	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	DYANAVEL XR TBCR	NP	SON; QL(20 EA daily); 4 max fill(s) per 30 day(s) retail
<i>amphetamine sulfate TABS</i>	NP	SON; 4 max fill(s) per 30 day(s) retail	EVEKEO ODT TBDP	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
<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	EVEKEO TABS (<i>amphetamine sulfate</i>)	NP	SON; 4 max fill(s) per 30 day(s) retail; PA
<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	<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>)	NF	SON; QL(4 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 CHEW</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
<i>dextroamphetamine sulfate CP24 15 MG</i>	1	SON; QL(4 EA daily); 4 max fill(s) per 30 day(s) retail	<i>methamphetamine hcl</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>dextroamphetamine sulfate CP24 5 MG, 10 MG</i>	1	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CAPS	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NF	SON; 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	ONYDA XR SUER	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
XELSTRYM	NP	SON; QL(20 EA daily); 4 max fill(s) per 30 day(s) retail; PA	QELBREE	2	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Analeptics			STRATTERA (<i>atomoxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
CAFCIT SOLN IV 60 MG/3ML (<i>caffeine citrate</i>)	NF		Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
<i>caffeine citrate SOLN PO</i>	1	QL(45 ML per fill retail)	SUNOSI	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Anti-Obesity Agents			Histamine H3-Receptor Antagonist/Inverse Agonists		
IMCIVREE	CO	2 max fill(s) per 30 day(s) retail	WAKIX	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
WEGOVY	CO	2 max fill(s) per 30 day(s) retail	Stimulants - Misc.		
ZEPBOUND SOAJ	CO		APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
ZEPBOUND SOLN	CO		<i>armodafinil</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZEPBOUND SOLN	CO		AZSTARYS	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents					
<i>atomoxetine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail			
<i>clonidine hcl (adhd) TB12</i>	1	SON; 2 max fill(s) per 30 day(s) retail			
<i>guanfacine hcl (adhd)</i>	1	SON; 2 max fill(s) per 30 day(s) retail			
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TBCR (methylphenidate hcl)	2	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
COTEMPLA XR-ODT TBED	NP	SON; QL(2 EA daily); 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
dexmethylphenidate hcl CP24	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
dexmethylphenidate hcl TABS	1	SON; 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
FOCALIN XR CP24 5 MG, 10 MG, 25 MG (dexmethylphenidate hcl)	NP	QL(1 EA daily); 4 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
JORNAY PM CP24	NP	SON; QL(1 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
methylphenidate hcl CHEW	NP	SON; 4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl CP24	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
methylphenidate hcl CP24 20 MG	1	QL(1 EA daily); 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
methylphenidate hcl CP24 10 MG, 40 MG	1	
methylphenidate hcl CPCR	1	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl SOLN	1	SON; 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 10 MG, 20 MG	1	SON; QL(3 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl TBCR 45 MG, 63 MG	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	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
methylphenidate PTCH	NP	SON; 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
<i>modafinil 200 MG</i>	1	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
<i>modafinil 100 MG</i>	1	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
NUVIGIL (<i>armodafinil</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
PROVIGIL 100 MG (<i>modafinil</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Allergenic Extracts		
PROVIGIL 200 MG (<i>modafinil</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GRASTEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
QUILLICHEW ER CHER	NP	SON; QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	ODACTRA SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
QUILLIVANT XR SRER	NP	SON; QL(12 ML daily); 4 max fill(s) per 30 day(s) retail; PA	ORALAIR SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
RELEXXII TBCR 72 MG	NP	SON; QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA	PALFORZIA (12 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; 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	PALFORZIA (120 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (40 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>neomycin sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail
PALFORZIA (6 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>paromomycin sulfate</i>	1	4 max fill(s) per 30 day(s) retail
PALFORZIA (80 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>streptomycin sulfate SOLR</i>	1	
PALFORZIA INITIAL ESCALATION CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	TOBI PODHALER CAPS	NP	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
RAGWITEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA	TOBI NEBU (<i>tobramycin</i>)	NF	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
AMEBICIDES			TOBI NEBU (<i>tobramycin</i>)	NP	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
Amebicides			<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	
SOLOSEC	2	2 max fill(s) per 30 day(s) retail; PA	<i>tobramycin sulfate SOLR</i>	1	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			<i>tobramycin NEBU</i>	1	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
Aminoglycosides			<i>tobramycin NEBU</i>	1	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1		<i>tobramycin NEBU</i>	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
ARIKAYCE	NP	QL(8.4 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
BETHKIS NEBU (<i>tobramycin</i>)	2	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA	Antirheumatic - Enzyme Inhibitors		
<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		OLUMIANT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<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; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RINVOQ LQ SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
RINVOQ TB24	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-ADAZ SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ XR TB24	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-ADAZ SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-ADBIM (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ TABS	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; SP; 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-ADBIM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	PA
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	ADALIMUMAB-ADBIM(CD/UC/HS STRT) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-ADBIM(PS/UV STARTER) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
ABRILADA (1 PEN) AJKT	NP	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	PA
ABRILADA (2 PEN) AJKT	NP	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	PA
ADALIMUMAB-AATY (1 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	PA
ADALIMUMAB-AATY (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA	AMJEVITA SOAJ	NP	PA
			AMJEVITA SOSY	NP	PA
			CYLTEZO (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
			CYLTEZO (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO-CD/UC/HS STARTER AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
HADLIMA PUSH TOUCH SOAJ	NP	PA
HADLIMA SOSY	NP	PA
HULIO (2 PEN) AJKT	NP	PA
HULIO (2 SYRINGE) PSKT	NP	PA
HUMIRA (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
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
HUMIRA-PED $\geq$ 40KG UC STARTER AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	PA
HYRIMOZ-PED $<$ 40KG CROHN STARTER SOSY	NP	PA
HYRIMOZ-PED $\geq$ 40KG CROHN START SOSY	NP	PA
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	PA
HYRIMOZ SOAJ	NP	PA
HYRIMOZ SOSY	NP	PA
IDACIO (2 PEN) AJKT	NP	PA
IDACIO (2 SYRINGE) PSKT	NP	PA
IDACIO-CROHNS/UC STARTER AJKT	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
IDACIO-PSORIASIS STARTER AJKT	NP	PA
SIMLANDI (1 PEN) AJKT	NP	SP; PA
SIMLANDI (1 SYRINGE) PSKT	NP	PA
SIMLANDI (2 PEN) AJKT	NP	SP; PA
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	NP	PA
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	NP	SP; PA
SIMPONI ARIA SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI SOAJ	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
YUFLYMA (1 PEN) AJKT	NP	PA
YUFLYMA (2 PEN) AJKT	NP	PA
YUFLYMA (2 SYRINGE) PSKT	NP	PA
YUFLYMA-CD/UC/HS STARTER AJKT	NP	PA
YUSIMRY	NP	PA
Gold Compounds		
AURANOFIN 3 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
RIDAURA	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
Interleukin-1 Blockers		
ARCALYST	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Interleukin-1beta Blockers		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ILARIS SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC
Interleukin-6 Receptor Inhibitors			DAYPRO TABS (<i>oxaprozin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ACTEMRA ACTPEN SOAJ	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
ACTEMRA SOLN	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
ACTEMRA SOSY	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
KEVZARA SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac sodium TB24</i>	1	2 max fill(s) per 30 day(s) retail
KEVZARA 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
TOFIDENCE	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac w/ misoprostol TBEC</i>	NP	2 max fill(s) per 30 day(s) retail; PA
TYENNE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA	DUEXIS (<i>ibuprofen-famotidine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>etodolac CAPS</i>	NP	2 max fill(s) per 30 day(s) retail
ADVIL TABS (<i>ibuprofen</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
ALEVE TABS (<i>naproxen sodium</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>etodolac TB24</i>	NP	2 max fill(s) per 30 day(s) retail
ANJESO INJ	NP	PA	FELDENE CAPS 10 MG (<i>piroxicam</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>fenoprofen calcium CAPS 400 MG</i>	NP	2 max fill(s) per 30 day(s) retail
CELEBREX (<i>celecoxib</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>fenoprofen calcium TABS</i>	NP	2 max fill(s) per 30 day(s) retail; PA
CELEBREX 200 MG (<i>celecoxib</i>)	NF	2 max fill(s) per 30 day(s) retail	FENOPRON CAPS	NP	
<i>celecoxib</i>	NP	2 max fill(s) per 30 day(s) retail	<i>flurbiprofen TABS 100 MG</i>	1	2 max fill(s) per 30 day(s) retail
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC	<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 SUSP 100 MG/5ML</i>	1	RX/OTC	NALFON CAPS (<i>fenoprofen calcium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	1	2 max fill(s) per 30 day(s) retail	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 500 MG (<i>naproxen sodium</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>indomethacin CPCR</i>	NP	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 SUPP</i>	1	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>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 TB24 375 MG, 500 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-esomeprazole magnesium</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>ketorolac tromethamine SOLN IM 60 MG/2ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; PA
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>ketorolac tromethamine TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>naproxen TBEC</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>oxaprozin TABS</i>	NP	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>piroxicam CAPS</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	RELAFEN DS	NP	2 max fill(s) per 30 day(s) retail
<i>meloxicam TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>sulindac TABS</i>	1	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	TOLECTIN 600 TABS	NP	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
			VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors			<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 TABS 30 MG	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 TBPk	NP	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	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 160 MG</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	<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	2 max fill(s) per 30 day(s) retail
ENBREL SURECLICK SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	2	2 max fill(s) per 30 day(s) retail
ENBREL SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acetaminophen SUSP 160 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
ENBREL SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acetaminophen TABS 325 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>acetaminophen TABS 500 MG</i>	1	
Analgesic Combinations			<i>acetaminophen TBCR</i>	1	2 max fill(s) per 30 day(s) retail
<i>butalbital-acetaminophen-caffeine CAPS</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	<i>acetaminophen TBCR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FEVERALL JUNIOR STRENGTH SUPP	1	2 max fill(s) per 30 day(s) retail	Muscle and Joint Conditions		
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	Opioid Agonists		
TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	ACTIQ LPOP (<i>fentanyl citrate</i>)	NF	4 max fill(s) per 30 day(s) retail
TYLENOL CHILDRENS CHEWABLES CHEW (<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 CHILDRENS PAIN + FEVER SUSP (<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 SUSP (<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 EXTRA STRENGTH TABS (<i>acetaminophen</i>)	NF		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	FENTANYL CITRATE (PF) SOLN IJ 100 MCG/2ML, 250 MCG/5ML (<i>fentanyl citrate</i>)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>fentanyl citrate LPOP</i>	NP	4 max fill(s) per 30 day(s) retail; PA
Salicylates			<i>fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	NP	
<i>aspirin CHEW</i>	1	2 max fill(s) per 30 day(s) retail	<i>fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>aspirin TABS 325 MG</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 TBEC 81 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail	<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>diflunisal TABS</i>	NP	2 max fill(s) per 30 day(s) retail			
DOLOBID TABS	NP	2 max fill(s) per 30 day(s) retail; PA			
ECOTRIN TBEC (<i>aspirin</i>)	NF	2 max fill(s) per 30 day(s) retail			
<i>salsalate</i>	NP	2 max fill(s) per 30 day(s) retail			
ANALGESICS - OPIOID - Drugs to Treat Pain,					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FENTORA TABS (fentanyl citrate)	NP	4 max fill(s) per 30 day(s) retail; PA	METHADOSE CONC (methadone hcl)	NP	4 max fill(s) per 30 day(s) retail; PA
hydrocodone bitartrate CP12	NP	4 max fill(s) per 30 day(s) retail	morphine sulfate beads	NP	4 max fill(s) per 30 day(s) retail
hydrocodone bitartrate T24A	NP	4 max fill(s) per 30 day(s) retail	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	4 max fill(s) per 30 day(s) retail
hydromorphone hcl LIQD	NP	4 max fill(s) per 30 day(s) retail	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	NP	4 max fill(s) per 30 day(s) retail
HYDROMORPHONE HCL SUPP	1	4 max fill(s) per 30 day(s) retail	morphine sulfate SUPP	1	4 max fill(s) per 30 day(s) retail
hydromorphone hcl TABS	1	4 max fill(s) per 30 day(s) retail	morphine sulfate TABS	1	4 max fill(s) per 30 day(s) retail
hydromorphone hcl TB24	NP	4 max fill(s) per 30 day(s) retail	morphine sulfate TBCR	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 (morphine sulfate)	NP	4 max fill(s) per 30 day(s) retail; PA
levorphanol tartrate TABS	NP	4 max fill(s) per 30 day(s) retail	oxycodone hcl CAPS	NP	4 max fill(s) per 30 day(s) retail
meperidine hcl SOLN PO 50 MG/5ML	NP	4 max fill(s) per 30 day(s) retail	oxycodone hcl CONC 100 MG/5ML	NP	4 max fill(s) per 30 day(s) retail
meperidine hcl TABS 50 MG	NP	4 max fill(s) per 30 day(s) retail	oxycodone hcl SOLN	1	4 max fill(s) per 30 day(s) retail
methadone hcl CONC	NP	4 max fill(s) per 30 day(s) retail; PA	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	NP	4 max fill(s) per 30 day(s) retail
METHADONE HCL POWD	NP		oxycodone hcl TABS	1	4 max fill(s) per 30 day(s) retail
methadone hcl SOLN PO	NP	4 max fill(s) per 30 day(s) retail; PA	OXYCONTIN T12A	NP	4 max fill(s) per 30 day(s) retail; PA
methadone hcl SOLN IJ 10 MG/ML	NP		oxymorphone hcl TABS	NP	4 max fill(s) per 30 day(s) retail
METHADONE HCL SOLN IJ (methadone hcl)	NP		oxymorphone hcl TB12	NP	4 max fill(s) per 30 day(s) retail
methadone hcl TABS	NP	4 max fill(s) per 30 day(s) retail; PA	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	NP	4 max fill(s) per 30 day(s) retail; PA
methadone hcl TBSO	NP	4 max fill(s) per 30 day(s) retail; PA	ROXYBOND TABA	NP	4 max fill(s) per 30 day(s) retail; PA
METHADOSE SUGAR-FREE CONC (methadone hcl)	NP	4 max fill(s) per 30 day(s) retail; PA	tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
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>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 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 100 MG</i>	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>tramadol hcl TABS 50 MG</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	<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>tramadol hcl TABS 75 MG</i>	2	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	NALOCET TABS	NP	4 max fill(s) per 30 day(s) retail; PA
<i>tramadol hcl TB24</i>	1	4 max fill(s) per 30 day(s) retail	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	NP	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>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
Opioid Combinations			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>acetaminophen w/ codeine SOLN</i>	1	4 max fill(s) per 30 day(s) retail	PROLATE SOLN	NP	4 max fill(s) per 30 day(s) retail; PA
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	4 max fill(s) per 30 day(s) retail			
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	4 max fill(s) per 30 day(s) retail			
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	4 max fill(s) per 30 day(s) retail			
<i>butalbital-aspirin-caffeine w/cod</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)			
<i>butalbital-aspirin-caffeine w/cod</i>	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
PROLATE TABS	NP	4 max fill(s) per 30 day(s) retail; PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(16 EA daily); 5 max fill(s) per 30 day(s) retail; PA
SEGLENTIS	NP	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	PA required if > 32mg buprenorphine per day; QL(4 EA daily); 5 max fill(s) per 30 day(s) retail
<i>tramadol-acetaminophen</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	PA required if > 32mg buprenorphine per day; QL(16 EA daily); 5 max fill(s) per 30 day(s) retail
Opioid Partial Agonists			<i>buprenorphine hcl SOLN</i>	NP	
BELBUCA FILM	NP	2 max fill(s) per 30 day(s) retail; PA	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily); 5 max fill(s) per 30 day(s) retail
BRIXADI (WEEKLY) SOSY	2	4 max fill(s) per 30 day(s) retail	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(16 EA daily); 5 max fill(s) per 30 day(s) retail
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	2	1 max fill(s) per 30 day(s) retail	<i>buprenorphine PTWK</i>	1	2 max fill(s) per 30 day(s) retail
BUPRENEX SOLN (<i>buprenorphine hcl</i>)	NP		<i>butorphanol tartrate NA 10 MG/ML</i>	NP	4 max fill(s) per 30 day(s) retail
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(2.7 EA daily); 5 max fill(s) per 30 day(s) retail; PA	BUTRANS PTWK (<i>buprenorphine</i>)	2	2 max fill(s) per 30 day(s) retail
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(4 EA daily); 5 max fill(s) per 30 day(s) retail; PA	SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	NP	PA required if > 32mg buprenorphine per day; QL(8 EA daily); 5 max fill(s) per 30 day(s) retail; PA	SUBOXONE FILM SL 1 MG-4 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; QL(8 EA daily); 5 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	2	PA required if > 32mg buprenorphine per day; QL(2.7 EA daily)	ZUBSOLV SUBL 1.4 MG-5.7 MG	NP	QL(4 EA daily); 5 max fill(s) per 30 day(s) retail; PA
SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	2	PA required if > 32mg buprenorphine per day; QL(16 EA daily); 5 max fill(s) per 30 day(s) retail	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	2	PA required if > 32mg buprenorphine per day; QL(2.7 EA daily); 5 max fill(s) per 30 day(s) retail	Androgens		
SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	2	PA required if > 32mg buprenorphine per day; QL(4 EA daily); 5 max fill(s) per 30 day(s) retail	ANDROGEL PUMP GEL TD (testosterone)	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
ZUBSOLV SUBL 0.36 MG-1.4 MG	NP	QL(16.3 EA daily); 5 max fill(s) per 30 day(s) retail; PA	AVEED SOLN	NP	2 max fill(s) per 30 day(s) retail; ST; MP
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2.7 EA daily); 5 max fill(s) per 30 day(s) retail; PA	AZMIRO SOSY	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(2 EA daily); 5 max fill(s) per 30 day(s) retail; PA	danazol CAPS	1	2 max fill(s) per 30 day(s) retail
ZUBSOLV SUBL 0.71 MG-2.9 MG	NP	QL(7.9 EA daily); 5 max fill(s) per 30 day(s) retail; PA	JATENZO CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ZUBSOLV SUBL 0.18 MG-0.7 MG	NP	QL(32.6 EA daily); 5 max fill(s) per 30 day(s) retail; PA	methyltestosterone CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			methyltestosterone TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			NATESTO GEL NA	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			TESTIM GEL TD (testosterone)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			testosterone cypionate SOLN IM	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			testosterone cypionate SOLN IM	1	2 max fill(s) per 30 day(s) retail; MP; PA
			testosterone enanthate SOLN IM	NP	2 max fill(s) per 30 day(s) retail; ST; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone GEL TD 1 %</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	UCERIS (<i>budesonide (intrarectal)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	2 max fill(s) per 30 day(s) retail; ST; MP	Rectal Combinations		
<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	<i>hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>testosterone SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	PROCTOFOAM HC FOAM EX	2	4 max fill(s) per 30 day(s) retail
TLANDO CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Rectal Steroids		
UNDECATREX CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydrocortisone (rectal) EX</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC
VOGELXO GEL TD (<i>testosterone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydrocortisone (rectal) EX 2.5 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
XYOSTED SOAJ	NP	2 max fill(s) per 30 day(s) retail; ST; MP	<i>hydrocortisone acetate (rectal)</i>	1	4 max fill(s) per 30 day(s) retail
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			Vasodilating Agents		
Intrarectal Steroids			<i>nitroglycerin (intra-anal)</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	RECTIV (<i>nitroglycerin (intra-anal)</i>)	2	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	ANTACIDS		
CORTIFOAM EX 10 %	NP	4 max fill(s) per 30 day(s) retail	Antacid Combinations		
<i>hydrocortisone (intrarectal)</i>	1	4 max fill(s) per 30 day(s) retail	ACID GONE SUSP 358 MG/15ML-95 MG/15ML	1	2 max fill(s) per 30 day(s) retail
			<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i>	2	2 max fill(s) per 30 day(s) retail
			MAG-AL LIQD	2	2 max fill(s) per 30 day(s) retail
			Antacids - Calcium Salts		
			<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</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 (antacid) SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP	STROMEKTOL (<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	Antianginals-Other		
TUMS E-X 750 CHEW (<i>calcium carbonate (antacid)</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	ASPRUZYO SPRINKLE PACK	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TUMS EXTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>ranolazine TB12 1000 MG</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>ranolazine TB12 500 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TUMS SMOOTHIES CHEW (<i>calcium carbonate (antacid)</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	Nitrates		
TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>)	NF	2 max fill(s) per 30 day(s) retail	GONITRO PACK	NP	2 max fill(s) per 30 day(s) retail; MP
ANTHELMINTICS - Drugs to Treat Worm Infections			ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Anthelmintics			<i>isosorbide dinitrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>albendazole</i>	1	2 max fill(s) per 30 day(s) retail	<i>isosorbide mononitrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
BENZNIDAZOLE	NP	2 max fill(s) per 30 day(s) retail; PA	ISOSORBIDE MONONITRATE TABS	1	2 max fill(s) per 30 day(s) retail; MP
BILTRICIDE (<i>praziquantel</i>)	NP	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
EMVERM CHEW	NP	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>ivermectin</i>	1		NITRO-DUR PT24	2	2 max fill(s) per 30 day(s) retail; MP
<i>ivermectin</i>	1	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>praziquantel</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>nitroglycerin PT24</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>hydroxyzine pamoate CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>meprobamate</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NITROGLYCERIN SOLN IV	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VISTARIL CAPS 25 MG (<i>hydroxyzine pamoate</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>nitroglycerin SUBL</i>	1	2 max fill(s) per 30 day(s) retail; MP	VISTARIL CAPS 50 MG (<i>hydroxyzine pamoate</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Benzodiazepines		
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ALPRAZOLAM INTENSOL CONC	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			<i>alprazolam TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail
Antianxiety Agents - Misc.			<i>alprazolam TB24</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
<i>buspirone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>alprazolam TBDP</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
<i>droperidol SOLN 2.5 MG/ML</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ATIVAN SOLN (<i>lorazepam</i>)	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ATIVAN TABS (<i>lorazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
<i>hydroxyzine hcl SYRP</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>chlordiazepoxide hcl CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail
<i>hydroxyzine hcl TABS</i>	1	MP			
<i>hydroxyzine hcl TABS</i>	1	SON; QL(20 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>clorazepate dipotassium TABS</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	XANAX XR TB24 (<i>alprazolam</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>clorazepate dipotassium TABS</i>	NP	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>diazepam CONC</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; PA	Antiarrhythmics - Misc.		
<i>diazepam SOLN PO 5 MG/5ML</i>	1	SON; 2 max fill(s) per 30 day(s) retail	<i>adenosine SOLN</i>	1	PA
<i>diazepam TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail	Antiarrhythmics Type I-A		
<i>lorazepam CONC</i>	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>disopyramide phosphate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lorazepam CONC</i>	1	SON; QL(200 ML daily); 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 SOLN</i>	1	SON; QL(200 ML daily); 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 TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail	<i>quinidine gluconate TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
LOREEV XR CS24	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>quinidine sulfate TABS</i>	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>oxazepam CAPS</i>	NP	SON; 2 max fill(s) per 30 day(s) retail	Antiarrhythmics Type I-B		
			<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYTHMOL SR CP12 (propafenone hcl)	NF	2 max fill(s) per 30 day(s) retail; MP	NUCALA SOLR	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Antiarrhythmics Type III			NUCALA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
amiodarone hcl TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	TEZSPIRE SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
amiodarone hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP	TEZSPIRE SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
CORVERT (ibutilide fumarate)	2	PA	XOLAIR SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
dofetilide	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	XOLAIR SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
dofetilide 250 MCG, 500 MCG	1	MP	XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	2	SP; PA
ibutilide fumarate	1	PA	XOLAIR SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
MULTAQ	NP	2 max fill(s) per 30 day(s) retail; MP	Anti-Inflammatory Agents		
TIKOSYN (dofetilide)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	cromolyn sodium NEBU	1	4 max fill(s) per 30 day(s) retail; MP
TIKOSYN (dofetilide)	NF	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Bronchodilators - Anticholinergics		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			ATROVENT HFA	2	4 max fill(s) per 30 day(s) retail; MP
Antiasthmatic - Monoclonal Antibodies			INCRUSE ELLIPTA	NP	2 max fill(s) per 30 day(s) retail; MP
CINQAIR	2	2 max fill(s) per 30 day(s) retail; SP; PA	ipratropium bromide SOLN 0.02 %	1	4 max fill(s) per 30 day(s) retail; MP
FASENRA PEN SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	2	2 max fill(s) per 30 day(s) retail; MP
FASENRA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	SPIRIVA RESPIMAT AERS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
NUCALA SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	tiotropium bromide monohydrate CAPS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
TUDORZA PRESSAIR	NP	2 max fill(s) per 30 day(s) retail; MP
YUPELRI	NP	2 max fill(s) per 30 day(s) retail; MP
Leukotriene Modulators		
ACCOLATE (zafirlukast)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ACCOLATE 20 MG (zafirlukast)	NF	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium CHEW	1	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium PACK	1	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
SINGULAIR CHEW (montelukast sodium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SINGULAIR PACK (montelukast sodium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SINGULAIR TABS (montelukast sodium)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
zafirlukast	1	2 max fill(s) per 30 day(s) retail; MP
zileuton 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
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (roflumilast)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
roflumilast	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Steroid Inhalants		
ALVESCO	NP	2 max fill(s) per 30 day(s) retail; MP
ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ARNUITY ELLIPTA	NP	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
ASMANEX (14 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (30 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (60 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX HFA AERO	NP	2 max fill(s) per 30 day(s) retail; MP
budesonide (inhalation) SUSP	1	2 max fill(s) per 30 day(s) retail; MP
FLOVENT DISKUS AEPB (fluticasone propionate (inhalation))	NF	2 max fill(s) per 30 day(s) retail; MP
FLOVENT HFA (fluticasone propionate hfa)	NF	2 max fill(s) per 30 day(s) retail; MP
fluticasone propionate (inhalation) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
fluticasone propionate hfa	2	2 max fill(s) per 30 day(s) retail; MP
PULMICORT FLEXHALER AEPB	2	2 max fill(s) per 30 day(s) retail; MP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl</i>	NP	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
<i>levalbuterol tartrate</i>	NP	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	Xanthines		
PROAIR DIGIHALER	NP	4 max fill(s) per 30 day(s) retail; MP; PA	<i>aminophylline SOLN</i>	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 (<i>albuterol sulfate</i>)	NF	Limit 2 Inhalers per month; 4 max fill(s) per 30 day(s) retail; MP	<i>theophylline ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP
SEREVENT DISKUS	2	4 max fill(s) per 30 day(s) retail; MP	<i>theophylline SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
STIOLTO RESPIMAT	2	2 max fill(s) per 30 day(s) retail; MP	<i>theophylline TB12 300 MG, 450 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
STRIVERDI RESPIMAT	NP	4 max fill(s) per 30 day(s) retail; MP	<i>theophylline TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	2 max fill(s) per 30 day(s) retail	ANTICOAGULANTS - Blood Thinners		
<i>terbutaline sulfate SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP; PA	Coumarin Anticoagulants		
<i>terbutaline sulfate TABS</i>	NP	4 max fill(s) per 30 day(s) retail; MP	<i>warfarin sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRELEGY ELLIPTA	NP	2 max fill(s) per 30 day(s) retail	Direct Factor Xa Inhibitors		
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	ELIQUIS DVT/PE STARTER PACK TBPK	2	2 max fill(s) per 30 day(s) retail; MP
XOPENEX (<i>levalbuterol hcl</i>)	NF	4 max fill(s) per 30 day(s) retail; MP	ELIQUIS TABS	2	2 max fill(s) per 30 day(s) retail; MP
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NF	4 max fill(s) per 30 day(s) retail; MP	<i>rivaroxaban TABS 2.5 MG</i>	1	QL(2 EA daily); MP
			SAVAYSA	NP	2 max fill(s) per 30 day(s) retail; MP
			XARELTO STARTER PACK TBPK	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XARELTO SUSR	NP	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
XARELTO TABS	2	2 max fill(s) per 30 day(s) retail; MP	<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML</i>	2	2 max fill(s) per 30 day(s) retail; PA
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	HEPARIN SODIUM (PORCINE) SOSY IJ	2	2 max fill(s) per 30 day(s) retail; PA
Heparins And Heparinoid-Like Agents			LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ARIXTRA (<i>fondaparinux sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	LOVENOX SOSY (<i>enoxaparin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	2 max fill(s) per 30 day(s) retail	Thrombin Inhibitors		
<i>enoxaparin sodium SOSY</i>	1	2 max fill(s) per 30 day(s) retail	<i>dabigatran etexilate mesylate CAPS</i>	1	
<i>fondaparinux sodium</i>	NP	2 max fill(s) per 30 day(s) retail	<i>dabigatran etexilate mesylate CAPS</i>	1	2 max fill(s) per 30 day(s) retail
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	2 max fill(s) per 30 day(s) retail	PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	2	2 max fill(s) per 30 day(s) retail
FRAGMIN SOSY	NP	2 max fill(s) per 30 day(s) retail	PRADAXA CAPS 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	2 max fill(s) per 30 day(s) retail
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	2 max fill(s) per 30 day(s) retail; PA	PRADAXA PACK	NP	2 max fill(s) per 30 day(s) retail; MP; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	2	2 max fill(s) per 30 day(s) retail; PA	ANTICONVULSANTS - Drugs to Treat Seizures		
<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	AMPA Glutamate Receptor Antagonists		
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L</i>	2	2 max fill(s) per 30 day(s) retail; PA	FYCOMPA SUSP	2	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
HEPARIN SOD (PORCINE) IN D5W	1	2 max fill(s) per 30 day(s) retail; PA	FYCOMPA TABS	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
HEPARIN SODIUM (PORCINE) PF SOLN IJ	2	2 max fill(s) per 30 day(s) retail; PA	Anticonvulsants - Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam SUSP</i>	1	SON; QL(16 ML daily); 4 max fill(s) per 30 day(s) retail	ONFI SUSP (<i>clobazam</i>)	NP	SON; QL(16 ML daily); 4 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	ONFI TABS (<i>clobazam</i>)	NP	SON; QL(2 EA daily); 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	SYMPAZAN FILM	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>clonazepam TBDP</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA	VALTOCO 10 MG DOSE LIQD	2	QL(200 EA daily); 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	VALTOCO 10 MG DOSE LIQD	2	SON; QL(200 EA daily); 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	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>diazepam (anticonvulsant) GEL</i>	1	SON; 2 max fill(s) per 30 day(s) retail	VALTOCO 15 MG DOSE LQPK	2	QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
KLONOPIN TABS 1 MG (<i>clonazepam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail	VALTOCO 20 MG DOSE LQPK	2	QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
KLONOPIN TABS (<i>clonazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
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; PA	VALTOCO 5 MG DOSE LIQD	2	QL(200 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NAYZILAM	NP	SON; QL(200 EA daily); 2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 5 MG DOSE LIQD	2	SON; QL(200 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine SUSP</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
Anticonvulsants - Misc.			<i>carbamazepine TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
APTIOM	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>carbamazepine TB12</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
BANZEL SUSP (<i>rufinamide</i>)	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CARBATROL CP12 (<i>carbamazepine</i>)	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
BANZEL TABS (<i>rufinamide</i>)	NP	SON; QL(20 EA daily); 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
BRIVIACT SOLN PO 10 MG/ML	NP	SON; QL(40 ML daily); 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
BRIVIACT SOLN IV 50 MG/5ML	2	SON; QL(800 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ELEPSIA XR TB24	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT TABS	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	EPIDIOLEX	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbamazepine CHEW 100 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	EPRONTIA SOLN	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbamazepine CHEW 200 MG</i>	2	SON; 2 max fill(s) per 30 day(s) retail	FINTEPLA	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbamazepine CP12</i>	1	SON; QL(20 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>gabapentin CAPS 300 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>gabapentin CAPS 100 MG, 400 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>lacosamide SOLN IV 200 MG/20ML</i>	NP	SON; QL(800 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>gabapentin SOLN</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	SON; QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>gabapentin TABS 800 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>lacosamide SOLN PO 50 MG/5ML, 100 MG/10ML</i>	1	MP
<i>gabapentin TABS 600 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>lacosamide TABS</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
GABARONE TABS 100 MG, 400 MG	NP	MP; PA	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA SOLN IV 500 MG/5ML (<i>levetiracetam</i>)	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LAMICTAL XR KIT	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	SON; QL(20 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
LAMICTAL CHEW (<i>lamotrigine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	LEVETIRACETAM IN NACL (<i>levetiracetam in sodium chloride</i>)	1	SON; QL(800 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL TABS (<i>lamotrigine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam in sodium chloride</i>	1	SON; QL(800 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine CHEW</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<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 KIT 25 MG</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine TABS</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS 500 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine TB24</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS 1000 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine TBDP</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TB24</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>lamotrigine TBDP</i>	NP	QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	LEVETIRACETAM TB3D	NP	QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LEVETIRACETAM IN NACL	2	SON; QL(800 ML daily); 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYRICA SOLN (pregabalin)	NP	SON; QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	oxcarbazepine SUSP	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
MOTPOLY XR CP24	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	oxcarbazepine TABS	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
MYSOLINE (primidone)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	oxcarbazepine TB24	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN CAPS 100 MG, 400 MG (gabapentin)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	OXTELLAR XR TB24 (oxcarbazepine)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN CAPS 300 MG (gabapentin)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	pregabalin CAPS	1	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NEURONTIN SOLN (gabapentin)	NF	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	pregabalin SOLN	1	SON; QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
NEURONTIN SOLN (gabapentin)	NF	QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	primidone 50 MG, 250 MG	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NEURONTIN SOLN (gabapentin)	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	primidone 125 MG	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
NEURONTIN TABS 800 MG (gabapentin)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	QUDEXY XR CS24 (topiramate)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN TABS 600 MG (gabapentin)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	rufinamide SUSP	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
oxcarbazepine SUSP	1	QL(200 ML daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide TABS</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>topiramate CS24</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SPRITAM TB3D	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>topiramate TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
SPRITAM TB3D	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TEGRETOL SUSP (<i>carbamazepine</i>)	2	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	TRILEPTAL TABS (<i>oxcarbazepine</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TEGRETOL TABS (<i>carbamazepine</i>)	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	TRILEPTAL TABS (<i>oxcarbazepine</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	TROKENDI XR CP24 25 MG (<i>topiramate</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	TROKENDI XR CP24 (<i>topiramate</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TOPAMAX TABS (<i>topiramate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	VIMPAT SOLN IV 200 MG/20ML (<i>lacosamide</i>)	NP	SON; QL(800 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>topiramate CP24</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA	VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NP	SON; QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>topiramate CPSP 50 MG</i>	2	MP	VIMPAT TABS (<i>lacosamide</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>topiramate CPSP 15 MG, 25 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits
ZONISADE SUSP	2	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail
<i>zonisamide CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZTALMY	CO	
Carbamates		
<i>felbamate SUSP</i>	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>felbamate TABS 400 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>felbamate TABS 600 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FELBATOL SUSP (<i>felbamate</i>)	NF	QL(30 ML 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
FELBATOL TABS 400 MG (<i>felbamate</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
XCOPRI (250 MG DAILY DOSE) TBPk	NP	2 max fill(s) per 30 day(s) retail; MP
XCOPRI (350 MG DAILY DOSE) TBPk	NP	2 max fill(s) per 30 day(s) retail; MP
XCOPRI TABS	NP	2 max fill(s) per 30 day(s) retail; MP
XCOPRI TBPk	NP	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
GABA Modulators		
GABITRIL 2 MG, 4 MG, 12 MG (<i>tiagabine hcl</i>)	NF	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
GABITRIL 16 MG (<i>tiagabine hcl</i>)	NF	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SABRIL PACK (<i>vigabatrin</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
SABRIL TABS (<i>vigabatrin</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>tiagabine hcl</i> 16 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<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>vigabatrin</i> PACK	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP
<i>vigabatrin</i> TABS	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP
VIGAFYDE SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; MP
Hydantoins		
CEREBYX (<i>fosphenytoin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN 30 MG	2	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	NP	SON; QL(20 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	DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	SON; QL(20 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	DEPAKOTE TBEC (<i>divalproex sodium</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>divalproex sodium CSDR</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>divalproex sodium TB24</i>	1	SON; QL(20 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>divalproex sodium TBEC</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>phenytoin CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>phenytoin SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>valproic acid CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Succinimides			ANTIDEPRESSANTS - Drugs to Treat Depression		
CELONTIN (<i>methsuximide</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide CAPS</i>	1	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>methsuximide</i>	NP	2 max fill(s) per 30 day(s) retail			
ZARONTIN CAPS (<i>ethosuximide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA			
ZARONTIN SOLN (<i>ethosuximide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA			
Valproic Acid					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>bupropion hcl TB24 150 MG</i>	1	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	<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	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
Antidepressant Combinations			WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
AUVELITY	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GABA Receptor Modulator - Neuroactive Steroid		
Antidepressants - Misc.			ZURZUVAE 30 MG	2	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
APLENZIN	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ZURZUVAE 20 MG, 25 MG	2	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>bupropion hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	Monoamine Oxidase Inhibitors (MAOIs)		
<i>bupropion hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	EMSAM	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>bupropion hcl TB12 150 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	MARPLAN	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>bupropion hcl TB12</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	NARDIL (<i>phenelzine sulfate</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>bupropion hcl TB24 450 MG</i>	NP	SON; QL(20 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>phenelzine sulfate</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>fluoxetine hcl SOLN</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>tranylcypromine sulfate</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>fluoxetine hcl TABS 10 MG</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	NP	SON; QL(20 EA daily); 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	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
CITALOPRAM HYDROBROMIDE CAPS	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>fluvoxamine maleate CP24</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>citalopram hydrobromide SOLN</i>	NP	SON; QL(20 ML daily); 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>citalopram hydrobromide TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>fluvoxamine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>escitalopram oxalate SOLN</i>	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>escitalopram oxalate 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
<i>fluoxetine hcl CAPS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>paroxetine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>fluoxetine hcl CPDR</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>paroxetine hcl TB24</i>	NP	SON; QL(20 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
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RALDESY SOLN PO 10 MG/ML	NP	MP; PA
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	QL(20 EA daily); 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>trazodone hcl TABS 300 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SERTRALINE HCL CAPS	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>trazodone hcl TABS 300 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>sertraline hcl CONC</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	TRINTELLIX	NP	SON; QL(1 EA daily); 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	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	SON; QL(1 EA daily); 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>vilazodone hcl TABS</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZOLOFT TABS (<i>sertraline hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
Serotonin Modulators			CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<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	DESVENLAFAXINE ER	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desvenlafaxine succinate</i>	NP	SON; QL(1 EA daily); 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
DRIZALMA SPRINKLE CSDR	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>venlafaxine hcl TABS</i>	1	SON; QL(20 EA daily); 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>venlafaxine hcl TB24 225 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
EFFEXOR XR CP24 37.5 MG, 150 MG (<i>venlafaxine hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP	<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
EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	Tricyclic Agents		
FETZIMA TITRATION C4PK	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>amitriptyline hcl TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FETZIMA CP24	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>amoxapine</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
PRISTIQ (<i>desvenlafaxine succinate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ANAFRANIL (<i>clomipramine hcl</i>)	NP	SON; QL(20 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	<i>clomipramine hcl</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
VENLAFAXINE BESYLATE ER	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
			<i>desipramine hcl TABS 25 MG</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>doxepin hcl CONC</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>imipramine hcl TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>imipramine pamoate</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>nortriptyline hcl CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>nortriptyline hcl SOLN</i>	NP	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>protriptyline hcl</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>trimipramine maleate CAPS</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
<i>miglitol</i>	NP	2 max fill(s) per 30 day(s) retail; MP
Antidiabetic - Amylin Analogs		
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
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
Antidiabetic - Cellular Therapy		
LANTIDRA	CO	2 max fill(s) per 30 day(s) retail
Antidiabetic Combinations		
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
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<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
<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
<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
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	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>glipizide-metformin hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	QL(1 EA daily); 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	<i>pioglitazone hcl-glimepiride</i>	NP	QL(2 EA daily); 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	<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
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	QTERN	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
INVOKAMET XR TB24 500 MG-50 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
INVOKAMET TABS	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
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
JANUMET XR TB24 1000 MG-50 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SOLQUA	NP	2 max fill(s) per 30 day(s) retail; MP; PA
JANUMET TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	STEGLUJAN	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
JENTADUETO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	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
JENTADUETO TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	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
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SYNJARDY TABS	2	QL(2 EA daily); 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
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	<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRIJARDY XR 1000 MG-5 MG-25 MG	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>metformin hcl TABS 750 MG</i>	1	MP
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>metformin hcl TB24 500 MG, 750 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>metformin hcl TB24 500 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
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	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Diabetic Other		
XULTOPHY	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
ZITUVIMET XR TB24	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BAQSIMI TWO PACK POWD	2	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	CVS GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
Antidiabetic-Antibodies			CVS SOFT GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
TZIELD	CO		DEX4	1	2 max fill(s) per 30 day(s) retail; MP
Biguanides			DEX4 GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GLUMETZA TB24 (<i>metformin hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	DEX4 GLUCOSE LIQD (<i>dextrose (diabetic use)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>metformin hcl SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	DEX4 NATURALS	1	2 max fill(s) per 30 day(s) retail; MP
<i>metformin hcl TABS 625 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	DEX4 POUCH PACK	1	2 max fill(s) per 30 day(s) retail; MP
			DEX4 QUICK DISSOLVE GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
			<i>dextrose (diabetic use) LIQD</i>	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazoxide</i>	1	2 max fill(s) per 30 day(s) retail; MP	KROGER GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GLUCAGEN HYPOKIT	2	2 max fill(s) per 30 day(s) retail; MP	LEADER GLUCOSE 6 MG-4 GM	1	2 max fill(s) per 30 day(s) retail; MP
<i>glucagon (rdna)</i>	1	2 max fill(s) per 30 day(s) retail; MP	LEADER QUICK DISSOLVE GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
<i>glucagon (rdna)</i>	1	QL(1 EA per fill retail); 2 max fill(s) per 30 day(s) retail; MP	LONGS 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	MEIJER GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GLUCOSE INSTANT ENERGY	1	2 max fill(s) per 30 day(s) retail; MP	<i>mifepristone (hyperglycemia)</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP	PREFERRED PLUS GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GNP 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
GNP QUICK DISSOLVE 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
GOODSENSE GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP	RA GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GVOKE HYPOPEN 1-PACK SOAJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA	RELION GLUCOSE	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	SM GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GVOKE KIT SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	SMART SENSE GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
GVOKE PFS SOSY 1 MG/0.2ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA	TGT GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
KORLYM (<i>mifepristone (hyperglycemia)</i>)	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	TRUEPLUS GLUCOSE CHEW	2	2 max fill(s) per 30 day(s) retail; MP
			UP & UP GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WALGREENS GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP	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; MP
ZEGALOGUE SOAJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BYETTA 10 MCG PEN SOPN	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	BYETTA 5 MCG PEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			<i>liraglutide</i>	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	MOUNJARO	NP	2 max fill(s) per 30 day(s) retail; MP; PA
JANUVIA	2	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
NESINA (<i>alogliptin benzoate</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ONGLYZA (<i>saxagliptin hcl</i>)	NF	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; MP; PA
<i>saxagliptin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	RYBELSUS TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SITAGLIPTIN	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRULICITY	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TRADJENTA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	VICTOZA (<i>liraglutide</i>)	2	Limit 9ml per month; 2 max fill(s) per 30 day(s) retail; MP
ZITUVIO	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Insulin		
Dopamine Receptor Agonists - Antidiabetic			ADMELOG SOLOSTAR SOPN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CYCLOSET	NP	2 max fill(s) per 30 day(s) retail; MP; PA	ADMELOG SOLN IJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Incretin Mimetic Agents			AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APIDRA SOLOSTAR SOPN	NP	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
APIDRA SOLN	NP	2 max fill(s) per 30 day(s) retail; MP	HUMULIN N SUSP	2	2 max fill(s) per 30 day(s) retail; MP
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	NP	2 max fill(s) per 30 day(s) retail; MP
FIASP SOLN	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
HUMALOG JUNIOR KWIKPEN SOPN	2	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 KWIKPEN SOPN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN ASPART FLEXPEN SOPN	NP	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 PENFILL SOCT	NP	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 PROT & ASPART SUSP	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 ASPART SOLN IJ	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 FLEXTouch SOPN	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 DEGLUDEC SOLN	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 MAX SOLOSTAR SOPN	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 SOLOSTAR SOPN 100 UNIT/ML	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 SOLOSTAR SOPN 300 UNIT/ML	NP	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE SOLN	2	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
INSULIN GLARGINE-YFGN SOLN	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
INSULIN GLARGINE-YFGN SOPN	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 (1 UNIT DIAL) SOPN	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
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	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
INSULIN LISPRO PROT & LISPRO SUPN	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N SUSP	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 R FLEXPEN RELION SOPN IJ	NP	2 max fill(s) per 30 day(s) retail; MP; PA
LANTUS SOLOSTAR SOPN	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
LANTUS SOLN	2	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
LEVEMIR FLEXPEN 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
LEVEMIR SOLN	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 KWIKPEN SOPN	NP	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG FLEXPEN RELION SOPN	NP	QL(1 ML daily); 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 FLEXPEN RELION SOPN	NP	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV SOLN	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
NOVOLIN 70/30 FLEXPEN RELION SUPN	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 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

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 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
NOVOLOG RELION SOLN IJ	NP	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
REZVOGLAR KWIKPEN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SEMGLEE (YFGN) SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
SEMGLEE (YFGN) SOPN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TOUJEO MAX SOLOSTAR SOPN	NP	2 max fill(s) per 30 day(s) retail; MP
TOUJEO SOLOSTAR SOPN	NP	2 max fill(s) per 30 day(s) retail; MP
TRESIBA FLEXTOUCH SOPN	NP	2 max fill(s) per 30 day(s) retail; MP
TRESIBA SOLN	NP	2 max fill(s) per 30 day(s) retail; MP
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>pioglitazone hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Meglitinide Analogues		
<i>nateglinide</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide</i>	1	2 max fill(s) per 30 day(s) retail; MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily); 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
INVOKANA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
JARDIANCE	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
STEGLATRO	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Sulfonylureas		
AMARYL (<i>glimepiride</i>)	NF	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
<i>glimepiride 3 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>glipizide TABS 2.5 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>glipizide TABS 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>glipizide TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
GLUCOTROL XL TB24 (<i>glipizide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</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
GLYNASE (<i>glyburide micronized</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	2	2 max fill(s) per 30 day(s) retail; PA
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>bismuth subsalicylate SUSP 525 MG/30ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>bismuth subsalicylate TABS</i>	1	2 max fill(s) per 30 day(s) retail
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	NP	2 max fill(s) per 30 day(s) retail
<i>diphenoxylate w/ atropine TABS</i>	NP	2 max fill(s) per 30 day(s) retail
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; RX/OTC
IMODIUM A-D TABS (<i>loperamide hcl</i>)	NF	2 max fill(s) per 30 day(s) retail
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>loperamide hcl CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>loperamide hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
MOTOFEN	NP	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>opium tincture</i>	NP	2 max fill(s) per 30 day(s) retail; PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	NP	2 max fill(s) per 30 day(s) retail; PA
<i>deferasirox PACK</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferasirox TABS</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferasirox TBSO</i>	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferiprone TABS</i>	NP	2 max fill(s) per 30 day(s) retail; SP; PA
EXJADE TBSO (<i>deferasirox</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TWICE-A-DAY TABS	NP	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TABS (<i>deferiprone</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU TABS (<i>deferasirox</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Antidotes and Specific Antagonists		
BAL IN OIL	2	PA
<i>deferoxamine mesylate</i>	1	SP
DESFERAL 500 MG (<i>deferoxamine mesylate</i>)	NP	SP
VISTOGARD	2	
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KLOXXADO LIQD	2	2 max fill(s) per 30 day(s) retail	<i>ondansetron TBDP 4 MG, 8 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>naloxone hcl LIQD</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	<i>palonosetron hcl SOLN</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 SOSY</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	POSFREA 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	SANCUSO PTCH	NP	2 max fill(s) per 30 day(s) retail
<i>naltrexone hcl</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail	SUSTOL PRSY	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	Antiemetics - Anticholinergic		
OPVEE NA	2	2 max fill(s) per 30 day(s) retail	ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
REXTOVY LIQD	NP	2 max fill(s) per 30 day(s) retail; PA	ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	2	2 max fill(s) per 30 day(s) retail
VIVITROL	2	SON; 2 max fill(s) per 30 day(s) retail	DIMENHYDRINATE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
ZIMHI SOSY	2	2 max fill(s) per 30 day(s) retail	<i>meclizine hcl CHEW</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
5-HT3 Receptor Antagonists			<i>meclizine hcl TABS 50 MG</i>	2	2 max fill(s) per 30 day(s) retail
ANZEMET TABS 50 MG	NP	2 max fill(s) per 30 day(s) retail	<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 SOLN IV 1 MG/ML, 4 MG/4ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA	TIGAN SOLN	NP	2 max fill(s) per 30 day(s) retail; PA
<i>granisetron hcl TABS</i>	NP	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
<i>ondansetron hcl SOLN IJ</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 16 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>trimethobenzamide hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail	<i>aprepitant MISC</i>	NP	2 max fill(s) per 30 day(s) retail; PA
Antiemetics - Miscellaneous			CINVANTI EMUL	NP	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO	NP	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 (READY-TO-USE) SOLN	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
AKYNZEO (TO-BE-DILUTED) SOLN	2	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
AKYNZEO SOLR	2	2 max fill(s) per 30 day(s) retail; PA	EMEND SUSR	NP	2 max fill(s) per 30 day(s) retail; PA
BONJESTA TBCR	NP	2 max fill(s) per 30 day(s) retail; PA	FOCINVEZ SOLN	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	<i>fosaprepitant dimeglumine SOLR</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>dronabinol CAPS</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Antifungal - Glucan Synthesis Inhibitors		
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	BREXAFEMME	NP	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	CANCIDAS (<i>caspofungin acetate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>caspofungin acetate</i>	1	4 max fill(s) per 30 day(s) retail; PA
APONVIE EMUL	NP	2 max fill(s) per 30 day(s) retail; PA	CASPOFUNGIN ACETATE	1	4 max fill(s) per 30 day(s) retail; PA
<i>aprepitant CAPS</i>	1	2 max fill(s) per 30 day(s) retail	ERAXIS	2	4 max fill(s) per 30 day(s) retail; PA
<i>aprepitant CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>micalfungin sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA
			MICAFUNGIN SODIUM	1	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICAFUNGIN SODIUM-NACL	2	2 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
MYCAMINE	NP	4 max fill(s) per 30 day(s) retail; PA	DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	NF	2 max fill(s) per 30 day(s) retail
REZZAYO	2	2 max fill(s) per 30 day(s) retail; PA	DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Antifungals			<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
ABELCET	2	4 max fill(s) per 30 day(s) retail; PA	FLUCONAZOLE IN SODIUM CHLORIDE	1	4 max fill(s) per 30 day(s) retail; PA
AMBISOME (<i>amphotericin b liposome</i>)	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
<i>amphotericin b IV</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>fluconazole TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>amphotericin b liposome</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>itraconazole CAPS</i>	NP	2 max fill(s) per 30 day(s) retail
ANCOBON (<i>flucytosine</i>)	NP	2 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>flucytosine</i>	NP	2 max fill(s) per 30 day(s) retail	<i>ketoconazole</i>	NP	2 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 PACK	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 SOLN (<i>posaconazole</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>griseofulvin ultramicrosize</i>	NP	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>nystatin TABS</i>	1	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>terbinafine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>posaconazole SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA
Imidazole-Related Antifungals			<i>posaconazole SUSP</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	<i>posaconazole TBEC</i>	NP	2 max fill(s) per 30 day(s) retail
CRESEMBA SOLR	2	4 max fill(s) per 30 day(s) retail; PA	SPORANOX CAPS (<i>itraconazole</i>)	NP	2 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			

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

Drug Name	Drug Tier	Requirements/ Limits
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 PO 6.25 MG/5ML, 12.5 MG/10ML	1	2 max fill(s) per 30 day(s) retail
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	NP	2 max fill(s) per 30 day(s) retail; PA
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
promethazine hcl TABS	1	2 max fill(s) per 30 day(s) retail
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	2 max fill(s) per 30 day(s) retail
cyproheptadine hcl TABS	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Angiopietin-like Protein Inhibitors		
EVKEEZA	CO	
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 0.5 GM	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
icosapent ethyl 1 GM	NP	QL(4 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
omega-3-acid ethyl esters	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Bile Acid Sequestrants		
cholestyramine light PACK	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>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>	1	2 max fill(s) per 30 day(s) retail; MP	QUESTRAN POWD (<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	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	ANTARA 90 MG (<i>fenofibrate micronized</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>colesevelam hcl TABS</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
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NF	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 PACK (<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 GRAN (<i>colestipol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>fenofibrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
COLESTID PACK (<i>colestipol hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	FENOGLIDE TABS (<i>fenofibrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID TABS (<i>colestipol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>gemfibrozil TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>colestipol hcl GRAN</i>	1	2 max fill(s) per 30 day(s) retail; MP	LIPOFEN CAPS (<i>fenofibrate</i>)	NP	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	LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>colestipol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	LOPID TABS (<i>gemfibrozil</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	TRICOR TABS (<i>fenofibrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			TRILIPIX (<i>choline fenofibrate</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
HMG CoA Reductase Inhibitors			<i>rosuvastatin calcium TABS</i>	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	<i>simvastatin TABS</i>	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	ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	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		
FLOLIPID SUSP	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>ezetimibe</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>fluvastatin sodium CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	ZETIA (<i>ezetimibe</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluvastatin sodium TB24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	JUXTAPID 5 MG, 10 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JUXTAPID 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Nicotinic Acid Derivatives		
LIVALO (<i>pitavastatin calcium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP	<i>niacin (antihyperlipidemic) TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lovastatin TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>pitavastatin calcium</i>	NP	2 max fill(s) per 30 day(s) retail; MP	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; SP; PA
<i>pravastatin sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	<i>enalapril maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>enalaprilat SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
REPATHA 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	EPANED SOLN (<i>enalapril maleate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; 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	<i>fosinopril sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<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
			<i>trandolapril</i>	NP	2 max fill(s) per 30 day(s) retail; MP
			VASOTEC TABS (<i>enalapril maleate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			ZESTRIL TABS (<i>lisinopril</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			Agents for Pheochromocytoma		
ACE Inhibitors			DEMSEER (<i>metyrosine</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ACCUPRIL (<i>quinapril hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA			
ALTACE CAPS 1.25 MG, 2.5 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			

Drug Name	Drug Tier	Requirements/ Limits
<i>metirosine</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>phenoxybenzamine hcl</i>	1	2 max fill(s) per 30 day(s) retail
Angiotensin II Receptor Antagonists		
ATACAND (<i>candesartan cilexetil</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BENICAR (<i>olmesartan medoxomil</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
COZAAR 50 MG, 100 MG (<i>losartan potassium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
COZAAR 25 MG (<i>losartan potassium</i>)	NP	QL(1 EA daily); 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
EDARBI	NP	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 50 MG, 100 MG</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
MICARDIS (<i>telmisartan</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>olmesartan medoxomil</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>valsartan SOLN</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>valsartan TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CARDURA (<i>doxazosin mesylate</i>)	NF	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
<i>clonidine PTWK</i>	1	QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>clonidine PTWK</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>clonidine TB24</i>	2	SON; 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
<i>guanfacine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>methyldopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
MINIPRESS CAPS (<i>prazosin hcl</i>)	NF	SON; QL(20 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>prazosin hcl CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>captopril & 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	DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Antihypertensive Combinations			EDARBYCLOR	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ACCURETIC (<i>quinapril-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>enalapril maleate & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amlodipine besylate-benazepril hcl</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-olmesartan medoxomil</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine besylate-valsartan</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
<i>amlodipine-valsartan-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
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>irbesartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>atenolol & chlorthalidone</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>lisinopril & 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>losartan potassium & hydrochlorothiazide</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	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
<i>benazepril & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	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
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</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
<i>bisoprolol & hydrochlorothiazide</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>candesartan cilexetil-hydrochlorothiazide</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
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	TRYVIO	2	2 max fill(s) per 30 day(s) retail; PA
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>quinapril-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>eplerenone</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>telmisartan-amlodipine</i>	1	2 max fill(s) per 30 day(s) retail; MP	INSPIRA (<i>eplerenone</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>telmisartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	INSPIRA (<i>eplerenone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Vasodilators		
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydralazine hcl SOLN</i>	1	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	<i>hydralazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>minoxidil 2.5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>valsartan-hydrochlorothiazide</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
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	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
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nitroprusside sodium-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Direct Renin Inhibitors			Anti-infective Agents - Misc.		
<i>aliskiren fumarate</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	AEMCOLO	2	2 max fill(s) per 30 day(s) retail
TEKTURNA (<i>aliskiren fumarate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>bacitracin</i>	1	PA
Endothelin Receptor Antagonists			FLAGYL CAPS (<i>metronidazole</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
			LIKMEZ SUSP	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole CAPS</i>	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 TABS 125 MG</i>	NP	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
NEBUPENT IN (<i>pentamidine isethionate</i>)	2	4 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
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
XIFAXAN	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>nitazoxanide TABS</i>	NP	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	INVANZ IJ (<i>ertapenem sodium</i>)	NP	SP; PA
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	NP	4 max fill(s) per 30 day(s) retail	Glycopeptides		
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG</i>	NP	4 max fill(s) per 30 day(s) retail	FIRVANQ SOLR PO 50 MG/ML (<i>vancomycin hcl</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>sulfamethoxazole-trimethoprim SOLN</i>	1	4 max fill(s) per 30 day(s) retail; PA	FIRVANQ SOLR PO 50 MG/ML (<i>vancomycin hcl</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	FIRVANQ SOLR PO 25 MG/ML (<i>vancomycin hcl</i>)	2	2 max fill(s) per 30 day(s) retail
			VANCOCIN CAPS (<i>vancomycin hcl</i>)	NP	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>vancomycin hcl SOLR IV 500 MG</i>	1	QL(14 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl SOLR IV 1 GM</i>	1	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML</i>	2	2 max fill(s) per 30 day(s) retail
<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
VANCOMYCIN HCL SOLR IV 1.75 GM, 2 GM	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)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	1	4 max fill(s) per 30 day(s) retail
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	NP	4 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
<i>clindamycin hcl</i>	1	4 max fill(s) per 30 day(s) retail
<i>clindamycin palmitate hydrochloride</i>	1	4 max fill(s) per 30 day(s) retail
LINCOCIN (<i>lincomycin hcl</i>)	NP	PA
<i>lincomycin hcl</i>	1	PA
Monobactams		
CAYSTON	2	QL(3 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA
Oxazolidinones		
LINEZOLID IN SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA
LINEZOLID IN SODIUM CHLORIDE	1	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>linezolid SUSR</i>	1	2 max fill(s) per 30 day(s) retail
<i>linezolid TABS</i>	1	2 max fill(s) per 30 day(s) retail
SIVEXTRO SOLR	2	2 max fill(s) per 30 day(s) retail; PA
SIVEXTRO TABS	NP	2 max fill(s) per 30 day(s) retail
ZYVOX SOLN	2	2 max fill(s) per 30 day(s) retail; PA
ZYVOX SOLN (<i>linezolid</i>)	2	2 max fill(s) per 30 day(s) retail; PA
ZYVOX SUSR (<i>linezolid</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ZYVOX TABS (<i>linezolid</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	NP	4 max fill(s) per 30 day(s) retail
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>methenamine hippurate</i>	1	4 max fill(s) per 30 day(s) retail
<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

Drug Name	Drug Tier	Requirements/ Limits
(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; SP
<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
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; SP
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 200 MG	NP	4 max fill(s) per 30 day(s) retail; PA
SOVUNA 300 MG	NP	2 max fill(s) per 30 day(s) retail; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV 10 MG/10ML (<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	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; MP
MESTINON SOLN PO (<i>pyridostigmine bromide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
MESTINON TBCR (<i>pyridostigmine bromide</i>)	NP	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
NEOSTIGMINE METHYLSULFATE SOSY (<i>neostigmine methylsulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>pyridostigmine bromide SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>pyridostigmine bromide TABS 30 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide</i> TABS 60 MG	1	2 max fill(s) per 30 day(s) retail; MP
<i>pyridostigmine bromide</i> TBCR	1	2 max fill(s) per 30 day(s) retail; MP
REGONOL SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	4 max fill(s) per 30 day(s) retail
<i>ethambutol hcl</i> TABS	1	4 max fill(s) per 30 day(s) retail
<i>isoniazid</i> SOLN	1	2 max fill(s) per 30 day(s) retail; PA
<i>isoniazid</i> SYRP	1	4 max fill(s) per 30 day(s) retail
<i>isoniazid</i> TABS	1	4 max fill(s) per 30 day(s) retail
MYCOBUTIN (<i>rifabutin</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
PRETOMANID	2	4 max fill(s) per 30 day(s) retail
PRIFTIN	2	4 max fill(s) per 30 day(s) retail
<i>pyrazinamide</i>	1	4 max fill(s) per 30 day(s) retail
<i>rifabutin</i>	1	4 max fill(s) per 30 day(s) retail
RIFADIN SOLR (<i>rifampin</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>rifampin</i> CAPS	1	4 max fill(s) per 30 day(s) retail
<i>rifampin</i> SOLR	1	2 max fill(s) per 30 day(s) retail; PA
SIRTURO	2	4 max fill(s) per 30 day(s) retail
TRECATOR	2	4 max fill(s) per 30 day(s) retail
ANTINEOPLASTICS AND ADJUNCTIVE		

Drug Name	Drug Tier	Requirements/ Limits
THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide</i> CAPS	1	4 max fill(s) per 30 day(s) retail
CYCLOPHOSPHAMIDE TABS	2	4 max fill(s) per 30 day(s) retail
<i>temozolomide</i> CAPS	1	4 max fill(s) per 30 day(s) retail; SP; PA
Antimetabolites		
<i>capecitabine</i>	1	SP; PA
<i>capecitabine</i>	1	4 max fill(s) per 30 day(s) retail; SP; PA
JYLAMVO SOLN PO	NP	2 max fill(s) per 30 day(s) retail; PA
<i>mercaptopurine</i> SUSP 2000 MG/100ML	1	4 max fill(s) per 30 day(s) retail
<i>mercaptopurine</i> TABS	1	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
<i>methotrexate sodium</i> SOLR	1	2 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
ONUREG TABS	2	4 max fill(s) per 30 day(s) retail; SP; PA
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	2	4 max fill(s) per 30 day(s) retail
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	2 max fill(s) per 30 day(s) retail
XATMEP SOLN PO	2	2 max fill(s) per 30 day(s) retail
XELODA (<i>capecitabine</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; PA
Antineoplastic - Angiogenesis Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRUZAQLA 5 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	TUKYSA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
FRUZAQLA 1 MG	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; 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(8 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	
LENVIMA (14 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AMTAGVI	CO	
LENVIMA (18 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AUCATZYL	CO	
LENVIMA (20 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	BREYANZI	CO	
LENVIMA (24 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	CARVYKTI	CO	
LENVIMA (4 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	KYMRIAH	CO	
LENVIMA (8 MG DAILY DOSE)	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	OMISIRGE	CO	
Antineoplastic - Anti-HER2 Agents			PROVENGE	CO	SP
			TECARTUS	CO	
			TECELRA	CO	
			YESCARTA	CO	
			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl 100 MG, 150 MG</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
			<i>erlotinib hcl 25 MG</i>	1	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; PA
			<i>gefitinib</i>	1	QL(1 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IRESSA (<i>gefitinib</i>)	NP	QL(1 EA daily); 4 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
LAZCLUZE 240 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>abiraterone acetate 250 MG</i>	1	SP; PA
LAZCLUZE 80 MG	2	QL(2 EA daily); 2 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
TAGRISO	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	AKEEGA	2	2 max fill(s) per 30 day(s) retail; PA
TARCEVA 100 MG (<i>erlotinib hcl</i>)	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	<i>anastrozole</i>	1	4 max fill(s) per 30 day(s) retail
VIZIMPRO	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	ARIMIDEX (<i>anastrozole</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Antineoplastic - Gene Therapy Agents			AROMASIN (<i>exemestane</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
ADSTILADRIN	CO		<i>bicalutamide</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
Antineoplastic - Hedgehog Pathway Inhibitors			CAMCEVI	2	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	CASODEX (<i>bicalutamide</i>)	NP	QL(1 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	ELIGARD SC	2	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	ERLEADA	2	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	<i>exemestane</i>	1	4 max fill(s) per 30 day(s) retail
Antineoplastic - Hormonal and Related Agents			FARESTON (<i>toremifene citrate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
			FEMARA (<i>letrozole</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
			<i>letrozole</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEUPROLIDE ACETATE (3 MONTH) INJ	2	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
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	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 (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	YONSA	NP	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	ZYTIGA 250 MG (<i>abiraterone acetate</i>)	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
LYSODREN	2	4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
<i>megestrol acetate SUSP</i>	1	4 max fill(s) per 30 day(s) retail	WELIREG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>nilutamide</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA	Antineoplastic - Immunomodulators		
NUBEQA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	POMALYST	2	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
ORGOVYX	2	4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - PDGFR-alpha Inhibitors		
ORSERDU	2	2 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
SOLTAMOX SOLN	NP	4 max fill(s) per 30 day(s) retail; MP; PA	Antineoplastic - XPO1 Inhibitors		
<i>tamoxifen citrate TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP			
<i>toremifene citrate</i>	NP	4 max fill(s) per 30 day(s) retail; MP; PA			
TRELSTAR MIXJECT	2	4 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (100 MG ONCE WEEKLY) 50 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA	ALECENSA	2	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA	ALUNBRIG TABS 30 MG	2	QL(4 EA daily); 4 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	AUGTYRO 160 MG	2	QL(2 EA daily); 2 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	AUGTYRO 40 MG	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
XPOVIO (60 MG TWICE WEEKLY)	2	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
XPOVIO (80 MG ONCE WEEKLY) 40 MG	2	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
XPOVIO (80 MG TWICE WEEKLY)	2	4 max fill(s) per 30 day(s) retail; SP; PA	BALVERSA 4 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
Antineoplastic Combinations			BOSULIF CAPS	2	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
INQOVI	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
KISQALI FEMARA (200 MG DOSE)	2	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
KISQALI FEMARA (400 MG DOSE)	2	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
KISQALI FEMARA (600 MG DOSE)	2	4 max fill(s) per 30 day(s) retail; SP; PA	CABOMETYX TABS	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
LONSURF	2	4 max fill(s) per 30 day(s) retail; SP; PA			
Antineoplastic Enzyme Inhibitors					
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA			
AFINITOR TABS (<i>everolimus</i>)	NP	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
CALQUENCE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FOTIVDA	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
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
COMETRIQ (100 MG DAILY DOSE) KIT	2	QL(1 EA daily); 4 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
COMETRIQ (140 MG DAILY DOSE) KIT	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	GOMEKLI CAPS PO 1 MG, 2 MG	2	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	GOMEKLI TBSO PO 1 MG	2	SP; PA
COPIKTRA	2	4 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
COTELLIC	2	QL(3 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
DANZITEN	2	QL(4 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
<i>dasatinib</i>	1	QL(1 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
<i>everolimus TABS</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	<i>imatinib mesylate TABS</i>	1	QL(2 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; SP; PA	IMBRUVICA CAPS 140 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMKELDI SOLN	NP	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA	LORBRENA 100 MG	2	QL(1 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	LORBRENA 25 MG	2	QL(3 EA daily); 4 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	LUMAKRAS 120 MG	2	QL(8 EA daily); 4 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	LUMAKRAS 320 MG	2	QL(3 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	LUMAKRAS 240 MG	2	QL(4 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	LYNPARZA TABS	2	QL(4 EA daily); 4 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	MEKINIST SOLR	2	2 max fill(s) per 30 day(s) retail; PA
KISQALI (400 MG DOSE)	2	QL(3 EA daily); 4 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
KISQALI (600 MG DOSE)	2	QL(3 EA daily); 4 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
KOSELUGO	2	QL(4 EA daily); 4 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
KRAZATI	2	QL(6 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
<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>)	2	QL(4 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OGSIVEO 100 MG, 150 MG	2	2 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
OGSIVEO 50 MG	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RETEVMO TABS 120 MG, 160 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
OJEMDA SUSR	2	2 max fill(s) per 30 day(s) retail; PA	REZLIDHIA	2	2 max fill(s) per 30 day(s) retail; PA
OJEMDA TABS	2	2 max fill(s) per 30 day(s) retail; PA	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	2	SP; PA
OJJAARA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ROZLYTREK CAPS 200 MG	2	QL(3 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	ROZLYTREK CAPS 100 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	ROZLYTREK PACK	2	2 max fill(s) per 30 day(s) retail; PA
PIQRAY (200 MG DAILY DOSE)	2	4 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
PIQRAY (250 MG DAILY DOSE)	2	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 (300 MG DAILY DOSE)	2	4 max fill(s) per 30 day(s) retail; SP; PA	SCEMBLIX 20 MG, 40 MG	2	QL(2 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	SCEMBLIX 100 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
RETEVMO CAPS 40 MG	2	QL(6 EA daily); 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
RETEVMO CAPS 80 MG	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	SPRYCEL (<i>dasatinib</i>)	2	QL(1 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STIVARGA	2	QL(4 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; PA
<i>sunitinib malate</i>	1	QL(1 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
SUTENT (<i>sunitinib malate</i>)	NP	QL(1 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
TABRECTA	2	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	VANFLYTA	2	2 max fill(s) per 30 day(s) retail; PA
TAFINLAR CAPS	2	QL(4 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
TAFINLAR TBSO	2	QL(4 EA daily); 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
TALZENNA 0.1 MG, 0.35 MG	2	2 max fill(s) per 30 day(s) retail; PA	VITRAKVI CAPS 100 MG	2	QL(2 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	VITRAKVI SOLN	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA
TASIGNA	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	2	SP; PA
TEPMETKO	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
TIBSOVO	2	QL(2 EA daily); 4 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 TABS	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	XALKORI CPSP	2	QL(2 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
XOSPATA	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
ZEJULA TABS	2	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	IWILFIN	2	2 max fill(s) per 30 day(s) retail; PA
ZELBORAF	2	QL(8 EA daily); 4 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
ZOLINZA	2	4 max fill(s) per 30 day(s) retail; SP; PA	<i>mesna TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP
ZYDELIG	2	4 max fill(s) per 30 day(s) retail; SP; PA	MESNEX TABS	NP	4 max fill(s) per 30 day(s) retail; SP; PA
ZYKADIA TABS	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA	Mitotic Inhibitors		
Antineoplastic Radiopharmaceuticals			<i>etoposide CAPS</i>	1	4 max fill(s) per 30 day(s) retail; PA
LUTATHERA	CO		Topoisomerase I Inhibitors		
PLUVICTO	CO		HYCANTIN CAPS	2	4 max fill(s) per 30 day(s) retail; SP; PA
Antineoplastics Misc.			ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
ACTIMMUNE 100 MCG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP	Antiparkinson Adjunctive Therapy		
BESREMI	2	SP; PA	<i>carbidopa</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>bexarotene</i>	1	4 max fill(s) per 30 day(s) retail; SP; PA	LODOSYN (<i>carbidopa</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
HYDREA (<i>hydroxyurea</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	NOURIANZ	2	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>hydroxyurea</i>	1	4 max fill(s) per 30 day(s) retail	Antiparkinson Anticholinergics		
MATULANE	NP	4 max fill(s) per 30 day(s) retail; PA	<i>benztropine mesylate SOLN</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
TARGRETIN (<i>bexarotene</i>)	NP	4 max fill(s) per 30 day(s) retail; SP; PA			
<i>tretinoin (chemotherapy)</i>	1	4 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate TABS</i>	1	SON; QL(20 EA daily); 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; QL(20 EA daily); 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
TASMAR (<i>tolcapone</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>tolcapone</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>amantadine hcl SOLN</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>amantadine hcl SOLN</i>	1	QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>amantadine hcl TABS</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
APOKYN SOCT	NP	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>apomorphine hydrochloride SOCT</i>	NP	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>bromocriptine mesylate CAPS</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa-entacapone</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>carbidopa-levodopa TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa TBCR</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa TBDP</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CREXONT CPR	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ropinirole hydrochloride TB24</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DHIVY TABS	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RYTARY CPR	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
DUOPA SUSP	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
GOCOVRI CP24	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SINEMET TABS (<i>carbidopa-levodopa</i>)	NF	
INBRIJA CAPS	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NEUPRO	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ONAPGO SOCT 98 MG/20ML	NP	SP; PA	STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
OSMOLEX ER TB24 129 MG	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>pramipexole dihydrochloride TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>pramipexole dihydrochloride TB24</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>ropinirole hydrochloride 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
VYALEV SOLN SC	NP	SON; 2 max fill(s) per 30 day(s) retail; SP; PA	<i>lithium carbonate CAPS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antiparkinson Monoamine Oxidase Inhibitors			<i>lithium carbonate TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
AZILECT (<i>rasagiline mesylate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>lithium carbonate TBCR</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>rasagiline mesylate</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	LITHOBID TBCR (<i>lithium carbonate</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>selegiline hcl CAPS</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Antipsychotics - Misc.		
<i>selegiline hcl TABS</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	CAPLYTA	NP	SON; QL(20 EA daily); 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	EQUETRO	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZELAPAR TBDP	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	GEODON (<i>ziprasidone hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			GEODON (<i>ziprasidone hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail; MP
Antimanic Agents			GEODON (<i>ziprasidone mesylate</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>lithium</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	GEODON (<i>ziprasidone mesylate</i>)	NP	SON; QL(20 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
LATUDA (<i>lurasidone hcl</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	FANAPT	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
LATUDA 40 MG, 80 MG (<i>lurasidone hcl</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail	FANAPT TITRATION PACK	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>lurasidone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail	INVEGA 1.5 MG (<i>paliperidone</i>)	NF	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>lurasidone hcl</i>	1	2 max fill(s) per 30 day(s) retail	INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NUPLAZID CAPS	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	INVEGA HAFYERA	2	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
NUPLAZID TABS 10 MG	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	INVEGA SUSTENNA	2	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP
VRAYLAR CAPS	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	INVEGA TRINZA	2	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP
<i>ziprasidone hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>paliperidone</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>ziprasidone mesylate</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	PERSERIS PRSY	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Benzisoxazoles			RISPERDAL CONSTA (<i>risperidone microspheres</i>)	2	SON; QL(200 EA daily); 3 max fill(s) per 30 day(s) retail
ERZOFRI 351 MG/2.25ML	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA			
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	SON; QL(20 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
RISPERDAL SOLN (risperidone)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	haloperidol lactate SOLN	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	haloperidol TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP
risperidone microspheres	1	SON; QL(200 EA daily); 3 max fill(s) per 30 day(s) retail	haloperidol TABS 2 MG	1	2 max fill(s) per 30 day(s) retail; MP
risperidone SOLN	1	SON; 2 max fill(s) per 30 day(s) retail; MP	Dibenzapines		
risperidone TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP	ADASUVE	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
risperidone TBDP	1	SON; 2 max fill(s) per 30 day(s) retail; MP	asenapine maleate	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
RYKINDO SRER	2	SON; QL(200 EA daily); 3 max fill(s) per 30 day(s) retail	clozapine TABS	1	SON; 2 max fill(s) per 30 day(s) retail; MP
UZEDY SUSY	NP	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	clozapine TBDP 12.5 MG, 150 MG, 200 MG	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Butyrophenones			clozapine TBDP 25 MG, 100 MG	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
HALDOL DECANOATE (haloperidol decanoate)	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CLOZARIL TABS 25 MG, 100 MG (clozapine)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
haloperidol decanoate	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	loxapine succinate	1	SON; 2 max fill(s) per 30 day(s) retail; MP
haloperidol lactate CONC	1	SON; 2 max fill(s) per 30 day(s) retail; MP	olanzapine SOLR	1	SON; QL(200 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TABS</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>quetiapine fumarate TABS 300 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>quetiapine fumarate TABS 150 MG</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<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
<i>quetiapine fumarate TB24</i>	1	SON; 2 max fill(s) per 30 day(s) retail
SAPHRIS (<i>asenapine maleate</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SECUADO	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA
VERSACLOZ SUSP	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
ZYPREXA SOLR (<i>olanzapine</i>)	NP	SON; QL(200 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZYPREXA TABS (<i>olanzapine</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
Dihydroindolones		
<i>molindone hcl 5 MG, 25 MG</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
COBENFY CAPS	2	SON; 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
Phenothiazines		
<i>chlorpromazine hcl CONC</i>	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>chlorpromazine hcl SOLN</i>	1	QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>prochlorperazine maleate TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
<i>fluphenazine decanoate</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>thioridazine hcl</i>	1	MP
<i>fluphenazine hcl CONC</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>thioridazine hcl</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>fluphenazine hcl ELIX</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>trifluoperazine hcl TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>fluphenazine hcl SOLN</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; MP	Quinolinone Derivatives		
<i>fluphenazine hcl TABS</i>	1	QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ABILIFY ASIMTUFII PRSY	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluphenazine hcl TABS</i>	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ABILIFY MAINTENA PRSY	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>perphenazine TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	ABILIFY MAINTENA SRER	2	SON; QL(200 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>prochlorperazine</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	ABILIFY MYCITE MAINTENANCE KIT	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail; PA	ABILIFY MYCITE STARTER KIT	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
			ABILIFY TABS (<i>aripiprazole</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
			<i>aripiprazole SOLN PO</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>aripiprazole TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	<i>abacavir sulfate SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>aripiprazole TBDP</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>abacavir sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP
ARISTADA	2	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP	APRETUDE	2	4 max fill(s) per 30 day(s) retail; MP
ARISTADA INITIO	NP	SON; QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP	APTIVUS CAPS	2	4 max fill(s) per 30 day(s) retail; MP
OPIPZA FILM	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>atazanavir sulfate CAPS</i>	1	4 max fill(s) per 30 day(s) retail; MP
OPIPZA FILM	NP	2 max fill(s) per 30 day(s) retail; MP; PA	BIKTARVY	2	4 max fill(s) per 30 day(s) retail; MP
REXULTI	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP	CABENUVA	2	4 max fill(s) per 30 day(s) retail
Thioxanthenes			CIMDUO	2	4 max fill(s) per 30 day(s) retail; MP
<i>thiothixene</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP	COMBIVIR (<i>lamivudine-zidovudine</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
ANTISEPTICS & DISINFECTANTS			COMPLERA	2	4 max fill(s) per 30 day(s) retail; MP
Antiseptics & Disinfectants			<i>darunavir TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>formaldehyde SOLN 10 %</i>	1	QL(90 ML per fill retail)	DELSTRIGO	2	4 max fill(s) per 30 day(s) retail; MP
ANTIVIRALS - Drugs to Treat Viral Infections			DESCOVY	2	4 max fill(s) per 30 day(s) retail; MP
Antiretrovirals			DOVATO	2	4 max fill(s) per 30 day(s) retail; MP
<i>abacavir sulfate-lamivudine</i>	1	4 max fill(s) per 30 day(s) retail; MP	EDURANT	2	4 max fill(s) per 30 day(s) retail; MP
			<i>efavirenz CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; MP	ISENTRESS HD TABS	2	4 max fill(s) per 30 day(s) retail; MP
<i>efavirenz TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP	ISENTRESS CHEW	2	4 max fill(s) per 30 day(s) retail; MP
<i>emtricitabine CAPS</i>	1	4 max fill(s) per 30 day(s) retail; MP	ISENTRESS PACK	2	4 max fill(s) per 30 day(s) retail; MP
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; MP	ISENTRESS TABS	2	4 max fill(s) per 30 day(s) retail; MP
EMTRIVA CAPS (<i>emtricitabine</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	JULUCA	2	4 max fill(s) per 30 day(s) retail; MP
EMTRIVA SOLN	2	4 max fill(s) per 30 day(s) retail; MP	KALETRA SOLN	NP	4 max fill(s) per 30 day(s) retail; MP; PA
EPIVIR SOLN (<i>lamivudine</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	KALETRA TABS (<i>lopinavir-ritonavir</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
EPIVIR TABS (<i>lamivudine</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	<i>lamivudine SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NF	4 max fill(s) per 30 day(s) retail; MP	<i>lamivudine TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>etravirine</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>lamivudine-zidovudine</i>	1	4 max fill(s) per 30 day(s) retail; MP
EVOTAZ	2	4 max fill(s) per 30 day(s) retail; MP	LEXIVA TABS (<i>fosamprenavir calcium</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
<i>fosamprenavir calcium TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>lopinavir-ritonavir SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
FUZEON SOLR	2	4 max fill(s) per 30 day(s) retail; MP	<i>lopinavir-ritonavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP
GENVOYA	2	4 max fill(s) per 30 day(s) retail; MP	<i>maraviroc TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP
INTELENCE (<i>etravirine</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	<i>nevirapine SUSP</i>	1	4 max fill(s) per 30 day(s) retail; MP
INTELENCE 25 MG	2	4 max fill(s) per 30 day(s) retail; MP	<i>nevirapine TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine TB24 400 MG</i>	1	4 max fill(s) per 30 day(s) retail; MP	RUKOBIA	2	4 max fill(s) per 30 day(s) retail; MP
NORVIR PACK	2	4 max fill(s) per 30 day(s) retail; MP	SELZENTRY SOLN	2	4 max fill(s) per 30 day(s) retail; MP
NORVIR TABS (<i>ritonavir</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	SELZENTRY TABS (<i>maraviroc</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
NORVIR TABS (<i>ritonavir</i>)	NF	4 max fill(s) per 30 day(s) retail; MP	STRIBILD	2	4 max fill(s) per 30 day(s) retail; MP
ODEFSEY	2	4 max fill(s) per 30 day(s) retail; MP	SUNLENCA SOLN	2	2 max fill(s) per 30 day(s) retail
PIFELTRO	2	4 max fill(s) per 30 day(s) retail; MP	SUNLENCA TBPK 300 MG	2	4 max fill(s) per 30 day(s) retail; MP
PREZCOBIX	2	4 max fill(s) per 30 day(s) retail; MP	SUSTIVA CAPS (<i>efavirenz</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
PREZISTA SUSP	2	4 max fill(s) per 30 day(s) retail; MP	SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
PREZISTA TABS (<i>darunavir</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
PREZISTA TABS 75 MG, 150 MG	2	4 max fill(s) per 30 day(s) retail; MP	SYMTUZA	2	4 max fill(s) per 30 day(s) retail; MP
RETROVIR CAPS (<i>zidovudine</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	<i>tenofovir disoproxil fumarate</i> TABS	1	4 max fill(s) per 30 day(s) retail; MP
RETROVIR SOLN	2	4 max fill(s) per 30 day(s) retail; MP	TIVICAY PD TBSO	2	4 max fill(s) per 30 day(s) retail; MP
RETROVIR SYRP (<i>zidovudine</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	TIVICAY TABS 50 MG	2	4 max fill(s) per 30 day(s) retail; MP
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	TRIUMEQ PD TBSO	2	4 max fill(s) per 30 day(s) retail; MP
REYATAZ PACK	2	4 max fill(s) per 30 day(s) retail; MP	TRIUMEQ TABS	2	4 max fill(s) per 30 day(s) retail; MP
<i>ritonavir</i> TABS	1	4 max fill(s) per 30 day(s) retail; MP	TROGARZO	2	4 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	<i>ganciclovir sodium SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA
TYBOST	2	4 max fill(s) per 30 day(s) retail; MP	LIVTENCITY	NP	4 max fill(s) per 30 day(s) retail; PA
VIRACEPT TABS	2	4 max fill(s) per 30 day(s) retail; MP	PREVYMIS PACK	2	PA
VIREAD POWD	2	4 max fill(s) per 30 day(s) retail; MP	PREVYMIS SOLN	2	4 max fill(s) per 30 day(s) retail; PA
VIREAD TABS 150 MG, 200 MG, 250 MG	2	4 max fill(s) per 30 day(s) retail; MP	PREVYMIS TABS	2	4 max fill(s) per 30 day(s) retail; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA	VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
ZIAGEN TABS (<i>abacavir sulfate</i>)	NF	4 max fill(s) per 30 day(s) retail; MP	<i>valganciclovir hcl SOLR</i>	1	4 max fill(s) per 30 day(s) retail
<i>zidovudine CAPS</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>valganciclovir hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>zidovudine SYRP</i>	1	4 max fill(s) per 30 day(s) retail; MP	Hepatitis Agents		
<i>zidovudine TABS</i>	1	4 max fill(s) per 30 day(s) retail; MP	<i>adefovir dipivoxil</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Antiviral Combinations			BARACLUDE SOLN	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PAXLOVID (150/100)	2	2 max fill(s) per 30 day(s) retail	BARACLUDE TABS (<i>entecavir</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PAXLOVID (300/100)	2	2 max fill(s) per 30 day(s) retail	<i>entecavir TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
CMV Agents			EPCLUSA PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>cidofovir</i>	1	4 max fill(s) per 30 day(s) retail; PA	EPCLUSA TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SOFOSBUVIR- VELPATASVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SOVALDI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SOVALDI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VEMLIDY	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VIEKIRA PAK TBPk	CO	SP
<i>lamivudine (hbv) TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	VOSEVI	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
LEDIPASVIR- SOFOSBUVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	ZEPATIER	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
MAVYRET PACK	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP	Herpes Agents		
MAVYRET TABS	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>acyclovir sodium SOLN</i>	1	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 CAPS</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>acyclovir SUSP</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; MP	<i>acyclovir TABS PO</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; MP	<i>acyclovir TABS PO 400 MG</i>	1	
			<i>famciclovir</i>	1	2 max fill(s) per 30 day(s) retail
			<i>valacyclovir hcl</i>	1	2 max fill(s) per 30 day(s) retail
			VALTREX (<i>valacyclovir hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
			Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate</i> CAPS 75 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); 2 max fill(s) per 30 day(s) retail	TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	QL(25 ML per 7 day(s) retail; 25 ML per 7 days mail); 2 max fill(s) per 30 day(s) retail; PA
<i>oseltamivir phosphate</i> CAPS 30 MG, 45 MG	1	QL(40 EA per 30 day(s) retail; 40 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail	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>oseltamivir phosphate</i> SUSR	1	QL(25 ML per 7 day(s) retail; 25 ML per 7 days mail); 2 max fill(s) per 30 day(s) retail	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
RAPIVAB	2	2 max fill(s) per 30 day(s) retail; PA	Misc. Antivirals		
RELENZA DISKHALER	NP	QL(1 EA per 10 day(s) retail; 1 EA per 10 days mail); 2 max fill(s) per 30 day(s) retail; PA	LAGEVRIO	NP	2 max fill(s) per 30 day(s) retail
<i>rimantadine hydrochloride</i> TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	REMDESIVIR SOLR 100 MG	CO	2 max fill(s) per 30 day(s) retail
TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	NP	QL(40 EA per 30 day(s) retail; 40 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	VEKLURY SOLR	CO	2 max fill(s) per 30 day(s) retail
TAMIFLU CAPS 75 MG (<i>oseltamivir phosphate</i>)	NP	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); 2 max fill(s) per 30 day(s) retail; PA	Respiratory Syncytial Virus (RSV) Agents		
			<i>ribavirin</i>	1	2 max fill(s) per 30 day(s) retail; PA
			VIRAZOLE (<i>ribavirin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
			BETA BLOCKERS - Drugs to Treat High Blood Pressure		
			Alpha-Beta Blockers		
			<i>carvedilol</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>carvedilol phosphate</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
COREG (<i>carvedilol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>esmolol hcl-sodium chloride</i>	1	
COREG CR (<i>carvedilol phosphate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>esmolol hcl SOLN 100 MG/10ML</i>	1	PA
<i>labetalol hcl SOLN</i>	1	PA	ESMOLOL HCL SOLN	2	PA
LABETALOL HCL SOLN	2	PA	KAPSPARGO SPRINKLE CS24	NP	2 max fill(s) per 30 day(s) retail; MP; PA
LABETALOL HCL SOSY 10 MG/2ML	2	PA	LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</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>labetalol hcl TABS 400 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	PA
Beta Blockers Cardio-Selective			<i>metoprolol tartrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>acebutolol hcl CAPS</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>atenolol TABS</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>betaxolol hcl</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
<i>bisoprolol fumarate</i>	1	2 max fill(s) per 30 day(s) retail; MP	Beta Blockers Non-Selective		
BREVIBLOC IN NACL (<i>esmolol hcl-sodium chloride</i>)	NP		BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BREVIBLOC PREMIXED (<i>esmolol hcl-sodium chloride</i>)	NP		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BREVIBLOC PREMIXED DS (<i>esmolol hcl-sodium chloride</i>)	NP		CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
BREVIBLOC SOLN 100 MG/10ML (<i>esmolol hcl</i>)	NP	PA	HEMANGEOL SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP
BYSTOLIC (<i>nebivolol hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BYSTOLIC (<i>nebivolol hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	INDERAL XL	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
INNOPRAN XL	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
<i>pindolol TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>propranolol hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propranolol hcl SOLN IV 1 MG/ML</i>	1	PA
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propranolol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>sotalol hcl (afib/af)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>sotalol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
SOTYLIZE SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>timolol maleate TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
CALAN SR TBCR (<i>verapamil hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	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; MP; PA
<i>diltiazem hcl coated beads CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>diltiazem hcl extended release beads</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>diltiazem hcl extended release beads</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>diltiazem hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
DILTIAZEM HCL SOLR	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>diltiazem hcl TABS</i>	1	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
<i>felodipine</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>isradipine CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	PA
DOBUTAMINE-DEXTROSE	2	PA
<i>dopamine hcl 40 MG/ML</i>	1	PA
DOPAMINE HCL (<i>dopamine hcl</i>)	NP	PA
DOPAMINE-DEXTROSE	2	PA
<i>milrinone lactate</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>milrinone lactate in dextrose</i>	1	2 max fill(s) per 30 day(s) retail; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	2	4 max fill(s) per 30 day(s) retail; PA
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NF	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
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
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

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO CPSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ENTRESTO TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>isosorbide dinitrate-hydralazine hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
OPSYNVI	NP	2 max fill(s) per 30 day(s) retail; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	NF	
<i>tadalafil 5 MG</i>	NP	QL(1 EA daily); 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
TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO DPI TITRATION KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYVASO REFILL KIT 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	LETAIRIS (<i>ambrisentan</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO STARTER KIT 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	OPSUMIT	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO SOLN IN	2	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	TRACLEER TABS (<i>bosentan</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
VENTAVIS IN 10 MCG/ML	2	QL(4.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	TRACLEER TBSO	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
VENTAVIS IN 20 MCG/ML	2	QL(2.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
Pulmonary Hypertension - Activin Signaling Inhibitor			ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
WINREVAIR	NP	2 max fill(s) per 30 day(s) retail; SP; MP; PA	LIQREV SUSP	NP	2 max fill(s) per 30 day(s) retail; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists			REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>ambrisentan</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<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) SUSR</i>	NP	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; 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>tadalafil (pulmonary hypertension) TABS</i>	1	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
TADLIQ SUSP	NP	2 max fill(s) per 30 day(s) retail; PA	VYNDAQEL	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist			Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
UPTRAVI TITRATION TBPK	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA	VERQUVO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
UPTRAVI SOLR	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
UPTRAVI TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	Cephalosporins - 1st Generation		
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			<i>cefadroxil CAPS</i>	1	4 max fill(s) per 30 day(s) retail
ADEMPAS	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>cefadroxil SUSR</i>	1	4 max fill(s) per 30 day(s) retail
Sinus Node Inhibitors			<i>cefadroxil TABS</i>	1	4 max fill(s) per 30 day(s) retail
CORLANOR SOLN	2	QL(15 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML	1	4 max fill(s) per 30 day(s) retail; PA
CORLANOR TABS (<i>ivabradine hcl</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML	2	4 max fill(s) per 30 day(s) retail; PA
<i>ivabradine hcl TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEFAZOLIN SODIUM-DEXTROSE SOLR	1	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	<i>cefazolin sodium SOLR IJ 2 GM</i>	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	CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	2	4 max fill(s) per 30 day(s) retail; PA
			<i>cephalexin CAPS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>cephalexin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
			<i>cephalexin TABS</i>	NP	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	4 max fill(s) per 30 day(s) retail; PA
<i>cefaclor CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	4 max fill(s) per 30 day(s) retail; PA
CEFOTAN IJ (<i>cefotetan disodium</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>cefotetan disodium IJ 1 GM</i>	1	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>cefoxitin sodium IV</i>	1	4 max fill(s) per 30 day(s) retail; PA
CEFOXITIN SODIUM-DEXTROSE	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
<i>cefprozil TABS</i>	1	4 max fill(s) per 30 day(s) retail
<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
<i>cefixime CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefixime SUSR</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefpodoxime proxetil SUSR</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefpodoxime proxetil TABS</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
<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>ceftriaxone sodium in dextrose</i>	1	4 max fill(s) per 30 day(s) retail; PA
CEFTRIAZONE SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA
SUPRAX CAPS (<i>cefixime</i>)	NF	4 max fill(s) per 30 day(s) retail
SUPRAX SUSR 200 MG/5ML (<i>cefixime</i>)	NF	4 max fill(s) per 30 day(s) retail
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	1	4 max fill(s) per 30 day(s) retail; PA
<i>cefepime hcl SOLR IJ 1 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
CEFEPIME-DEXTROSE	2	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - Siderophores		
FETROJA	2	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	2	2 max fill(s) per 30 day(s) retail; MP
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>desogestrel & ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	2 max fill(s) per 30 day(s) retail

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	Progestin Contraceptives - Implants		
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	2	2 max fill(s) per 30 day(s) retail; MP	NEXPLANON	2	2 max fill(s) per 30 day(s) retail; SP
TYBLUME CHEW	2	2 max fill(s) per 30 day(s) retail; MP	Progestin Contraceptives - Injectable		
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
YAZ (<i>drospirenone-ethinyl estradiol</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
Combination Contraceptives - Transdermal			DEPO-SUBQ PROVERA 104 SUSY SC	2	2 max fill(s) per 30 day(s) retail; MP
<i>norelgestromin-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
TWIRLA	2	2 max fill(s) per 30 day(s) retail; MP	<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Vaginal			Progestin Contraceptives - IUD		
ANNOVERA	2	2 max fill(s) per 30 day(s) retail; MP	KYLEENA	2	2 max fill(s) per 30 day(s) retail; SP
<i>etonogestrel-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	LILETTA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	MIRENA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	SKYLA	2	2 max fill(s) per 30 day(s) retail; SP
Copper Contraceptives - IUD			Progestin Contraceptives - Oral		
PARAGARD INTRAUTERINE COPPER	2	2 max fill(s) per 30 day(s) retail; SP	<i>norethindrone (contraceptive)</i>	1	2 max fill(s) per 30 day(s) retail; MP
Emergency Contraceptives			OPILL	2	2 max fill(s) per 30 day(s) retail
ELLA	2	4 max fill(s) per 30 day(s) retail	SLYND	2	2 max fill(s) per 30 day(s) retail; MP
<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	4 max fill(s) per 30 day(s) retail	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Glucocorticosteroids			<i>dexamethasone sodium phosphate SOLN IJ</i>	1	4 max fill(s) per 30 day(s) retail; PA
AGAMREE	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>dexamethasone sodium phosphate SOSY IJ 10 MG/ML</i>	2	4 max fill(s) per 30 day(s) retail; PA
ALKINDI SPRINKLE CPSP	NP	4 max fill(s) per 30 day(s) retail; PA	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	4 max fill(s) per 30 day(s) retail; PA
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	2	PA	<i>dexamethasone ELIX</i>	1	4 max fill(s) per 30 day(s) retail
BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML	2	PA	<i>dexamethasone SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone sod phosphate & acetate SUSP</i>	1	PA	<i>dexamethasone TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>budesonide CPEP</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>budesonide TB24</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
CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate)	NP	PA	EMFLAZA TABS (deflazacort)	NP	2 max fill(s) per 30 day(s) retail; PA
CORTEF TABS (hydrocortisone)	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
CORTISONE ACETATE TABS	1	4 max fill(s) per 30 day(s) retail	HEMADY TABS	NP	4 max fill(s) per 30 day(s) retail; PA
<i>deflazacort SUSP</i>	NP	2 max fill(s) per 30 day(s) retail; PA	HEXATRIONE IX	2	4 max fill(s) per 30 day(s) retail; PA
<i>deflazacort TABS</i>	NP	2 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone sod succinate 100 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP (methylprednisolone acetate)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone TABS</i>	1	4 max fill(s) per 30 day(s) retail
DEPO-MEDROL SUSP	2	4 max fill(s) per 30 day(s) retail; PA	KENALOG-10 SUSP	2	4 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP 80 MG/ML (methylprednisolone acetate)	NF	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
DEXAMETHASONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail	KENALOG-80 SUSP	2	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS	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
MEDROL TBPB (methylprednisolone)	NP	4 max fill(s) per 30 day(s) retail; PA
methylprednisolone acetate SUSP	1	4 max fill(s) per 30 day(s) retail; PA
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	4 max fill(s) per 30 day(s) retail; PA
methylprednisolone TABS	1	4 max fill(s) per 30 day(s) retail
methylprednisolone TBPB	1	4 max fill(s) per 30 day(s) retail
methylprednisolone TBPB	1	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	1	4 max fill(s) per 30 day(s) retail
prednisolone SOLN	1	4 max fill(s) per 30 day(s) retail
prednisolone TABS	NP	4 max fill(s) per 30 day(s) retail; PA
PREDNISONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail
prednisone SOLN	NP	4 max fill(s) per 30 day(s) retail; PA
prednisone TABS	1	4 max fill(s) per 30 day(s) retail
prednisone TBPB	1	4 max fill(s) per 30 day(s) retail
RAYOS TBEC	NP	4 max fill(s) per 30 day(s) retail; PA
SOLU-CORTEF	2	4 max fill(s) per 30 day(s) retail; PA
SOLU-CORTEF (hydrocortisone sod succinate)	2	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
SOLU-CORTEF (hydrocortisone sod succinate)	NP	4 max fill(s) per 30 day(s) retail; PA
SOLU-MEDROL	NP	4 max fill(s) per 30 day(s) retail; PA
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ)	NP	4 max fill(s) per 30 day(s) retail; PA
SOLU-MEDROL (PF)	NP	4 max fill(s) per 30 day(s) retail; PA
TARPEYO CPDR	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
triamcinolone acetonide SUSP 40 MG/ML	1	4 max fill(s) per 30 day(s) retail; PA
UCERIS TB24 (budesonide)	NP	4 max fill(s) per 30 day(s) retail; PA
ZILRETTA SRER	NP	4 max fill(s) per 30 day(s) retail; PA
Mineralocorticoids		
fludrocortisone acetate TABS	1	2 max fill(s) per 30 day(s) retail
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
dextromethorphan hbr CAPS	1	2 max fill(s) per 30 day(s) retail
ROBITUSSIN LONG-ACT COUGHGELS CAPS (dextromethorphan hbr)	NF	2 max fill(s) per 30 day(s) retail
Cough/Cold/Allergy Combinations		
cetirizine-pseudoephedrine	1	2 max fill(s) per 30 day(s) retail
CLARINEX-D 12 HOUR TB12	NP	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN-D 12 HOUR TB12 (<i>loratadine & pseudoephedrine</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML</i>	1	1 max fill(s) per 30 day(s) retail
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	1 max fill(s) per 30 day(s) retail
<i>loratadine & pseudoephedrine TB12</i>	1	2 max fill(s) per 30 day(s) retail
<i>loratadine & pseudoephedrine TB24</i>	1	2 max fill(s) per 30 day(s) retail
ROBITUSSIN COUGH+CHEST CONG DM LIQD (<i>dextromethorphan-guaifenesin</i>)	NF	
Expectorants		
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML</i>	2	2 max fill(s) per 30 day(s) retail
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>guaifenesin TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>guaifenesin TB12</i>	1	2 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
Misc. Respiratory Inhalants		
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NP	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA (<i>isotretinoin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
ABSORICA LD	NP	2 max fill(s) per 30 day(s) retail; PA
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
ACZONE 7.5 % (<i>dapsone (topical)</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>adapalene CREA</i>	1	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
ALTRENO LOTN	NP	4 max fill(s) per 30 day(s) retail
ARAZLO LOTN	NP	4 max fill(s) per 30 day(s) retail
ATRALIN GEL (<i>tretinoin</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>benzoyl peroxide-erythromycin GEL</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CABTREO	NP	4 max fill(s) per 30 day(s) retail; PA	ERYGEL GEL (erythromycin (acne aid))	NP	4 max fill(s) per 30 day(s) retail; PA
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP	4 max fill(s) per 30 day(s) retail; PA	erythromycin (acne aid) GEL	NP	4 max fill(s) per 30 day(s) retail
CLINDAGEL GEL (clindamycin phosphate (topical))	NP	4 max fill(s) per 30 day(s) retail; PA	erythromycin (acne aid) PADS	NP	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate (topical) FOAM	NP	4 max fill(s) per 30 day(s) retail; PA	erythromycin (acne aid) SOLN	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate (topical) GEL	NP	4 max fill(s) per 30 day(s) retail; PA	FABIOR FOAM	NP	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate (topical) LOTN	NP	4 max fill(s) per 30 day(s) retail; PA	isotretinoin	1	2 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate (topical) SOLN	1	4 max fill(s) per 30 day(s) retail	KLARON (sulfacetamide sodium (acne))	NP	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate (topical) SWAB	NP	4 max fill(s) per 30 day(s) retail; PA	ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	NP	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	4 max fill(s) per 30 day(s) retail	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NF	4 max fill(s) per 30 day(s) retail
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	4 max fill(s) per 30 day(s) retail; PA	PLEXION CREA (sulfacetamide sodium w/ sulfur)	NF	4 max fill(s) per 30 day(s) retail
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1	4 max fill(s) per 30 day(s) retail	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	NF	4 max fill(s) per 30 day(s) retail
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	NP	4 max fill(s) per 30 day(s) retail; PA	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	NF	
clindamycin phosphate-tretinoin	NP	4 max fill(s) per 30 day(s) retail; PA	RETIN-A MICRO (tretinoin microsphere)	NP	4 max fill(s) per 30 day(s) retail; PA
dapsone (topical) 7.5 %	NP	4 max fill(s) per 30 day(s) retail; PA	RETIN-A MICRO PUMP (tretinoin microsphere)	NP	4 max fill(s) per 30 day(s) retail; PA
dapsone (topical) 5 %	NP	4 max fill(s) per 30 day(s) retail	RETIN-A MICRO PUMP	NP	4 max fill(s) per 30 day(s) retail; PA
DIFFERIN GEL (adapalene)	NF	4 max fill(s) per 30 day(s) retail; RX/OTC	RETIN-A CREA (tretinoin)	NP	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL (<i>tretinoin</i>)	2	4 max fill(s) per 30 day(s) retail	<i>tretinoin microsphere</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 CREA 0.025 %, 0.05 %, 0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	4 max fill(s) per 30 day(s) retail	<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	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	WINLEVI	NP	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	4 max fill(s) per 30 day(s) retail; PA	ZIANA (<i>clindamycin phosphate-tretinoin</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	ZMA CLEAR SUSP	NP	4 max fill(s) per 30 day(s) retail
<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	Agents for External Genital and Perianal Warts		
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA	VEREGEN	NP	2 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	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	4 max fill(s) per 30 day(s) retail	<i>bacitracin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>bacitracin zinc OINT</i>	1	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>bacitracin-polymyxin b OINT</i>	2	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>bacitracin-polymyxin b OINT</i>	1	4 max fill(s) per 30 day(s) retail
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	4 max fill(s) per 30 day(s) retail	CENTANY AT KIT	NP	4 max fill(s) per 30 day(s) retail; PA
SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>gentamicin sulfate (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail
SUMAXIN PADS	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
TAZAROTENE FOAM	2	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>mupirocin OINT</i>	1	4 max fill(s) per 30 day(s) retail
			NEO-SYNALAR	NP	4 max fill(s) per 30 day(s) retail
			NEO-SYNALAR	NP	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>bacitracin-polymyxin b</i>)	NF	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
XEPI	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
Antifungals - Topical			<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ML per fill retail); 4 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine CREA</i>	1	4 max fill(s) per 30 day(s) retail	KETODAN	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	LOPROX	NP	4 max fill(s) per 30 day(s) retail; PA
<i>ciclopirox GEL</i>	NP	4 max fill(s) per 30 day(s) retail	LOPROX SHAM (<i>ciclopirox</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>ciclopirox KIT</i>	NP	4 max fill(s) per 30 day(s) retail; PA	LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>ciclopirox SHAM</i>	1	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
<i>ciclopirox SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>luliconazole</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>clotrimazole (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC	LUZU (<i>luliconazole</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>clotrimazole (topical) SOLN</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC	<i>miconazole nitrate (topical) CREA</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>miconazole-zinc oxide-white petrolatum</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>clotrimazole w/ betamethasone LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>naftifine hcl CREA</i>	NP	4 max fill(s) per 30 day(s) retail
<i>econazole nitrate CREA</i>	NP	4 max fill(s) per 30 day(s) retail	<i>naftifine hcl GEL 2 %</i>	NP	4 max fill(s) per 30 day(s) retail
ERTACZO	NP	4 max fill(s) per 30 day(s) retail; PA	NAFTIN GEL (<i>naftifine hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>iodoquinol-hc</i>	NP	4 max fill(s) per 30 day(s) retail; PA	NAFTIN GEL	NP	4 max fill(s) per 30 day(s) retail; PA
JUBLIA	NP	4 max fill(s) per 30 day(s) retail; PA	<i>nystatin (topical) CREA</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>nystatin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>ketoconazole (topical) 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>nystatin (topical) POWD EX</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) POWD EX</i>	1		DICLOTREX II	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	LEXITRAL PHARMAPAK II (<i>diclofenac sodium-capsaicin (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	LIXOFEN KIT	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin-triamcinolone OINT</i>	1	4 max fill(s) per 30 day(s) retail	PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<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	CARAC CREA	NP	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>diclofenac sodium (actinic keratoses) EX</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>tolnaftate CREA</i>	1	4 max fill(s) per 30 day(s) retail	EFUDEX CREA (<i>fluorouracil (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>fluorouracil (topical) CREA 5 %</i>	1	2 max fill(s) per 30 day(s) retail
Anti-inflammatory Agents - Topical			<i>fluorouracil (topical) CREA 0.5 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac epolamine PTCH EX</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>fluorouracil (topical) SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac sodium (topical) GEL EX</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	LEVULAN KERASTICK SOLR	2	2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	2 max fill(s) per 30 day(s) retail; PA	TARGRETIN (<i>bexarotene (topical)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	2 max fill(s) per 30 day(s) retail			
<i>diclofenac sodium-capsaicin (topical)</i>	NP	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALCHLOR	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
Antipruritics - Topical			COSENTYX SOSY	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	DOVONEX CREA (<i>calcipotriene</i>)	NF	4 max fill(s) per 30 day(s) retail
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	ILUMYA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
ZONALON (<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
Antipsoriatics			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
<i>acitretin</i>	1	2 max fill(s) per 30 day(s) retail	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
BIMZELX SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
BIMZELX SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	SILIQ	NP	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	SKYRIZI PEN SOAJ	NP	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 SOSY	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	SORILUX FOAM	NP	4 max fill(s) per 30 day(s) retail; PA
<i>calcipotriene SOLN</i>	1	4 max fill(s) per 30 day(s) retail	SOTYKTU	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>calcitriol (topical)</i>	NP	4 max fill(s) per 30 day(s) retail	SPEVIGO SOLN	2	2 max fill(s) per 30 day(s) retail; PA
COSENTYX (300 MG DOSE) SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	SPEVIGO SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	STELARA SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	STEQEYMA	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	TALTZ SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOSY 80 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acyclovir topical OINT</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>tazarotene CREA</i>	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>tazarotene GEL</i>	NP	4 max fill(s) per 30 day(s) retail	<i>penciclovir</i>	NP	2 max fill(s) per 30 day(s) retail; PA
TREMFYA SOAJ 100 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	XERESE	NP	2 max fill(s) per 30 day(s) retail; PA
TREMFYA SOSY 100 MG/ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZOVIRAX CREA (<i>acyclovir topical</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
VTAMA	NP	4 max fill(s) per 30 day(s) retail	ZOVIRAX OINT (<i>acyclovir topical</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
YESINTEK SOSY	NP	SP; PA	Antiseborrheic Products		
Antiseborrheic Products			Burn Products		
OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP	2 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
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	2 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
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>silver sulfadiazine</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>selenium sulfide LOTN 2.5 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>silver sulfadiazine</i>	1	4 max fill(s) per 30 day(s) retail
SELSUN BLUE DAILY LOTN (<i>selenium sulfide</i>)	NF		SULFAMYLON CREA	2	4 max fill(s) per 30 day(s) retail; PA
SELSUN BLUE MEDICATED LOTN (<i>selenium sulfide</i>)	NF		SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	4 max fill(s) per 30 day(s) retail
SELSUN BLUE LOTN (<i>selenium sulfide</i>)	NF		Corticosteroids - Topical		
<i>sulfacetamide sodium GEL</i>	1	2 max fill(s) per 30 day(s) retail	<i>alclometasone dipropionate CREA</i>	NP	2 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium LIQD</i>	1	2 max fill(s) per 30 day(s) retail	<i>alclometasone dipropionate OINT</i>	NP	2 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium LIQD</i>	2	2 max fill(s) per 30 day(s) retail	<i>amcinonide CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA
Antivirals - Topical			APEXICON E CREA	NP	4 max fill(s) per 30 day(s) retail; PA
<i>acyclovir topical CREA</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>betamethasone dipropionate (topical) 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
<i>betamethasone dipropionate (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail	<i>clobetasol propionate CREA 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate CREA 0.025 %</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate augmented CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate FOAM</i>	NP	4 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	<i>clobetasol propionate GEL 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone dipropionate augmented LOTN</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
<i>betamethasone dipropionate augmented OINT</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>clobetasol propionate LOTN</i>	NP	4 max fill(s) per 30 day(s) retail; PA
<i>betamethasone dipropionate augmented OINT</i>	NP	PA	<i>clobetasol propionate OINT 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone valerate CREA</i>	1	4 max fill(s) per 30 day(s) retail	<i>clobetasol propionate SHAM</i>	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>clobetasol propionate SOLN 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>betamethasone valerate LOTN</i>	1	4 max fill(s) per 30 day(s) retail	<i>clocortolone pivalate</i>	NP	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	CLODAN	NP	4 max fill(s) per 30 day(s) retail; PA
BRYHALI LOTN	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>calcipotriene-betamethasone dipropionate OINT</i>	1	4 max fill(s) per 30 day(s) retail	DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>calcipotriene-betamethasone dipropionate SUSP</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>clobetasol propionate emollient base 0.05 %</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>desonide LOTN</i>	NP	2 max fill(s) per 30 day(s) retail; PA
			<i>desonide OINT</i>	1	2 max fill(s) per 30 day(s) retail

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) SOLN 2.5 %</i>	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	SYNALAR SOLN (<i>fluocinolone acetonide</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	TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>hydrocortisone butyrate SOLN</i>	NP	4 max fill(s) per 30 day(s) retail; PA	TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone valerate CREA</i>	NP	4 max fill(s) per 30 day(s) retail; PA	TOPICORT CREA 0.25 % (<i>desoximetasone</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	TOPICORT GEL (<i>desoximetasone</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
LEXETTE FOAM (<i>halobetasol propionate</i>)	NF	4 max fill(s) per 30 day(s) retail	TOVET	NP	4 max fill(s) per 30 day(s) retail; PA
LOCOID LIPOCREAM	NP	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) AERS</i>	NP	4 max fill(s) per 30 day(s) retail; PA
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) 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>triamcinolone acetonide (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail
<i>mometasone furoate OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (topical) 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	TRIASIL	NP	4 max fill(s) per 30 day(s) retail; PA
PANDEL	NP	4 max fill(s) per 30 day(s) retail; PA	TRIDESILON CREA 0.05 % (<i>desonide</i>)	NF	2 max fill(s) per 30 day(s) retail
SYNALAR (CREAM)	NP	4 max fill(s) per 30 day(s) retail; PA	ULTRAVATE LOTN	NP	4 max fill(s) per 30 day(s) retail; PA
SYNALAR (OINTMENT)	NP	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VANOS CREA (fluocinonide)	NP	4 max fill(s) per 30 day(s) retail; PA	imiquimod 3.75 %	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Eczema Agents			imiquimod 5 %	1	4 max fill(s) per 30 day(s) retail; MP
ADBRY SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZYCLARA (imiquimod)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ADBRY SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	ZYCLARA PUMP	NP	4 max fill(s) per 30 day(s) retail; MP; PA
CIBINQO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ZYCLARA PUMP (imiquimod)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
DUPIXENT SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA	Immunosuppressive Agents - Topical		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	2 max fill(s) per 30 day(s) retail; SP; PA	ELIDEL (pimecrolimus)	NP	2 max fill(s) per 30 day(s) retail; PA
EBGLYSS SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA	HYFTOR	2	2 max fill(s) per 30 day(s) retail; PA
EBGLYSS SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	pimecrolimus	NP	2 max fill(s) per 30 day(s) retail; PA
OPZELURA	2	2 max fill(s) per 30 day(s) retail; SP; PA	PROTOPIC OINT (tacrolimus (topical))	NF	2 max fill(s) per 30 day(s) retail
Emollient/Keratolytic Agents			tacrolimus (topical) OINT	1	2 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	Keratolytic/Antimitotic/Vesicant Agents		
Emollients			podofilox SOLN	1	2 max fill(s) per 30 day(s) retail; PA
lactic acid (ammonium lactate) CREA	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	salicylic acid FOAM	1	2 max fill(s) per 30 day(s) retail; PA
lactic acid (ammonium lactate) LOTN 12 %	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	salicylic acid LIQD 27.5 %	1	2 max fill(s) per 30 day(s) retail; PA
Hair Growth Agents			SALICYLIC ACID OINT	NP	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
LITFULO	NP	2 max fill(s) per 30 day(s) retail; PA	SALYCIM CREA	1	2 max fill(s) per 30 day(s) retail; PA
Immunomodulating Agents - Topical					

Drug Name	Drug Tier	Requirements/ Limits
YCANTH SOLN	2	2 max fill(s) per 30 day(s) retail; PA
Local Anesthetics - Topical		
GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC
<i>lidocaine hcl CREA 3 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine hcl GEL 2 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine hcl PRSY</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 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 CREA</i>	1	
<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
LIDOTOR	NP	2 max fill(s) per 30 day(s) retail
LIDOTRAL 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

Drug Name	Drug Tier	Requirements/ Limits
ZTLIDO PTCH	NP	2 max fill(s) per 30 day(s) retail; PA
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	
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
<i>metronidazole (topical) CREA</i>	1	2 max fill(s) per 30 day(s) retail
<i>metronidazole (topical) GEL 0.75 %</i>	1	
<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
NORITATE CREA	NP	2 max fill(s) per 30 day(s) retail; PA
RHOFADE	NP	2 max fill(s) per 30 day(s) retail; PA
Scabicides & Pediculicides		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>crotamiton LOTN</i>	NP	2 max fill(s) per 30 day(s) retail	COVID-19 AT-HOME TEST KIT	2	
ELIMITE CREA (<i>permethrin</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	COVID-19 OTC ANTIGEN 1-PACK KIT	2	
<i>malathion</i>	NP	2 max fill(s) per 30 day(s) retail	COVID-19 OTC ANTIGEN 2-PACK KIT	2	
NATROBA (<i>spinosad</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	COVID-19 SPECIMEN COLLECTION	2	
NIX LICE KILLING SPRAY LIQD XX	2	2 max fill(s) per 30 day(s) retail	COVID-19 TESTING BY PHARMACIST	2	
<i>permethrin AERO</i>	1	2 max fill(s) per 30 day(s) retail	CVS COVID-19 AT HOME TEST KIT KIT	2	
<i>permethrin CREA</i>	1	2 max fill(s) per 30 day(s) retail	DIATRUST COVID-19 HOME TEST KIT	2	
<i>permethrin LIQD EX</i>	1	2 max fill(s) per 30 day(s) retail	DXTERITY COVID-19 HOME TEST	2	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	1	2 max fill(s) per 30 day(s) retail	ELLUME COVID-19 HOME TEST KIT	2	
RID AERO (<i>permethrin</i>)	2	2 max fill(s) per 30 day(s) retail	EVERLYWELL COVID-19 HOME TEST	2	
<i>spinosad</i>	1	2 max fill(s) per 30 day(s) retail	FASTEP COVID-19 ANTIGEN TEST KIT	2	
Wound Care Products			FLOWFLEX COVID-19 AG HOME TEST KIT	2	
FILSUVEZ	CO	2 max fill(s) per 30 day(s) retail	GENABIO COVID-19 RAPID TEST KIT	2	
VYJUVEK	CO	2 max fill(s) per 30 day(s) retail	GNP TRUETRACK TEST STRIPS STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC
DIAGNOSTIC PRODUCTS			GOTOKNOW COVID-19 ANTIGEN RAPI KIT	2	
Diagnostic Tests			IHEALTH COVID-19 RAPID TEST KIT	2	
ADVIN COVID-19 ANTIGEN TEST KIT	2		INDICAID COVID-19 RAPID TEST KIT	2	
BINAXNOW COVID-19 AG HOME TEST KIT	2				
CARESTART COVID-19 HOME TEST KIT	2				
CLEARDETECT COVID-19 AG HOME KIT	2				
CLINITEST RAPID COVID-19 TEST KIT	2				
COVID-19 AT HOME ANTIGEN TEST KIT	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INTELISWAB COVID-19 RAPID TEST KIT	2		TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC
LUCIRA CHECK IT COVID-19 TEST KIT	2	RX/OTC			
LUCIRA COVID-19 ALL-IN-ONE KIT	2	RX/OTC			
OHC COVID-19 ANTIGEN SELF TEST KIT	2				
ON/GO COVID-19 ANTIGEN TEST KIT	2				
ON/GO ONE COVID-19 HOME TEST KIT	2		TRUETRACK TEST STRP	NP	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	2				
PIXEL COVID-19 PCR HOME TEST	2				
QUICKVUE AT-HOME COVID-19 TEST KIT	2				
RELION TRUE METRIX TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); RX/OTC			
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
Digestive Enzymes					
			CREON CPEP	2	2 max fill(s) per 30 day(s) retail
			PERTZYE CPEP	NP	2 max fill(s) per 30 day(s) retail
			VIOKACE TABS	NP	2 max fill(s) per 30 day(s) retail
			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
DIURETICS - Drugs to Treat Heart, Circulation					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Conditions and Blood Pressure			BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
Carbonic Anhydrase Inhibitors			EDECIN (<i>ethacrynic acid</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>acetazolamide sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>ethacrynate sodium</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>ethacrynic acid</i>	NP	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	FUROSCIX CTKT	NP	2 max fill(s) per 30 day(s) retail; PA
<i>dichlorphenamide</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>furosemide SOLN IJ 10 MG/ML</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>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	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	<i>furosemide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Diuretic Combinations			LASIX TABS (<i>furosemide</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>torseamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>amiloride & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	Potassium Sparing Diuretics		
<i>spironolactone & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	ALDACTONE TABS (<i>spironolactone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>amiloride hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	CAROSPIR SUSP (<i>spironolactone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Loop Diuretics			<i>spironolactone SUSP</i>	NP	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>spironolactone TABS</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>triamterene CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
DIURIL SUSP	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>hydrochlorothiazide CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>hydrochlorothiazide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
INZIRQO SUSR PO 10 MG/ML	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
SODIUM DIURIL (<i>chlorothiazide sodium</i>)	NF	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

Drug Name	Drug Tier	Requirements/ Limits
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 SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
BINOSTO TBEF	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>calcitonin (salmon) NA</i>	1	Limit 2 per month; QL(3.7 ML per 28 day(s) retail; 11 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>calcitonin (salmon) IJ</i>	1	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
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
FORTEO SOPN (<i>teriparatide</i>)	NP	Limit 2 per month; 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX PLUS D	NP	2 max fill(s) per 30 day(s) retail; MP; 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
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA			
<i>ibandronate sodium SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP; 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
<i>ibandronate sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP			
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	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	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
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>zoledronic acid CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
PAMIDRONATE DISODIUM SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>zoledronic acid SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; 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	ZOLEDRONIC ACID SOLN	2	2 max fill(s) per 30 day(s) retail; MP; PA
RECLAST SOLN (<i>zoledronic acid</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Corticotropin		
<i>risedronate sodium TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>risedronate sodium TBEC</i>	NP	2 max fill(s) per 30 day(s) retail; MP	ACTHAR GEL	2	2 max fill(s) per 30 day(s) retail; SP; PA
<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	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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CRENESSITY CAPS	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	OMNITROPE SOCT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
CRENESSITY SOLN	CO	QL(4 ML daily); 2 max fill(s) per 30 day(s) retail; SP	OMNITROPE SOLR SC	NP	2 max fill(s) per 30 day(s) retail; SP; PA
GnRH/LHRH Antagonists			SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	2 max fill(s) per 30 day(s) retail; SP; PA
ORLISSA	2	2 max fill(s) per 30 day(s) retail; SP; PA	SKYTROFA	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Receptor Antagonists			SOGROYA	NP	2 max fill(s) per 30 day(s) retail; PA
SOMAVERT	2	2 max fill(s) per 30 day(s) retail; SP; PA	ZOMACTON SOLR SC	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Releasing Hormones (GHRH)			Hormone Receptor Modulators		
EGRIFTA SV	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; PA	Insulin-Like Growth Factors (Somatomedins)		
NORDITROPIN FLEXP 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (1-MONTH)	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
LUPRON DEPOT-PED (3-MONTH)	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
LUPRON DEPOT-PED (6-MONTH) IM	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
SUPPRELIN LA	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>cinacalcet hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
SYNAREL	2	2 max fill(s) per 30 day(s) retail; SP; PA	CITRULLINE EASY	CO	
TRIPTODUR	2	2 max fill(s) per 30 day(s) retail; SP; PA	CRYSVITA	CO	2 max fill(s) per 30 day(s) retail; SP
Menopausal Symptoms Suppressants			CYSTADANE (<i>betaine</i>)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
VEOZAH	NP	2 max fill(s) per 30 day(s) retail; PA	<i>doxercalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
Metabolic Modifiers			ELAPRASE	CO	SP
ALDURAZYME	CO	SP	ELFABRIO	CO	2 max fill(s) per 30 day(s) retail
<i>betaine</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA	FABRAZYME	CO	2 max fill(s) per 30 day(s) retail
BRINEURA	CO	2 max fill(s) per 30 day(s) retail; SP	GALAFOLD	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	KANUMA	CO	
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail	KEBILIDI	CO	
<i>calcitriol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	KUVAN PACK (<i>sapropterin dihydrochloride</i>)	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	KUVAN TABS (<i>sapropterin dihydrochloride</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	LAMZEDE	CO	
<i>carglumic acid</i>	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
			<i>levocarnitine (metabolic modifiers) TABS</i>	1	2 max fill(s) per 30 day(s) retail
			LUMIZYME	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEPSEVII	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
MYALEPT	CO	2 max fill(s) per 30 day(s) retail; SP			
NAGLAZYME	CO	SP			
NEXVIAZYME	CO	SP	PALYNZIQ 2.5 MG/0.5ML	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
<i>nitisinone CAPS 20 MG</i>	CO				
<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	CO	2 max fill(s) per 30 day(s) retail; SP			
NITYR TABS	CO	2 max fill(s) per 30 day(s) retail; SP	<i>paricalcitol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
NULIBRY	CO	2 max fill(s) per 30 day(s) retail; SP	PHEBURANE PLLT	CO	2 max fill(s) per 30 day(s) retail
OLPRUVA (2 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail	POMBILITI	CO	SP
OLPRUVA (3 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail	RAVICTI	CO	2 max fill(s) per 30 day(s) retail
OLPRUVA (4 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail	RAYALDEE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
OLPRUVA (5 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail			
OLPRUVA (6 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail			
OLPRUVA (6.67 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail	REVCovi	CO	2 max fill(s) per 30 day(s) retail; SP
OPFOLDA	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sapropterin dihydrochloride PACK</i>	CO	2 max fill(s) per 30 day(s) retail; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>nitisinone</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sapropterin dihydrochloride TABS</i>	CO	2 max fill(s) per 30 day(s) retail; SP
ORFADIN CAPS 20 MG (<i>nitisinone</i>)	CO		SENSIPAR (<i>cinacalcet hcl</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ORFADIN SUSP	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sodium phenylbutyrate POWD</i>	CO	2 max fill(s) per 30 day(s) retail
PALYNZIQ 10 MG/0.5ML	CO	QL(3 ML daily); 2 max fill(s) per 30 day(s) retail; SP	<i>sodium phenylbutyrate TABS</i>	CO	2 max fill(s) per 30 day(s) retail
			STRENSIQ	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	MIFEPREX (mifepristone)	NP	2 max fill(s) per 30 day(s) retail; PA
			mifepristone	1	2 max fill(s) per 30 day(s) retail
VIMIZIM	CO	SP	Prolactin Inhibitors		
XENPOZYME	CO	SP	cabergoline	1	2 max fill(s) per 30 day(s) retail
XPHOZAH	2	2 max fill(s) per 30 day(s) retail; SP; PA	Somatostatic Agents		
YORVIPATH	2	2 max fill(s) per 30 day(s) retail; SP; PA	lanreotide acetate	1	2 max fill(s) per 30 day(s) retail; SP; PA
Mineralocorticoid Receptor Antagonists			LANREOTIDE ACETATE	2	2 max fill(s) per 30 day(s) retail; SP; PA
KERENDIA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	MYCAPSSA CPDR	2	2 max fill(s) per 30 day(s) retail; SP; PA
Natriuretic Peptides			octreotide acetate KIT	1	2 max fill(s) per 30 day(s) retail; SP; PA
VOXZOGO	CO	2 max fill(s) per 30 day(s) retail; SP	octreotide acetate SOLN	1	2 max fill(s) per 30 day(s) retail; SP; PA
Posterior Pituitary Hormones			octreotide acetate SOSY	1	2 max fill(s) per 30 day(s) retail; SP; PA
DDAVP PF SOLN IJ (desmopressin acetate)	NP	2 max fill(s) per 30 day(s) retail; PA	SANDOSTATIN LAR DEPOT KIT (octreotide acetate)	2	2 max fill(s) per 30 day(s) retail; SP; PA
DDAVP SOLN IJ 4 MCG/ML (desmopressin acetate)	NP	2 max fill(s) per 30 day(s) retail; PA	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	NP	2 max fill(s) per 30 day(s) retail; SP; PA
DDAVP TABS (desmopressin acetate)	NP	2 max fill(s) per 30 day(s) retail; PA	SIGNIFOR	2	2 max fill(s) per 30 day(s) retail; SP; PA
desmopressin acetate spray	1	2 max fill(s) per 30 day(s) retail	SIGNIFOR LAR	2	2 max fill(s) per 30 day(s) retail; SP; PA
desmopressin acetate SOLN IJ	1	2 max fill(s) per 30 day(s) retail; PA	SOMATULINE DEPOT 120 MG/0.5ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
desmopressin acetate TABS	1	2 max fill(s) per 30 day(s) retail	SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
NOC DURNA SUBL	NP	2 max fill(s) per 30 day(s) retail; PA	Vasopressin Receptor Antagonists		
Progesterone Receptor Antagonists					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JYNARQUE TABS 15 MG	CO	QL(1 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 30 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
JYNARQUE TBPk	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
SAMSCA TABS 30 MG (<i>tolvaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>estradiol & norethindrone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
SAMSCA TABS 15 MG (<i>tolvaptan</i>)	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>estradiol & norethindrone acetate TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tolvaptan TABS 30 MG</i>	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	MYFEMBREE	2	2 max fill(s) per 30 day(s) retail; PA
<i>tolvaptan TABS 15 MG</i>	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>norethindrone acetate- ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>norethindrone acetate- ethinyl estradiol</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Estrogen Combinations			ORIAHNN	2	2 max fill(s) per 30 day(s) retail; 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	PREMPHASE	2	2 max fill(s) per 30 day(s) retail; MP
ANGELIQ	2	2 max fill(s) per 30 day(s) retail; MP	PREMPRO	2	2 max fill(s) per 30 day(s) retail; MP
BIJUVA	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Estrogens		
CLIMARA PRO	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
COMBIPATCH PTTW	2	2 max fill(s) per 30 day(s) retail; MP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIVIGEL GEL (<i>estradiol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	PREMARIN SOLR	NP	2 max fill(s) per 30 day(s) retail; PA
ELESTRIN GEL	NP	2 max fill(s) per 30 day(s) retail; MP; PA	PREMARIN TABS	2	2 max fill(s) per 30 day(s) retail; MP
ESTRACE TABS (<i>estradiol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	VIVELLE-DOT PTTW (<i>estradiol</i>)	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
<i>estradiol valerate 10 MG/ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA	VIVELLE-DOT PTTW (<i>estradiol</i>)	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
<i>estradiol valerate 20 MG/ML, 40 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
<i>estradiol GEL</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Fluoroquinolones		
<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	BAXDELA TABS	NP	4 max fill(s) per 30 day(s) retail; PA
<i>estradiol PTWK</i>	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>estradiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>ciprofloxacin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
EVAMIST SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CIPRO SUSR	2	4 max fill(s) per 30 day(s) retail
MENEST	2	2 max fill(s) per 30 day(s) retail; MP	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
MENOSTAR PTWK	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levofloxacin SOLN PO</i>	NP	4 max fill(s) per 30 day(s) retail
MINIVELLE PTTW (<i>estradiol</i>)	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP	<i>levofloxacin TABS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>moxifloxacin hcl TABS</i>	NP	4 max fill(s) per 30 day(s) retail
			<i>ofloxacin 300 MG, 400 MG</i>	NP	4 max fill(s) per 30 day(s) retail
			GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
5-HT4 Receptor Agonists			RELTONE CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA
MOTEGRITY (<i>prucalopride succinate</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	URSO 250 TABS (<i>ursodiol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>prucalopride succinate</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	URSO FORTE TABS (<i>ursodiol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
Agents for Chronic Idiopathic Constipation (CIC)			<i>ursodiol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRULANCE	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ursodiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antiflatulents			Gastrointestinal Antiallergy Agents		
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>cromolyn sodium (mastocytosis)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
PHAZYME MAXIMUM STRENGTH CAPS (<i>simethicone</i>)	NF		GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
PHAZYME ULTRA STRENGTH CAPS (<i>simethicone</i>)	NF		Gastrointestinal Chloride Channel Activators		
<i>simethicone CAPS 125 MG</i>	1	2 max fill(s) per 30 day(s) retail	AMITIZA (<i>lubiprostone</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>simethicone CHEW</i>	1	2 max fill(s) per 30 day(s) retail	<i>lubiprostone</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>simethicone SUSP 20 MG/0.3ML</i>	1	2 max fill(s) per 30 day(s) retail	Gastrointestinal Stimulants		
Bile Acid Synthesis Disorder Agents			GIMOTI SOLN NA	NP	2 max fill(s) per 30 day(s) retail; PA
CHOLBAM	NP	2 max fill(s) per 30 day(s) retail; MP	<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	NP	2 max fill(s) per 30 day(s) retail; PA
Farnesoid X Receptor (FXR) Agonists			<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail
OCALIVA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>metoclopramide hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
Gallstone Solubilizing Agents			REGLAN TABS (<i>metoclopramide hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
CHENODAL	NP	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Hepatotropics			CANASA SUPP (<i>mesalamine</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
REZDIFFRA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	CIMZIA (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors			CIMZIA KIT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
BYLVAY (PELLETS) CPSP	CO	2 max fill(s) per 30 day(s) retail; SP	CIMZIA-STARTER PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
BYLVAY CAPS	CO	2 max fill(s) per 30 day(s) retail; SP	COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LIVMARLI	CO	2 max fill(s) per 30 day(s) retail; SP	DELZICOL CPDR (<i>mesalamine</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Inflammatory Bowel Agents			DIPENTUM	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
APRISO CP24 (<i>mesalamine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ENTYVIO PEN SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP; PA
ASACOL HD TBEC (<i>mesalamine</i>)	NF	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ENTYVIO SOLR	NP	2 max fill(s) per 30 day(s) retail; SP; PA
AVSOLA	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
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	INFLIXIMAB	NP	2 max fill(s) per 30 day(s) retail; SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NF	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
AZULFIDINE TABS (<i>sulfasalazine</i>)	NF	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>mesalamine w/ cleanser</i>	NP	QL(60 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>mesalamine CP24</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>balsalazide disodium</i> CAPS	1	QL(9 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>mesalamine CPCR</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	PYZCHIVA 130 MG/26ML	NP	SP; PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	REMICADE	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	RENFLEXIS	NP	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine SUPP</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ROWASA (<i>mesalamine w/ cleanser</i>)	NP	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SFROWASA ENEM	NP	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine TBEC 800 MG</i>	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SKYRIZI SOCT	NP	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA	SKYRIZI SOLN	NP	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH (300 MG DOSE) SOSY	NP	SP; PA	STELARA 130 MG/26ML	NP	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH SOAJ	NP	2 max fill(s) per 30 day(s) retail; PA	STEQEYMA	NP	PA
OMVOH SOLN	NP	2 max fill(s) per 30 day(s) retail; PA	<i>sulfasalazine TABS</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
OMVOH SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sulfasalazine TBEC</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
OTULFI SOLN IV 130 MG/26ML	NP	SP; PA	VELSIPITY	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PENTASA CPCR 250 MG	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	YESINTEK 130 MG/26ML	NP	SP; PA
PENTASA CPCR 500 MG	NP	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ZYMFENTRA (1 PEN) AJKT	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
			ZYMFENTRA (2 SYRINGE) PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>lactulose (encephalopathy)</i>	1	2 max fill(s) per 30 day(s) retail
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
IBSRELA	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LINZESS	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LOTRONEX (<i>alosetron hcl</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VIBERZI	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Live Fecal Microbiota		
VOWST	2	2 max fill(s) per 30 day(s) retail
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RELISTOR SOLN 8 MG/0.4ML	NP	QL(0.4 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RELISTOR SOLN 12 MG/0.6ML	NP	QL(0.6 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR TABS	NP	QL(3 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
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	NP	SP; PA
LIVDELZI	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>calcium acetate (phosphate binder) CAPS</i>	1	2 max fill(s) per 30 day(s) retail
<i>calcium acetate (phosphate binder) TABS</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
FOSRENOL PACK	NP	2 max fill(s) per 30 day(s) retail; PA
<i>lanthanum carbonate CHEW</i>	NP	2 max fill(s) per 30 day(s) retail; PA
RENAGEL (<i>sevelamer hcl</i>)	NF	2 max fill(s) per 30 day(s) retail
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
RENVELA TABS (<i>sevelamer carbonate</i>)	NF	2 max fill(s) per 30 day(s) retail
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>sevelamer carbonate PACK</i>	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>sevelamer hcl</i>	1	2 max fill(s) per 30 day(s) retail
VELPHORO	NP	2 max fill(s) per 30 day(s) retail; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	2 max fill(s) per 30 day(s) retail; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	4 max fill(s) per 30 day(s) retail
Alkalinizers		
ORACIT	NP	4 max fill(s) per 30 day(s) retail; MP; PA
ORAL CITRATE	NP	4 max fill(s) per 30 day(s) retail; MP; PA
<i>pot & sod citrates w/citric ac SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>potassium citrate (alkalinizer) TBCR</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>potassium citrate-citric acid SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>sodium citrate & citric acid</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NP	4 max fill(s) per 30 day(s) retail; MP; PA
Cystinosis Agents		
CYSTAGON CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
PROCYSBI CPDR	CO	2 max fill(s) per 30 day(s) retail; SP
PROCYSBI PACK	CO	2 max fill(s) per 30 day(s) retail; SP
Genitourinary Irrigants		
SODIUM CHLORIDE 0.9 %	2	
<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	
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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alfuzosin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Urinary Stone Agents		
AVODART (<i>dutasteride</i>)	NF	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	LITHOSTAT	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
CARDURA XL	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA EC TBEC 300 MG (<i>tiopronin</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>dutasteride</i>	1	QL(1 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; SP; PA
<i>dutasteride-tamsulosin hcl</i>	NP	QL(1 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; SP; PA
<i>finasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>tiopronin TABS</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
JALYN (<i>dutasteride- tamsulosin hcl</i>)	NF		<i>tiopronin TBEC 100 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PROSCAR (<i>finasteride</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>tiopronin TBEC 300 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
RAPAFLO (<i>silodosin</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	GOUT AGENTS - Drugs to Treat Gout		
<i>silodosin</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	Gout Agent Combinations		
<i>tamsulosin hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>colchicine w/ probenecid</i>	1	2 max fill(s) per 30 day(s) retail; MP
Urinary Analgesics			Gout Agents		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>allopurinol 100 MG, 300 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	<i>allopurinol 200 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>allopurinol sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			ALOPRIM (<i>allopurinol sodium</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
<i>colchicine CAPS</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Antihemophilic Products		
<i>colchicine TABS</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ADVATE	CO	2 max fill(s) per 30 day(s) retail; SP
COLCRYS TABS (<i>colchicine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ADYNOVATE	CO	2 max fill(s) per 30 day(s) retail; SP
<i>febuxostat</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
GLOPERBA SOLN PO	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ALHEMO	CO	SP
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; MP	ALPHANATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
MITIGARE CAPS (<i>colchicine</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ULORIC (<i>febuxostat</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ALPROLIX	CO	2 max fill(s) per 30 day(s) retail; SP
ZYLOPRIM 300 MG (<i>allopurinol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
Uricosurics			BENEFIX KIT	CO	2 max fill(s) per 30 day(s) retail; SP
<i>probenecid</i>	1	2 max fill(s) per 30 day(s) retail; MP	BEQVEZ	CO	2 max fill(s) per 30 day(s) retail
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			COAGADEX	CO	2 max fill(s) per 30 day(s) retail; SP
Aminolevulinate Synthase 1-Directed siRNA			CORIFACT	CO	2 max fill(s) per 30 day(s) retail; SP
GIVLAARI	CO	SP	ELOCTATE	CO	2 max fill(s) per 30 day(s) retail; SP
			ESPEROCT 4000 UNIT	CO	SP
			ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
			FEIBA	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMGENIX	CO	2 max fill(s) per 30 day(s) retail; SP	OBIZUR	CO	2 max fill(s) per 30 day(s) retail; SP
HEMLIBRA	CO	2 max fill(s) per 30 day(s) retail; SP	PROFILNINE	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	REBINYN	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	RECOMBINATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
HYMPAVZI	CO	2 max fill(s) per 30 day(s) retail; SP	RIXUBIS SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
IDELVION	CO	2 max fill(s) per 30 day(s) retail; SP	ROCTAVIAN	CO	2 max fill(s) per 30 day(s) retail; SP
IXINITY SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	SEVENFACT	CO	2 max fill(s) per 30 day(s) retail; SP
JIVI 4000 UNIT	CO	SP	TRETTEN	CO	2 max fill(s) per 30 day(s) retail; SP
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP	VONVENDI	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	WILATE KIT	CO	2 max fill(s) per 30 day(s) retail; SP
KOATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	XYNTHA	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	XYNTHA SOLOFUSE	CO	2 max fill(s) per 30 day(s) retail; SP
KOVALTRY	CO	2 max fill(s) per 30 day(s) retail; SP	Bradykinin B2 Receptor Antagonists		
NOVOEIGHT	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
NOVOSEVEN RT	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
NUWIQ KIT	CO	2 max fill(s) per 30 day(s) retail; SP	Complement Inhibitors		
NUWIQ SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	BERINERT KIT	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
BKEMV SOLN IV 300 MG/30ML	CO	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
EMPAVELI	CO	2 max fill(s) per 30 day(s) retail; SP
ENJAYMO	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
FABHALTA	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
PIASKY	CO	2 max fill(s) per 30 day(s) retail; SP
RUCONEST	CO	2 max fill(s) per 30 day(s) retail; SP
SOLIRIS	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
ULTOMIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
VEOPOZ	CO	2 max fill(s) per 30 day(s) retail
VOYDEYA TABS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
VOYDEYA TBPk	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ZILBRYSQ	CO	2 max fill(s) per 30 day(s) retail; SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Hematological Enzymes - Misc		
ADZYNMA	CO	
Hematorheologic Agents		
<i>pentoxifylline</i>	1	2 max fill(s) per 30 day(s) retail
Hemin		
PANHEMATIN 350 MG	2	SP; PA
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
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
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
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	PLAVIX 75 MG (clopidogrel bisulfate)	NP	2 max fill(s) per 30 day(s) retail; PA
			prasugrel hcl	1	2 max fill(s) per 30 day(s) retail
Plasma Proteins			Protamine		
RYPLAZIM	CO		protamine sulfate	1	PA
Platelet Aggregation Inhibitors			Pyruvate Kinase Activators		
AGRYLIN 0.5 MG (anagrelide hcl)	NP	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; PA	PYRUKYND TAPER PACK TBPK	CO	2 max fill(s) per 30 day(s) retail; SP
anagrelide hcl	1	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail	PYRUKYND TABS	CO	2 max fill(s) per 30 day(s) retail; SP
aspirin-dipyridamole	1	2 max fill(s) per 30 day(s) retail	Thrombolytic Enzymes		
BRILINTA	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	ACTIVASE IV	2	PA
CABLIVI	CO	2 max fill(s) per 30 day(s) retail	CATHFLO ACTIVASE IJ	2	PA
cilostazol	1	4 max fill(s) per 30 day(s) retail	TNKASE	2	PA
clopidogrel bisulfate 75 MG	1	2 max fill(s) per 30 day(s) retail	HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
clopidogrel bisulfate 300 MG	1	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail	Agents for Gaucher Disease		
dipyridamole 50 MG	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
dipyridamole 25 MG, 75 MG	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 (prasugrel hcl)	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	miglustat	CO	2 max fill(s) per 30 day(s) retail; SP
			VPRIV	CO	2 max fill(s) per 30 day(s) retail; SP
			ZAVESCA (miglustat)	CO	2 max fill(s) per 30 day(s) retail; SP
			Agents for Sick Cell Disease		
			ADAKVEO	CO	SP
			CASGEVY	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
DROXIA CAPS	2	4 max fill(s) per 30 day(s) retail; MP
ENDARI (<i>glutamine (sickle cell)</i>)	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>glutamine (sickle cell)</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP; PA
LYFGENIA	CO	SP
OXBRYTA TABS 500 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
OXBRYTA TABS 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
OXBRYTA TBSO	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
SIKLOS TABS	2	4 max fill(s) per 30 day(s) retail; MP; PA
XROMI SOLN PO 100 MG/ML	NP	MP; PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	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
Hematopoietic Gene Therapy		

Drug Name	Drug Tier	Requirements/ Limits
ZYNTEGLO	CO	
Hematopoietic Growth Factors		
ALVAIZ 36 MG, 54 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
ALVAIZ 9 MG, 18 MG	2	QL(1 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
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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULPLETA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	RELEUKO SOSY	NP	2 max fill(s) per 30 day(s) retail; SP; PA
NEULASTA ONPRO PSKT	NP	2 max fill(s) per 30 day(s) retail; SP; PA	RETACRIT	2	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	ROLVEDON	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	STIMUFEND	NP	2 max fill(s) per 30 day(s) retail; PA
NEUPOGEN SOSY	2	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 SOLN	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
NIVESTYM SOSY	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
NPLATE	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	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	PA
PROMACTA PACK	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Hematopoietic Mixtures		
PROMACTA TABS 50 MG, 75 MG	2	QL(2 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 12.5 MG, 25 MG	2	QL(1 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
			<i>ferrous fumarate w/ b12- vit c-fa-ifc</i>	1	2 max fill(s) per 30 day(s) retail; MP
			GENTLE IRON	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMATINIC PLUS VIT/MINERALS TABS	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
ICAR-C (<i>iron-vitamin c</i>)	2	2 max fill(s) per 30 day(s) retail; MP	<i>ferumoxytol</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>iron combinations CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	INFED	2	2 max fill(s) per 30 day(s) retail; PA
<i>iron-vitamin c</i>	1	2 max fill(s) per 30 day(s) retail; MP	INJECTAFER	2	2 max fill(s) per 30 day(s) retail; PA
Iron			MONOFERRIC	2	2 max fill(s) per 30 day(s) retail; PA
ACCRUFER	NP	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
FEOSOL TABS (<i>ferrous sulfate dried</i>)	1	2 max fill(s) per 30 day(s) retail; MP	VENOFER	2	2 max fill(s) per 30 day(s) retail; PA
FERAHEME (<i>ferumoxytol</i>)	2	2 max fill(s) per 30 day(s) retail; PA	Stem Cell Mobilizers		
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	APHEXDA	2	2 max fill(s) per 30 day(s) retail; PA
FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	2	2 max fill(s) per 30 day(s) retail; MP	XOLREMDI	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
FERRLECIT (<i>sodium ferric gluconate complex in sucrose</i>)	2	2 max fill(s) per 30 day(s) retail; PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
<i>ferrous gluconate TABS</i>	1	2 max fill(s) per 30 day(s) retail	Hemostatics - Systemic		
FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	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>aminocaproic acid SOLN IV 250 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<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>aminocaproic acid TABS</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	CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>ferrous sulfate TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP	TRANEXAMIC ACID-NACL	1	2 max fill(s) per 30 day(s) retail; MP; 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; MP; PA	AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>tranexamic acid-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>tranexamic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP			
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS					
Barbiturate Hypnotics					
AMYTAL SODIUM	2	2 max fill(s) per 30 day(s) retail; MP; PA	DORAL (<i>quazepam</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NEMBUTAL SOLN (<i>pentobarbital sodium</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	EDLUAR SUBL	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pentobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>estazolam</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail
<i>phenobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>eszopiclone</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>phenobarbital ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>flurazepam hcl</i>	NP	SON; 2 max fill(s) per 30 day(s) retail
<i>phenobarbital TABS</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; PA
SEZABY SOLR	2	2 max fill(s) per 30 day(s) retail; PA	HALCION 0.25 MG (<i>triazolam</i>)	NF	SON; 2 max fill(s) per 30 day(s) retail
Hypnotics - Tricyclic Agents			IGALMI FILM	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA			
Non-Barbiturate Hypnotics					
AMBIEN CR TBCR (<i>zolpidem tartrate</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
LUNESTA (<i>eszopiclone</i>)	NF	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolpidem tartrate</i> SUBL	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>midazolam hcl</i> SOLN IJ 2 MG/2ML	1	QL(200 ML daily); 2 max fill(s) per 30 day(s) retail	<i>zolpidem tartrate</i> TABS	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>midazolam hcl</i> SOLN IJ	1	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail	<i>zolpidem tartrate</i> TBCR	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>midazolam hcl</i> SYRP	NP	SON; QL(200 ML daily); 2 max fill(s) per 30 day(s) retail	Orexin Receptor Antagonists		
<i>quazepam</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail	BELSOMRA	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA	DAYVIGO	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	QUVIVIQ	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>temazepam</i> 7.5 MG, 22.5 MG	1	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail	Selective Melatonin Receptor Agonists		
<i>temazepam</i> 15 MG, 30 MG	1	SON; 2 max fill(s) per 30 day(s) retail	HETLIOZ LQ SUSP	NP	SON; QL(6 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>triazolam</i>	1	SON; 2 max fill(s) per 30 day(s) retail	HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>zaleplon</i>	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>ramelteon</i>	1	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZOLPIDEM TARTRATE CAPS	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROZEREM (<i>ramelteon</i>)	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SUFLAVE	NP	2 max fill(s) per 30 day(s) retail
<i>tasimelteon CAPS</i>	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	2 max fill(s) per 30 day(s) retail
LAXATIVES - Bowel Treatment Drugs			SUTAB	NP	2 max fill(s) per 30 day(s) retail
Bulk Laxatives			Laxatives - Miscellaneous		
CVS DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail	<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM</i>	1	2 max fill(s) per 30 day(s) retail
DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail	KRISTALOSE PACK	NP	2 max fill(s) per 30 day(s) retail; PA
<i>psyllium POWD 28.3 %, 43 %, 51.7 %</i>	2	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 43 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>lactulose SOLN</i>	1	2 max fill(s) per 30 day(s) retail
REGULOID POWD	2	2 max fill(s) per 30 day(s) retail	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	2 max fill(s) per 30 day(s) retail
Laxative Combinations			<i>polyethylene glycol 3350 POWD</i>	1	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	Saline Laxatives		
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	2	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
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>magnesium citrate 1.745 GM/30ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	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>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	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
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	2 max fill(s) per 30 day(s) retail	Stimulant Laxatives		
PLENVU	NP	2 max fill(s) per 30 day(s) retail	<i>bisacodyl SUPP</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>bisacodyl TBEC</i>	1	2 max fill(s) per 30 day(s) retail
			DULCOLAX SUPP (<i>bisacodyl</i>)	NF	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 500 MG (azithromycin)	NF	4 max fill(s) per 30 day(s) retail
sennosides CAPS	2	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 CHEW	1	2 max fill(s) per 30 day(s) retail	Clarithromycin		
sennosides LIQD	1	2 max fill(s) per 30 day(s) retail	clarithromycin SUSR	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 TABS	1	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	clarithromycin TB24	NP	4 max fill(s) per 30 day(s) retail
SENOKOT TABS (sennosides)	NF	2 max fill(s) per 30 day(s) retail	Erythromycins		
Surfactant Laxatives			E.E.S. GRANULES 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 200 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	ERYPED 400 SUSR (erythromycin ethylsuccinate)	NP	4 max fill(s) per 30 day(s) retail; PA
docusate sodium CAPS 100 MG, 250 MG	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 LIQD 50 MG/5ML, 100 MG/10ML	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 TABS	1	2 max fill(s) per 30 day(s) retail	erythromycin base TBEC	1	4 max fill(s) per 30 day(s) retail
MACROLIDES - Drugs to Treat Bacterial Infections			erythromycin base TBEC 500 MG	2	4 max fill(s) per 30 day(s) retail
Azithromycin			erythromycin ethylsuccinate SUSR	1	4 max fill(s) per 30 day(s) retail
azithromycin PACK	1	4 max fill(s) per 30 day(s) retail	erythromycin ethylsuccinate TABS	1	4 max fill(s) per 30 day(s) retail
azithromycin SUSR	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 TABS	1	4 max fill(s) per 30 day(s) retail	Fidaxomicin		
ZITHROMAX TRI-PAK TABS (azithromycin)	NP	4 max fill(s) per 30 day(s) retail; PA	DIFICID SUSR	2	4 max fill(s) per 30 day(s) retail
ZITHROMAX Z-PAK TABS (azithromycin)	NP	4 max fill(s) per 30 day(s) retail; PA	DIFICID TABS	2	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	Bandages-Dressings-Tape		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMD FOAM DRESSING TOPSHEET PADS	2	RX/OTC	DERMACEA NON-WOVEN SPONGES PADS	2	RX/OTC
AMD FOAM DRESSING PADS	2	RX/OTC	DERMACEA TYPE VII GAUZE PADS	2	RX/OTC
BAND-AID GAUZE LARGE PADS	2	RX/OTC	DERMACEA X-RAY SPONGES PADS	2	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	2	RX/OTC	DRYMAX EXTRA PADS	2	RX/OTC
BIOGUARD GAUZE SPONGES 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	HYDROCELL ADHESIVE DRESSING PADS	2	RX/OTC
CURITY GAUZE SPONGE PADS	2	RX/OTC	HYDROCELL DRESSING PADS	2	RX/OTC
CURITY GAUZE PADS	2	RX/OTC	J & J GAUZE SPONGES 12-PLY MISC	2	RX/OTC
CURITY SPONGES PADS	2	RX/OTC	J & J GAUZE SPONGES 16-PLY MISC	2	RX/OTC
CVS GAUZE PAD STERILE PADS	2	RX/OTC	J & J GAUZE SPONGES 8-PLY MISC	2	RX/OTC
CVS GAUZE STERILE PADS	2	RX/OTC	J & J GAUZE PADS	2	RX/OTC
DERMACEA DRAIN SPONGES PADS	2	RX/OTC	KENDALL HYDROPHILIC FOAM DRESS PADS	2	RX/OTC
DERMACEA GAUZE SPONGE PADS	2	RX/OTC	KERLIX SPONGES PADS	2	RX/OTC
DERMACEA IV DRAIN SPONGES PADS	2	RX/OTC	MIRASORB SPONGES MISC	2	RX/OTC
			NU GAUZE 4PLY PADS	2	RX/OTC
			NU GAUZE GENERAL-USE SPONGES MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POLYMEM NON-ADHESIVE PADS	2	RX/OTC	KIMONO COLORS DEVI	2	
QC ALL PURPOSE DRESSINGS PADS	2	RX/OTC	KIMONO MAXX-LARGE FLARE MISC	2	
QC STERILE PADS PADS	2	RX/OTC	KIMONO MICRO THIN PLUS MISC	2	
RA STERILE PADS	2	RX/OTC	KIMONO MICRO THIN MISC	2	
RAY-TEC X-RAY DETECTABLE SPNGE MISC	2	RX/OTC	KIMONO PLUS MISC	2	
RESTORE FOAM DRESSING PADS	2	RX/OTC	KIMONO PS PLUS MISC	2	
RESTORE ODOR ABSORBING DRESS PADS	2	RX/OTC	KIMONO PS MISC	2	
SILIGENTLE FOAM DRESSING PADS	2	RX/OTC	KIMONO SENSATION PLUS MISC	2	
SM GAUZE PADS	2	RX/OTC	KIMONO SENSATION MISC	2	
SM STERILE PADS	2	RX/OTC	KIMONO SPECIAL DEVI	2	
SOF-WICK PADS	2	RX/OTC	KIMONO MISC	2	
TEGADERM FOAM PADS	2	RX/OTC	K-Y ME & YOU EXTRA LUBRICATED DEVI	2	
TOPPER DRESSING SPONGES MISC	2	RX/OTC	K-Y ME & YOU INTENSE DEVI	2	
Contraceptives			MAXX PLUS MISC	2	
AIMSCO LUBRICATED MISC	2		MAXX MISC	2	
CAYA DPRH	2		REALITY LATEX CONDOMS MISC	2	
DUREX EXTRA SENSITIVE THIN DEVI	2		REALITY LATEX/ULTRA TEXTURED DEVI	2	
DUREX EXTRA SENSITIVE THIN MISC	2		REALITY LATEX/ULTRA THIN DEVI	2	
DUREX REALFEEL	2		TROJAN ENZ MISC	2	
DUREX TROPICAL MISC	2		TROJAN MAGNUM MISC	2	
FANTASY LUBRICATED/SPERMICI DE MISC	2		TROJAN ULTRA THIN/SPERMICIDAL MISC	2	
FANTASY LUBRICATED MISC	2		TROJAN ULTRA THIN MISC	2	
FC2 FEMALE CONDOM	2		TROJAN-ENZ LUBRICATED MISC	2	
FEMCAP DEVI	2		TROJAN-ENZ/SPERMICIDAL MISC	2	
KAMELEON LUBRICATED MISC	2		TRUE COVER DEVI	2	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AIMSCO TWIST LANCETS 32G	2	MP; RX/OTC	AUTOLET MINI MISC	2	QL(1 EA per 180 day(s) retail)
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 LANCET ULTRAFINE 30G	2	MP; RX/OTC
ASSURE COMFORT LANCETS 28G	2	MP; RX/OTC	BD LANCET ULTRAFINE 33G	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	MP; RX/OTC	BD MICROTAINER LANCETS	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	MP; RX/OTC	CARDIOCOM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS MICRO	2	MP; RX/OTC	CAREONE ADVANCED LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS NORMAL	2	MP; RX/OTC	CAREONE LANCET SUPER THIN 30G	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	MP; RX/OTC	CAREONE LANCET THIN 23G	2	MP; RX/OTC
ASSURE LANCE LANCETS	2	MP; RX/OTC	CARESENS LANCETS	2	MP; RX/OTC
ASSURE LANCE LANCETS 21G	2	MP; RX/OTC	CARESENS LANCETS 30G	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	MP; RX/OTC	CARETOUCH LANCING/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE LANCE PLUS SAFETY 30G	2	MP; RX/OTC	CARETOUCH SAFETY LANCETS	2	MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	MP; RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	MP; RX/OTC
AURORA LANCET SUPER THIN 30G	2	MP; RX/OTC	CARETOUCH TWIST LANCETS 28G	2	MP; RX/OTC
AURORA LANCET THIN 23G	2	MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	2	MP; RX/OTC
AUTO-LANCET MINI MISC	2	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST LANCETS 33G	2	MP; RX/OTC
AUTO-LANCET MISC	2	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST MC LANCETS 30G	2	MP; RX/OTC
AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	CHOSEN LANCETS 30G	2	MP; RX/OTC
AUTOLET LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	CHOSEN LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G	2	MP; RX/OTC	E-Z JECT LANCET MICRO-THIN 33G	2	MP; RX/OTC
EASY TOUCH LANCETS 28G	2	MP; RX/OTC	E-Z JECT LANCET SUPER THIN 30G	2	MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	MP; RX/OTC	E-Z JECT LANCETS	2	MP; RX/OTC
EASY TOUCH LANCETS 30G	2	MP; RX/OTC	E-Z JECT LANCETS 21G	2	MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	MP; RX/OTC	E-Z JECT LANCETS THIN 26G	2	MP; RX/OTC
EASY TOUCH LANCETS 32G	2	MP; RX/OTC	EZ-LETS LANCETS 21G	2	MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	MP; RX/OTC	EZ-LETS LANCETS 26G	2	MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	MP; RX/OTC	EZ-LETS LANCETS 28G	2	MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EZ-LETS LANCETS 30G	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	MP; RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	MP; RX/OTC	FIFTY50 UNILET LANCETS 33G	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	MP; RX/OTC	FINE 30	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	MP; RX/OTC	FINGERSTIX LANCETS	2	MP; RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	MP; RX/OTC	FORA LANCETS	2	MP; RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	FORA LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
EMBRACE PRESSURE ACTIVATED 21G	2	MP; RX/OTC	FREDS PHARMACY AUTOLET LANCING MISC	2	QL(1 EA per 180 day(s) retail)
EMBRACE PRESSURE ACTIVATED 28G	2	MP; RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	MP; RX/OTC
EQL COLOR LANCETS 21G	2	MP; RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	MP; RX/OTC
EQL COLOR LANCETS MICRO 33G	2	MP; RX/OTC	FREESTYLE LANCETS	2	MP; RX/OTC
EQL SUPER THIN LANCETS 30G	2	MP; RX/OTC	FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA
EQL THIN LANCETS 26G	2	MP; RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA	GENTEEL PLUS LANCING (WHITE) MISC	2	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 2 READER	2	QL(1 EA per fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA	GENTEEL PLUS LANCING DEV(BLUE) MISC	2	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA	GENTEEL PLUS LANCING DEV(PINK) MISC	2	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA	GENTLE-LET GP LANCETS	2	MP; RX/OTC
FREESTYLE LIBRE 3 READER	2	QL(1 EA per fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA	GENTLE-LET LANCETS	2	MP; RX/OTC
FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA	GLOBAL INJECT EASE LANCETS 28G	2	MP; RX/OTC
FREESTYLE LIBRE READER	2	QL(1 EA per fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA	GLOBAL INJECT EASE LANCETS 30G	2	MP; RX/OTC
FREESTYLE UNISTICK II LANCETS	2	MP; RX/OTC	GLOBAL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
GENTEEL BUTTERFLY TOUCH LANCET	2	MP; RX/OTC	GLUCOCOM LANCETS 28G	2	MP; RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	2	QL(1 EA per 180 day(s) retail)	GLUCOCOM LANCETS 30G	2	MP; RX/OTC
GENTEEL PLUS LANCING (PURPLE) MISC	2	QL(1 EA per 180 day(s) retail)	GLUCOCOM LANCETS 33G	2	MP; RX/OTC
			GNP LANCETS 21G	2	MP; RX/OTC
			GNP LANCETS THIN 26G	2	MP; RX/OTC
			GNP LANCING SYSTEM DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
			GNP STERILE LANCETS 28G	2	MP; RX/OTC
			GNP STERILE LANCETS 30G	2	MP; RX/OTC
			GNP STERILE LANCETS 33G	2	MP; RX/OTC
			GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL(1 EA per 180 day(s) retail)
			GOJJI STERILE LANCETS	2	MP; RX/OTC
			GOODSENSE COLOR LANCETS 33G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS 26G UNIV	2	MP; RX/OTC
GOODSENSE LANCETS 30G	2	MP; RX/OTC
GOODSENSE LANCETS 30G UNIV	2	MP; RX/OTC
GOODSENSE LANCETS 33G	2	MP; RX/OTC
GOODSENSE LANCETS 33G UNIV	2	MP; RX/OTC
GOODSENSE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
HAEMOLANCE	2	MP; RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	MP; RX/OTC
HAEMOLANCE PLUS	2	MP; RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	MP; RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	MP; RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	MP; RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	MP; RX/OTC
HEALTH CARE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
HEALTHY ACCENTS LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
HEALTHY ACCENTS UNILET LANCETS	2	MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	2	QL(1 EA per 180 day(s) retail)
H-E-B INCONTROL LANCETS 28G	2	MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	2	MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	2	MP; RX/OTC
HY-VEE LANCETS	2	MP; RX/OTC
HY-VEE THIN LANCETS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IHEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
IN TOUCH STERILE LANCETS 30G	2	MP; RX/OTC
KINNEY LANCETS	2	MP; RX/OTC
KINNEY THIN LANCETS	2	MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
KROGER HEALTHPRO LANCET 26G	2	MP; RX/OTC
KROGER LANCETS	2	MP; RX/OTC
KROGER LANCETS 21G	2	MP; RX/OTC
KROGER LANCETS MICRO THIN 33G	2	MP; RX/OTC
KROGER LANCETS SUPER THIN	2	MP; RX/OTC
KROGER LANCETS THIN	2	MP; RX/OTC
KROGER LANCETS THIN 26G	2	MP; RX/OTC
KROGER LANCETS ULTRATHIN 30G	2	MP; RX/OTC
KROGER LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LANCET DEVICE WITH EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LANCETS	2	MP; RX/OTC
LANCETS 28G THIN	2	MP; RX/OTC
LANCETS 30G	2	MP; RX/OTC
LANCETS 33G	2	MP; RX/OTC
LANCETS MICRO THIN 33G	2	MP; RX/OTC
LANCETS SUPER THIN	2	MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOLETTOR SAFETY LANCETS	2	MP; RX/OTC	PC LANCETS SUPER THIN 30G	2	MP; RX/OTC
MPD SAFETY LANCET 21G	2	MP; RX/OTC	PERFECT LANCETS 28G	2	MP; RX/OTC
MPD SAFETY LANCET 23G	2	MP; RX/OTC	PERFECT LANCETS 30G	2	MP; RX/OTC
MPD SAFETY LANCET 28G	2	MP; RX/OTC	PERFECT POINT SAFETY LANCETS	2	MP; RX/OTC
MPD SAFETY LANCET 30G	2	MP; RX/OTC	PHARMACIST CHOICE LANCETS	2	MP; RX/OTC
MULTI-LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PHARMACY COUNTER LANCETS	2	MP; RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	MP; RX/OTC	PIP LANCETS 28G	2	MP; RX/OTC
NOVA SAFETY LANCETS 23G	2	MP; RX/OTC	PIP LANCETS 30G	2	MP; RX/OTC
NOVA SAFETY LANCETS 28G	2	MP; RX/OTC	PRECISION THINS GP LANCETS	2	MP; RX/OTC
NOVA SUREFLEX LANCETS	2	MP; RX/OTC	PREFERRED PLUS LANCETS COLORED	2	MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PREFERRED PLUS LANCETS THIN	2	MP; RX/OTC
ONETOUCH CLUB LANCETS FINE PT	2	MP; RX/OTC	PRO COMFORT LANCETS 30G	2	MP; RX/OTC
ONETOUCH DELICA LANCETS 33G	2	MP; RX/OTC	PRO COMFORT LANCETS 31G	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	MP; RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	MP; RX/OTC	PRODIGY LANCETS 28G	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	2	QL(1 EA per 180 day(s) retail)	PRODIGY LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA SAFETY LANCING	2	MP; RX/OTC	PRODIGY SAFETY LANCETS 26G	2	MP; RX/OTC
ONETOUCH FINEPOINT LANCETS	2	MP; RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	MP; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	MP; RX/OTC	PSS SELECT GP LANCETS	2	MP; RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	MP; RX/OTC	PSS SELECT SAFETY LANCETS	2	MP; RX/OTC
			PURE COMFORT LANCETS 30G	2	MP; RX/OTC
			PX ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCET AUTO INJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	RELION LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
PX LANCETS MICROTHIN 33G	2	MP; RX/OTC	RELION ULTRA THIN LANCETS 30G	2	MP; RX/OTC
PX LANCETS ULTRA THIN	2	MP; RX/OTC	RELION ULTRA THIN PLUS LANCETS	2	MP; RX/OTC
PX LANCETS ULTRA THIN 28G	2	MP; RX/OTC	REXALL LANCETS ULTRA THIN 30G	2	MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
QC LANCETS SUPER THIN 30G	2	MP; RX/OTC	RIGHTEST GL300 LANCETS	2	MP; RX/OTC
QC LANCETS ULTRA THIN	2	MP; RX/OTC	SAFE-T-LANCE	2	MP; RX/OTC
QC UNILET LANCETS 28G	2	MP; RX/OTC	SAFE-T-LANCE PLUS	2	MP; RX/OTC
QC UNILET LANCETS MICRO THIN	2	MP; RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	MP; RX/OTC
RA E-ZJECT LANCETS 28G	2	MP; RX/OTC	SAFETY LANCETS	2	MP; RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	MP; RX/OTC	SAFETY LANCETS 21G	2	MP; RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	MP; RX/OTC	SAFETY LANCETS 23G	2	MP; RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	2	MP; RX/OTC	SAFETY LANCETS 28G	2	MP; RX/OTC
READYLANCE SAFETY LANCETS	2	MP; RX/OTC	SAPS HEALTH PLUS LANCETS	2	MP; RX/OTC
REALITY LANCETS	2	MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	MP; RX/OTC
REALITY TRIGGER LANCETS	2	MP; RX/OTC	SAPS TWIST TOP LANCETS	2	MP; RX/OTC
RELION LANCET DEVICES 30G	2	MP; RX/OTC	SAPSCARE TWIST TOP LANCETS	2	MP; RX/OTC
RELION LANCETS	2	MP; RX/OTC	SB LANCETS THIN	2	MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	2	MP; RX/OTC	SB LANCETS ULTRA THIN	2	MP; RX/OTC
RELION LANCETS THIN 26G	2	MP; RX/OTC	SELECT-LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RELION LANCETS ULTRA-THIN 30G	2	MP; RX/OTC	SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
			SHOPKO ON-THE-GO LANCETS 30G	2	MP; RX/OTC
			SHOPKO UNILET LANCETS 28G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNILET LANCETS 30G	2	MP; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
SINGLE-LET	2	MP; RX/OTC
SM LANCETS 33G	2	MP; RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SMART DIABETES VANTAGE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
SMART SENSE COLOR LANCETS 33G	2	MP; RX/OTC
SMART SENSE STANDARD LANCETS	2	MP; RX/OTC
SMART SENSE SUPER THIN LANCETS	2	MP; RX/OTC
SMART SENSE THIN LANCETS 26G	2	MP; RX/OTC
SMARTTEST LANCETS 28G	2	MP; RX/OTC
SOLUS V2 LANCETS 28G	2	MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SOLUS V2 TWIST LANCETS 30G	2	MP; RX/OTC
STERILANCE TL	2	MP; RX/OTC
SUPER THIN LANCETS	2	MP; RX/OTC
SURE COMFORT LANCETS 18G	2	MP; RX/OTC
SURE COMFORT LANCETS 21G	2	MP; RX/OTC
SURE COMFORT LANCETS 23G	2	MP; RX/OTC
SURE COMFORT LANCETS 28G	2	MP; RX/OTC
SURE COMFORT LANCETS 30G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
SURELITE LANCETS	2	MP; RX/OTC
TECHLITE AST LANCETS	2	MP; RX/OTC
TECHLITE LANCETS	2	MP; RX/OTC
TECHLITE LANCETS 26G	2	MP; RX/OTC
TECHLITE LANCETS 30G	2	MP; RX/OTC
TGT LANCET MICRO THIN 33G	2	MP; RX/OTC
TGT LANCET THIN 26G	2	MP; RX/OTC
TGT LANCET ULTRA THIN 30G	2	MP; RX/OTC
TGT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
THINLETS GP LANCETS	2	MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
TODAYS HEALTH THIN LANCETS 28G	2	MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	MP; RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	MP; RX/OTC
TRAVEL LANCETS	2	MP; RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	2	MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	2	QL(1 EA per 90 day(s) retail)
TRUE METRIX LEVEL 2 SOLN	2	QL(1 EA per 90 day(s) retail)
TRUE METRIX LEVEL 3 SOLN	2	
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	2	QL(1 EA per 90 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	2	QL(1 EA per 90 day(s) retail)	UNILET GP 28 ULTRA THIN	2	MP; RX/OTC
TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	UNILET LANCET	2	MP; RX/OTC
TRUEPLUS LANCETS 26G	2	MP; RX/OTC	UNILET MICRO-THIN 33G	2	MP; RX/OTC
TRUEPLUS LANCETS 28G	2	MP; RX/OTC	UNILET SUPERLITE LANCET	2	MP; RX/OTC
TRUEPLUS LANCETS 30G	2	MP; RX/OTC	UNILET SUPER-THIN 30G	2	MP; RX/OTC
TRUEPLUS LANCETS 33G	2	MP; RX/OTC	UNILET ULTRA-THIN 28G	2	MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	MP; RX/OTC	UNISTIK 1	2	MP; RX/OTC
TWIST TOP LANCETS 30G	2	MP; RX/OTC	UNISTIK 2	2	MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	2	QL(1 EA per 180 day(s) retail)	UNISTIK 2 COMFORT	2	MP; RX/OTC
ULTILET CLASSIC LANCETS	2	MP; RX/OTC	UNISTIK 2 EXTRA	2	MP; RX/OTC
ULTILET LANCETS	2	MP; RX/OTC	UNISTIK 2 NEONATAL	2	MP; RX/OTC
ULTILET SAFETY LANCETS	2	MP; RX/OTC	UNISTIK 2 NORMAL	2	MP; RX/OTC
ULTILET SAFETY LANCETS 23G	2	MP; RX/OTC	UNISTIK 2 SUPER	2	MP; RX/OTC
ULTRA THIN LANCETS 31G	2	MP; RX/OTC	UNISTIK 3	2	MP; RX/OTC
ULTRA-CARE LANCETS 30G	2	MP; RX/OTC	UNISTIK 3 COMFORT	2	MP; RX/OTC
ULTRA-THIN II AUTO LANCET	2	MP; RX/OTC	UNISTIK 3 EXTRA	2	MP; RX/OTC
ULTRA-THIN II LANCETS	2	MP; RX/OTC	UNISTIK 3 GENTLE	2	MP; RX/OTC
UNILET COMFORTOUCH LANCET	2	MP; RX/OTC	UNISTIK 3 NEONATAL	2	MP; RX/OTC
UNILET EXCELITE	2	MP; RX/OTC	UNISTIK 3 NORMAL	2	MP; RX/OTC
UNILET EXCELITE II	2	MP; RX/OTC	UNISTIK CZT COMFORT	2	MP; RX/OTC
UNILET G.P. LANCET	2	MP; RX/OTC	UNISTIK CZT NORMAL	2	MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	2	MP; RX/OTC	UNISTIK NORMAL	2	MP; RX/OTC
			UNISTIK PRO SAFETY LANCET	2	MP; RX/OTC
			UNISTIK SAFETY LANCETS 28G	2	MP; RX/OTC
			UNISTIK SAFETY LANCETS 30G	2	MP; RX/OTC
			UNISTIK TOUCH SAFETY LANC 21G	2	MP; RX/OTC
			UNISTIK TOUCH SAFETY LANC 23G	2	MP; RX/OTC
			UNISTIK TOUCH SAFETY LANC 28G	2	MP; RX/OTC
			UNISTIK TOUCH SAFETY LANC 30G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS THIN 26G	2	MP; RX/OTC	VIVAGUARD LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
UNIVERSAL 1 LANCETS THIN 33G	2	MP; RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	MP; RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN	2	MP; RX/OTC	WALGREENS ADV TRAVEL LANCETS	2	MP; RX/OTC
VALUE PLUS LANCET STANDARD 21G	2	MP; RX/OTC	WALGREENS LANCETS	2	MP; RX/OTC
VALUE PLUS LANCETS SUPER THIN	2	MP; RX/OTC	WALGREENS LANCETS MICRO THIN	2	MP; RX/OTC
VALUE PLUS LANCETS THIN 26G	2	MP; RX/OTC	WALGREENS LANCETS SUPER THIN	2	MP; RX/OTC
VALUE PLUS LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	WALGREENS THIN LANCETS	2	MP; RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	MP; RX/OTC	WALGREENS ULTRA THIN LANCETS	2	MP; RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	MP; RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	MP; RX/OTC	Parenteral Therapy Supplies		
VERIFINE SAFE LANCET MINI 23G	2	MP; RX/OTC	1ST TIER UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	MP; RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	MP; RX/OTC	ABOUTTIME PEN NEEDLE	2	QL(5 EA daily)
VERIFINE UNIVERSAL LANCETS 28G	2	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	MP; RX/OTC	ADVOCATE INSULIN PEN NEEDLES	2	QL(5 EA daily)
VERIFINE UNIVERSAL LANCETS 33G	2	MP; RX/OTC	ADVOCATE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
VIDA MIA AUTOLET LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)	AQ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
VIDA MIA UNILET LANCETS 28G	2	MP; RX/OTC	AQINJECT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
VIDA MIA UNILET LANCETS 30G	2	MP; RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
VIVAGUARD LANCETS	2	MP; RX/OTC	ASSURE ID SAFETY PEN NEEDLES	2	QL(5 EA daily)
VIVAGUARD LANCETS 30G	2	MP; RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	2	QL(5 EA daily)
			AUM MINI INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUM PEN NEEDLE	2	QL(5 EA daily); RX/OTC	BD PEN NEEDLE ORIGINAL U/F	2	QL(5 EA daily)
AUM READYGARD DUO PEN NEEDLE	2	QL(5 EA daily); RX/OTC	BD PEN NEEDLE SHORT U/F	2	QL(5 EA daily); RX/OTC
AUM SAFETY PEN NEEDLE	2	QL(5 EA daily)	BD PLASTIPAK SYRINGE	2	RX/OTC
AURORA PEN NEEDLES	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
AURORA UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE NEEDLE	2	RX/OTC
BD BLUNT FILL NEEDLE	2	RX/OTC	BD SAFETY-LOK INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
BD BLUNT FILL NEEDLE W/FILTER	2	RX/OTC	BD SYRINGE LUER-LOK	2	RX/OTC
BD DISP NEEDLES	2	RX/OTC	BD SYRINGE SLIP TIP	2	RX/OTC
BD ECLIPSE NEEDLE	2	RX/OTC	CAREFINE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
BD ECLIPSE SHIELDED NEEDLE	2	RX/OTC	CAREONE INSULIN SYRINGE	2	QL(5 EA daily)
BD HYPODERMIC NEEDLE	2	RX/OTC	CAREONE UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	2	QL(5 EA daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
BD INSULIN SYRINGE HALF-UNIT	2	QL(5 EA daily); RX/OTC	CAREPOINT SYRINGE LUER LOCK	2	RX/OTC
BD INSULIN SYRINGE MICROFINE	2	QL(5 EA daily); RX/OTC	CARETOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD INSULIN SYRINGE U/F	2	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL(5 EA daily); RX/OTC	CARETOUCH LUER LOCK	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE	2	QL(5 EA daily)	CARETOUCH LUER SLIP	2	RX/OTC
BD NOKOR ADMIX NEEDLE	2	RX/OTC	CARETOUCH PEN NEEDLES	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO U/F	2	QL(5 EA daily)	CLEVER CHOICE COMFORT EZ	2	QL(5 EA daily)
BD PEN NEEDLE MINI U/F	2	QL(5 EA daily); RX/OTC	CLICKFINE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC	COMFORT ASSIST INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ MICRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH PEN NEEDLES	2	QL(5 EA daily); RX/OTC
COMFORT EZ PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH SAFETY PEN NEEDLES	2	QL(5 EA daily)
COMFORT EZ PRO PEN NEEDLES	2	QL(5 EA daily)	EASY TOUCH SHEATHLOCK SYRINGE	2	QL(5 EA daily); RX/OTC
COMFORT EZ SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH SYRINGE BARREL	2	RX/OTC
COMFORT TOUCH INSULIN PEN NEED	2	QL(5 EA daily); RX/OTC	EASYPPOINT NEEDLE	2	RX/OTC
DIATHRIVE PEN NEEDLE	2	QL(5 EA daily); RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	2	QL(5 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
DROPLET PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U/F	2	QL(5 EA daily)
DROPSAFE SAFETY PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U-100	2	QL(5 EA daily)
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC
DRUG MART UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE U/F	2	QL(5 EA daily)
EASY COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	EMBRACE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EQL INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EASY GLIDE LUER LOCK SYRINGE	2	RX/OTC	FIFTY50 PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY GLIDE PEN NEEDLES	2	QL(5 EA daily)	FIFTY50 SUPERIOR COMFORT SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	2	QL(5 EA daily); RX/OTC	FREDS PHARMACY UNIFINE PENTIP+	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	FREDS PHARMACY UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	GLOBAL EASE INJECT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	2	QL(5 EA daily)	GLOBAL EASY GLIDE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
			GLOBAL INJECT EASE INSULIN SYR	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC	HEALTHY ACCENTS UNIFINE PENTIP	2	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	H-E-B INCONTROL PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP CLICKFINE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	H-E-B INCONTROL UNIFINE PENTIP	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	HM ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC	HM ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	2	QL(5 EA daily); RX/OTC	HM ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	2	QL(5 EA daily); RX/OTC	HYPODERMIC NEEDLE	2	RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	2	QL(5 EA daily); RX/OTC	INCONTROL ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	2	QL(5 EA daily); RX/OTC	INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
GNP PEN NEEDLES	2	QL(5 EA daily); RX/OTC	INSULIN SYRINGE-NEEDLE U-100	2	QL(5 EA daily); RX/OTC
GNP ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	INSUPEN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP ULTIGUARD SAFEPAK NEEDLE	2	QL(5 EA daily); RX/OTC	INSUPEN SENSITIVE	2	QL(5 EA daily)
GNP ULTRA COM INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	INSUPEN ULTRAFIN	2	QL(5 EA daily); RX/OTC
GOODSENSE CLICKFINE PEN NEEDLE	2	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
GOODSENSE PEN NEEDLE PENFINE	2	QL(5 EA daily); RX/OTC	KMART VALU INSULIN SYRINGE 29G	2	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	2	QL(5 EA daily); RX/OTC	KMART VALU INSULIN SYRINGE 30G	2	QL(5 EA daily); RX/OTC
HEALTHWISE MICRON PEN NEEDLES	2	QL(5 EA daily); RX/OTC	KROGER INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC	KROGER PEN NEEDLES	2	QL(5 EA daily); RX/OTC
HEALTHWISE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	LEADER INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	LEADER UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
			LITETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES	2	QL(5 EA daily); RX/OTC	MONOJECT ULTRA COMFORT SYRINGE	2	QL(5 EA daily); RX/OTC
LONGS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	MS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
LUER LOCK SAFETY SYRINGES	2	RX/OTC	NOVOFINE AUTOCOVER PEN NEEDLE	2	QL(5 EA daily)
MAGELLAN INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC	NOVOFINE PEN NEEDLE	2	QL(5 EA daily)
MARATHON MEDICAL PENTIPS	2	QL(5 EA daily); RX/OTC	NOVOFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
MAXICOMFORT II PEN NEEDLE	2	QL(5 EA daily); RX/OTC	PATIENT SAFE SYRINGE	2	RX/OTC
MAXI-COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	PC UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	2	QL(5 EA daily); RX/OTC	PEN NEEDLE/5-BEVEL TIP	2	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	PEN NEEDLES	2	QL(5 EA daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	PEN NEEDLES 5/16"	2	QL(5 EA daily); RX/OTC
MEIJER PEN NEEDLES	2	QL(5 EA daily); RX/OTC	PENTIPS	2	QL(5 EA daily); RX/OTC
MICRODOT PEN NEEDLE	2	QL(5 EA daily); RX/OTC	PENTIPS GENERIC PEN NEEDLES	2	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC	PIP PEN NEEDLES 31G X 5MM	2	QL(5 EA daily); RX/OTC
MM PEN NEEDLES	2	QL(5 EA daily); RX/OTC	PIP PEN NEEDLES 32G X 4MM	2	QL(5 EA daily); RX/OTC
MONOJECT BLUNTIP SYR/CANNULA	2	RX/OTC	POLY HUB NEEDLE	2	RX/OTC
MONOJECT HYPODERMIC NEEDLE	2	RX/OTC	PRECISION SURE-DOSE SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	PREFERRED PLUS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT MAGELLAN SAFETY NDL	2	RX/OTC	PREFERRED PLUS UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
MONOJECT PHARMACY TRAY	2	RX/OTC	PREVENT DROPSAFE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE	2	RX/OTC	PREVENT SAFETY PEN NEEDLES	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE REG LUER	2	RX/OTC	PRO COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE REGULAR TIP	2	RX/OTC	PRO COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
			PRODIGY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC	SHOPKO UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); RX/OTC	SURE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	SURE COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	2	QL(5 EA daily)	SYRINGE LUER LOCK	2	RX/OTC
PX MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC	SYRINGE LUER SLIP	2	RX/OTC
PX PEN NEEDLE	2	QL(5 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TECHLITE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
QC PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TECHLITE PLUS PEN NEEDLES	2	QL(5 EA daily); RX/OTC
QC UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC	TODAYS HEALTH MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC	TODAYS HEALTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC
RA INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TODAYS HEALTH SHORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
RA PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TOPCARE CLICKFINE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
RAYA SURE PEN NEEDLE	2	QL(5 EA daily); RX/OTC	TOPCARE ULTRA COMFORT INS SYR	2	QL(5 EA daily); RX/OTC
REALITY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUE COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
RELION MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO INSULIN SYR	2	QL(5 EA daily); RX/OTC
RELION PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
RELION SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	TRUE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); RX/OTC
SAFETY PEN NEEDLES	2	QL(5 EA daily)	TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	TRUEPLUS PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	2	QL(5 EA daily)	ULTICARE INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
SHOPKO UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	UNIFINE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ULTICARE MICRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC	UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC	UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	UNIFINE PROTECT PEN NEEDLE	2	QL(5 EA daily)
ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily)	UNIFINE SAFECONTROL PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	2	QL(5 EA daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL(5 EA daily)	VALUE HEALTH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTILET PEN NEEDLE	2	QL(5 EA daily)	VALUMARK PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL(5 EA daily); RX/OTC	VERIFINE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	VERIFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTRA THIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC	VIDA MIA UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	VP INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRACARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II INS SYR SHORT	2	QL(5 EA daily); RX/OTC	ZEVRX INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	ZEVRX PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	2	QL(5 EA daily); RX/OTC	Respiratory Therapy Supplies		
ULTRA-THIN II PEN NEEDLE SHORT	2	QL(5 EA daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLES	2	QL(5 EA daily)	ACTIVITY POUCH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
UNIFINE OTC PEN NEEDLES	2	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADULT AEROSOL MASK 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
ADULT MASK LARGE 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
ADULT MASK DEVI	2	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
AEROBIKA DEVI	2	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
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MV 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
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	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 LARGE 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
AEROCHAMBER Z-STAT PLUS/MEDIUM 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
AEROCHAMBER Z-STAT PLUS/SMALL 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
AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	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
AEROECLIPSE MASK LARGE 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
AEROECLIPSE MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE MASK SMALL 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
AEROTRACH PLUS 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
AEROVENT PLUS DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			BREATHE EASE LARGE 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
			BREATHE EASE NEB MASK/CHILD 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
BREATHE EASE NEB MASK/INFANT 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
BREATHE EASE SMALL DEVI	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
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	CO MONITOR 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	COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP PRE-WASH SOLN MISC	2	QL(2 ML per 360 day(s) retail; 2 ML per 360 days mail); RX/OTC	EASIVENT MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP TUBE BRUSH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASIVENT 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
EASY FLOW 300 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW 400 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW AIR NOZZLE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC 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	FILTER AIR PP 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		2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC		2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC		2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW HEPA FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/BLUE 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 FLOW WHITE/GREEN DEVI	2	RX/OTC			
EASY FLOW WHITE/PINK DEVI	2	RX/OTC			
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC			
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FULL KIT NEBULIZER SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	LITETOUCH MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
HUDSON RCI AEROSOL MASK ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	LITETOUCH MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC	LITETOUCH MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC	MASK VORTEX/CHILD/FROG	2	QL(1 EA per 360 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER 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
INSPIRACHAMBER/LARGE DEVI	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
INSPIRACHAMBER/MEDIUM DEVI	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
INSPIRACHAMBER/MOUTHPIECE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	MICROSPACER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)	NEBULIZER AIR TUBE/PLUGS MISC	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	NEBULIZER CUP/TUBING DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER MASK ADULT/TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OPTICHAMBER DIAMOND 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	OPTICHAMBER DIAMOND-SM MASK 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	PANDA MASK LARGE	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	PANDA MASK MEDIUM	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	PANDA MASK SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI ALTERA NEBULIZER HANDSET 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	PARI BABY CONVERSION KIT 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	PARI BUBBLES PEDIATRIC MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI EXPIRATORY FILTER SET DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PARI MASK SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PILLOW MASK/ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	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
PARI SOFT PLASTIC ADULT MASK 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
PARI SOFT PLASTIC PED MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	POCKET CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC	POCKET SPACER DEVI	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	PRO COMFORT SPACER ADULT 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	PRO COMFORT SPACER CHILD 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	PRO COMFORT SPACER INFANT DEVI	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	PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PFLEX MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROCHAMBER VHC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SAMI THE SEAL FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRONEB ULTRA FILTER SET 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
PURE COMFORT 3-BALL BREATHE EX 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
PURE COMFORT SPACER CHAMBER DEVI	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
QUAKE 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
REPLACEMENT AIR FILTER 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
REPLACEMENT FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SILICONE MASK/PEDIATRIC MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SOOTHENEB NBL 100 MED CUP 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
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	WINDMILL TRAINER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SPIRO PD DEVI	2	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
THRESHOLD IMT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
THRESHOLD PEP DEVI	2	RX/OTC	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
TUBING/WING TIP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	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
ULTRA NEB ACCESSORIES KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	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
VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC	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
VERSAPAP DEVI	2	RX/OTC	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
VORTEX HOLD CHMBR/MASK/CHILD DEVI	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
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	<i>sumatriptan-naproxen sodium</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
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	Migraine Products		
QULIPTA	NP	QL(1 EA 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
UBRELVY	2	QL(16 EA per 84 day(s) retail; 16 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
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	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
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	MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
Migraine Combinations			Migraine Products - NSAIDs		
<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	<i>diclofenac potassium (migraine)</i>	1	2 max fill(s) per 30 day(s) retail; PA
			ELYXYB	2	2 max fill(s) per 30 day(s) retail; PA
			Serotonin Agonists		
			<i>almotriptan malate</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
			<i>eletriptan hydrobromide</i>	NP	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
FROVA (<i>frovatriptan succinate</i>)	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
<i>frovatriptan succinate</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail			
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>rizatriptan benzoate TABS 5 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(1 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
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(1.5 ML daily); 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
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>rizatriptan benzoate TBDP 5 MG</i>	1	QL(2 EA daily); 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	<i>sumatriptan</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<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
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(3 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
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<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
<i>naratriptan hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	NP	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
RELPAx (<i>eletriptan hydrobromide</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail
			<i>sumatriptan succinate TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
			TOSYMRA	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEMBRACE SYMTOUCH SOAJ	NP	QL(2 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>zolmitriptan SOLN</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	CALCIUM/C/D	1	2 max fill(s) per 30 day(s) retail; MP
<i>zolmitriptan TABS</i>	1	QL(6 EA per 30 day(s) retail)	<i>calcium TABS 600 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 30 day(s) retail); PA	CAL-QUICK LIQD	2	2 max fill(s) per 30 day(s) retail; MP
<i>zolmitriptan TBDP</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	CALTRATE 600+D PLUS MINERALS CHEW (<i>calcium carbonate- vitamin d w/ minerals</i>)	NF	
ZOMIG SOLN (<i>zolmitriptan</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CALTRATE BONE HEALTH ADVANCED CHEW (<i>calcium carbonate-vitamin d w/ minerals</i>)	NF	
MINERALS & ELECTROLYTES			CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NF	
Calcium			<i>oyster shell</i>	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM 600 +D HIGH POTENCY TABS	1	2 max fill(s) per 30 day(s) retail; MP	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARB- CHOLECALCIFEROL CHEW	1	2 max fill(s) per 30 day(s) retail; MP	Fluoride		
CALCIUM CARBONATE CHEW	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>calcium carbonate- cholecalciferol CHEW 400 UNIT-600 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>calcium carbonate- cholecalciferol TABS</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>calcium carbonate- cholecalciferol TABS 200 UNIT-500 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	Phosphate		
<i>calcium carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	2	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	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 phosphate monobasic TABS</i>	2	2 max fill(s) per 30 day(s) retail	POTASSIUM CHLORIDE SOLN IV (<i>potassium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
Potassium			<i>potassium chloride TBCR 15 MEQ</i>	2	2 max fill(s) per 30 day(s) retail
EFFER-K	2	2 max fill(s) per 30 day(s) retail; MP	<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	2 max fill(s) per 30 day(s) retail; MP
K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
POKONZA PACK PO	NP	2 max fill(s) per 30 day(s) retail; PA	Zinc		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	GALZIN	2	2 max fill(s) per 30 day(s) retail; PA
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA	GALZIN	2	2 max fill(s) per 30 day(s) retail; PA
POTASSIUM ACETATE SOLN (<i>potassium acetate</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA	MISCELLANEOUS THERAPEUTIC CLASSES		
<i>potassium bicarbonate TBEF</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Allogeneic Tissue		
<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	RETHYMIC	CO	
<i>potassium chloride microencapsulated crystals er</i>	1	2 max fill(s) per 30 day(s) retail; MP	Chelating Agents		
<i>potassium chloride CPCR</i>	1	2 max fill(s) per 30 day(s) retail; MP	CUPRIMINE CAPS (<i>penicillamine</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>potassium chloride PACK PO 20 MEQ</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	CUVRIOR	NP	2 max fill(s) per 30 day(s) retail; PA
<i>potassium chloride SOLN PO 20 %</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	DEPEN TITRATABS TABS (<i>penicillamine</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>potassium chloride SOLN IV 2 MEQ/ML</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>penicillamine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>penicillamine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			SYPRINE (<i>trientine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>trientine hcl 500 MG</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
<i>trientine hcl 250 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	CELLCEPT INTRAVENOUS (<i>mycophenolate mofetil hcl</i>)	CO	
Immunomodulators			CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
JOENJA	CO	2 max fill(s) per 30 day(s) retail	CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
<i>lenalidomide</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
NIKTIMVO	CO	SP	<i>cyclosporine modified (for microemulsion) CAPS</i>	CO	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>cyclosporine modified (for microemulsion) SOLN</i>	CO	2 max fill(s) per 30 day(s) retail; MP
REZUROCK	CO	2 max fill(s) per 30 day(s) retail	<i>cyclosporine CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
RYSTIGGO	CO	2 max fill(s) per 30 day(s) retail	<i>cyclosporine SOLN IV 50 MG/ML</i>	CO	
THALOMID 50 MG, 100 MG, 200 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ENSPRYNG	CO	2 max fill(s) per 30 day(s) retail; SP
VYVGART	CO	2 max fill(s) per 30 day(s) retail	ENVARUSUS XR TB24	CO	2 max fill(s) per 30 day(s) retail; MP
VYVGART HYTRULO	CO	2 max fill(s) per 30 day(s) retail	<i>everolimus (immunosuppressant)</i>	CO	2 max fill(s) per 30 day(s) retail; MP
Immunosuppressive Agents			GAMIFANT	CO	2 max fill(s) per 30 day(s) retail; SP
ASTAGRAF XL CP24	CO	2 max fill(s) per 30 day(s) retail; MP	IMURAN TABS (<i>azathioprine</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ATGAM	CO		LUPKYNIS	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
AZATHIOPRINE SODIUM	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>mycophenolate mofetil hcl</i>	CO	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>mycophenolate mofetil CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP			
<i>azathioprine TABS 50 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>mycophenolate mofetil SUSR</i>	CO	2 max fill(s) per 30 day(s) retail; MP	<i>sirolimus TABS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
<i>mycophenolate mofetil TABS</i>	CO	2 max fill(s) per 30 day(s) retail; MP	<i>tacrolimus CAPS</i>	CO	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	THYMOGLOBULIN	CO	
MYFORTIC (<i>mycophenolate sodium</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	UPLIZNA	CO	2 max fill(s) per 30 day(s) retail; SP
MYHIBBIN SUSP	CO		ZORTRESS (<i>everolimus (immunosuppressant)</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	Irrigation Solutions		
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	<i>irrigation solutions, physiological</i>	1	PA
NULOJIX	CO		<i>ringer's irrigation</i>	1	PA
PROGRAF CAPS (<i>tacrolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
PROGRAF PACK	CO	2 max fill(s) per 30 day(s) retail; MP	VIJOICE PACK	CO	
PROGRAF SOLN	CO		VIJOICE TBPK	CO	2 max fill(s) per 30 day(s) retail
RAPAMUNE SOLN (<i>sirolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	Potassium Removing Agents		
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	2 max fill(s) per 30 day(s) retail; MP	<i>sodium polystyrene sulfonate POWD</i>	1	2 max fill(s) per 30 day(s) retail
SANDIMMUNE SOLN IV 50 MG/ML	CO		<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	2 max fill(s) per 30 day(s) retail
SIMULECT	CO	2 max fill(s) per 30 day(s) retail; SP	VELTASSA 8.4 GM, 16.8 GM, 25.2 GM	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>sirolimus SOLN</i>	CO	2 max fill(s) per 30 day(s) retail; MP	VELTASSA 1 GM	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
			Progeria Treatment Agents		
			ZOKINVY	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Systemic Lupus Erythematosus Agents			<i>sodium fluoride (dental) CREA</i>	1	2 max fill(s) per 30 day(s) retail
BENLYSTA SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sodium fluoride (dental) CREA</i>	NP	2 max fill(s) per 30 day(s) retail; PA
BENLYSTA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sodium fluoride (dental) GEL</i>	1	2 max fill(s) per 30 day(s) retail
BENLYSTA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sodium fluoride (dental) GEL</i>	NP	2 max fill(s) per 30 day(s) retail; PA
MOUTH/THROAT/DENTAL AGENTS			<i>sodium fluoride (dental) PSTE DT</i>	1	2 max fill(s) per 30 day(s) retail
Anesthetics Topical Oral			<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	2 max fill(s) per 30 day(s) retail	SODIUM FLUORIDE 5000 ENAMEL GEL	1	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	SODIUM FLUORIDE 5000 SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail
Anti-infectives - Throat			Steroids - Mouth/Throat/Dental		
<i>clotrimazole</i>	1	2 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (mouth)</i>	1	2 max fill(s) per 30 day(s) retail
NYSTATIN (<i>nystatin (mouth-throat)</i>)	1	2 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (mouth)</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (mouth-throat)</i>	1	2 max fill(s) per 30 day(s) retail	Throat Products - Misc.		
ORAVIG	NP	2 max fill(s) per 30 day(s) retail; PA	<i>cevimeline hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antiseptics - Mouth/Throat			EVOXAC (<i>cevimeline hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>chlorhexidine gluconate (mouth-throat)</i>	1	2 max fill(s) per 30 day(s) retail	GELCLAIR	2	2 max fill(s) per 30 day(s) retail
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NF	2 max fill(s) per 30 day(s) retail	<i>pilocarpine hcl (oral)</i>	1	2 max fill(s) per 30 day(s) retail; MP
Dental Products			XYLIGEL 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	MULTIVITAMINS		
FRAICHE 5000 PREVI	2	2 max fill(s) per 30 day(s) retail	B-Complex w/ Folic Acid		
FRAICHE 5000 SENSITIVE GEL	2	2 max fill(s) per 30 day(s) retail	<i>b-complex w/ c & folic acid CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
SOD FLUORIDE-POTASSIUM NITRATE GEL	1	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ c & folic acid CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	NF	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	CENTRUM WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	FOSFREE TABS (<i>multiple vitamins w/ minerals</i>)	NF	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
DIALYVITE 5000	2	2 max fill(s) per 30 day(s) retail; MP	<i>multiple vitamins w/ minerals TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
DIALYVITE 800 PLUS D WAFR	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; MP; RX/OTC
DIALYVITE 800/IRON	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; MP; RX/OTC
DIALYVITE 800/ZINC	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; MP; RX/OTC
DIALYVITE 800 WAFR	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 15	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; MP; RX/OTC
DIALYVITE/ZINC	1	2 max fill(s) per 30 day(s) retail; MP	Ped Multi Vitamins w/Fl & FE		
NEPHRONEX LIQD	1	2 max fill(s) per 30 day(s) retail; MP	<i>ped multivitamins w/fl & iron SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
NUTRIVIT	2	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
Multiple Vitamins w/ Minerals			Ped Multiple Vitamins w/ Minerals		
CENTRUM ADULTS TABS (<i>multiple vitamins w/ minerals</i>)	NF	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
CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	CVS GUMMY DINOS CHEW	2	2 max fill(s) per 30 day(s) retail; MP
CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	NF	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES + EXTRA IRON 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 COMPLETE 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 GUMMIES BONE BUILD 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
FLINTSTONES-IMMUNITY SUPPORT CHEW	2	2 max fill(s) per 30 day(s) retail; MP	POLY-VI-FLOR SUSP	2	2 max fill(s) per 30 day(s) retail
GUMMI BEAR MULTIVITAMIN/MIN CHEW	1	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
MULTIVIT-MIN GUMMIES CHILDRENS 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 D3000 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
MVW COMPLETE FORMULATION D5000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP	Ped MV w/ Iron		
MVW COMPLETE FORMULATION CHEW	2	2 max fill(s) per 30 day(s) retail; MP	BPROTECTED PEDIA POLY-VITE/FE SOLN	2	QL(60 ML per fill retail); MP
VITACHEW MULTIPLE VITAMIN CHEW	2	2 max fill(s) per 30 day(s) retail; MP	MULTIVITAMIN DROPS/IRON SOLN	1	2 max fill(s) per 30 day(s) retail; MP
Ped MV w/ Fluoride			MULTIVITAMIN INFANT & TODDLER SOLN	1	2 max fill(s) per 30 day(s) retail; MP
MULTIVITAMIN/FLUORIDE CHEW	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	MULTIVITAMINS PLUS IRON CHILD CHEW	2	2 max fill(s) per 30 day(s) retail; MP
MULTIVITAMIN/FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PC PEDIATRIC POLY-VITA/FE DROP SOLN	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	<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	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	<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	1	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	POLY-VITA/IRON SOLN	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
			Pediatric Multiple Vitamins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BPROTECTED PEDIA POLY-VITE SOLN PO	1	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
INFUVITE PEDIATRIC SOLN IV	2	2 max fill(s) per 30 day(s) retail; MP; PA	VITAMIN A-C-D INFANT	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	Prenatal Vitamins		
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP	CLASSIC PRENATAL TABS	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	COMPLETE NATAL DHA	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	COMPLETENATE CHEW	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	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
POLY-VITA SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP	GNP PRENATAL TABS	1	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	KP PRENATAL MULTIVITAMINS TABS	2	2 max fill(s) per 30 day(s) retail; MP
VITALIPID N INFANT EMUL	2	2 max fill(s) per 30 day(s) retail; PA	M-NATAL PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
VITLIPID N INFANT EMUL	2	2 max fill(s) per 30 day(s) retail; PA	MULTI PRENATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP
Pediatric Vitamins			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
BPROTECTED PEDIA TRI-VITE	2	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
<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	NEO-VITAL RX TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NIVA-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
PRENATABS FA TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL (W/IRON & FA) TABS	1	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
PRENATAL MULTIVITAMIN + DHA MISC	2	2 max fill(s) per 30 day(s) retail; MP	RA PRENATAL TABS	1	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	SE-NATAL 19 CHEW	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	SE-NATAL 19 TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>prenatal vit w/ docusate-fe fumarate-folic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	THERANATAL CORE NUTRITION TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP	THRIVITE RX TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	TRINATAL RX 1 TABS	1	2 max fill(s) per 30 day(s) retail; MP
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	WESNATAL DHA COMPLETE	1	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	WESTAB PLUS TABS	1	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	Vitamins w/ Lipotropics		
			<i>vitamins w/ lipotropics TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Central Muscle Relaxants					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMRIX CP24 (cyclobenzaprine hcl)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	FLEQSUVY SUSP (baclofen)	NP	QL(16 ML daily); 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	LYVISPAH PACK	2	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>metaxalone</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>baclofen SUSP</i>	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA	METAXALONE 640 MG	NP	PA
<i>baclofen TABS 15 MG</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 TABS 5 MG, 10 MG, 20 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	<i>methocarbamol TABS 1000 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA
<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	<i>methocarbamol TABS 750 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail
<i>chlorzoxazone TABS</i>	NP	QL(1 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
<i>cyclobenzaprine hcl CP24</i>	NP	QL(1 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
<i>cyclobenzaprine hcl TABS 10 MG</i>	1		<i>orphenadrine citrate TB12</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	2 max fill(s) per 30 day(s) retail; PA	ROBAXIN SOLN (methocarbamol)	NP	2 max fill(s) per 30 day(s) retail; PA
<i>cyclobenzaprine hcl TABS 10 MG</i>	1	QL(3 EA daily)	SOMA TABS (carisoprodol)	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
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	<i>tizanidine hcl CAPS 2 MG</i>	NP	QL(4 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>tizanidine hcl CAPS 6 MG</i>	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RYANODEX SUSR	2	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl CAPS 4 MG</i>	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Fibrodysplasia Ossificans Progressiva (FOP) Agents		
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	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	Muscle Relaxant Combinations		
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 w/ aspirin & caff</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZANAFLEX CAPS 4 MG (<i>tizanidine hcl</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
ZANAFLEX CAPS 2 MG (<i>tizanidine hcl</i>)	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Nasal Agent Combinations		
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<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
Direct Muscle Relaxants			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
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	RYALTRIS	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
DANTRIUM SOLR (<i>dantrolene sodium</i>)	2	2 max fill(s) per 30 day(s) retail; PA	Nasal Agents - Misc.		
<i>dantrolene sodium CAPS 100 MG</i>	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	OCEAN NASAL SPRAY SOLN (<i>saline</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>dantrolene sodium CAPS 25 MG, 50 MG</i>	NP	QL(3 EA daily); 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
<i>dantrolene sodium SOLR</i>	1	2 max fill(s) per 30 day(s) retail; PA	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; RX/OTC
<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
PATANASE (<i>olopatadine hcl (nasal)</i>)	NF	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
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	2 max fill(s) per 30 day(s) retail
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

Drug Name	Drug Tier	Requirements/ Limits
<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
ZETONNA AERS	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
SUDAFED PE SINUS CONGESTION TABS (<i>phenylephrine hcl (oral)</i>)	NF	2 max fill(s) per 30 day(s) retail
SUDAFED SINUS CONGESTION TABS (<i>pseudoephedrine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>edaravone SOLN 30 MG/100ML</i>	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP
<i>edaravone SOLN 60 MG/100ML</i>	CO	2 max fill(s) per 30 day(s) retail; SP
EXSERVAN FILM	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
QALSODY	CO	
RADICAVA ORS STARTER KIT SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP
RADICAVA ORS SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RADICAVA SOLN (edaravone)	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 19.5-20.4 KG	CO	
RELYVRIO	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	ELEVIDYS 20.5-21.4 KG	CO	
RILUTEK TABS (riluzole)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ELEVIDYS 21.5-22.4 KG	CO	
<i>riluzole</i> TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	ELEVIDYS 22.5-23.4 KG	CO	
TEGLUTIK SUSP	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ELEVIDYS 23.5-24.4 KG	CO	
TIGLUTIK SUSP	NP	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ELEVIDYS 24.5-25.4 KG	CO	
Friedrich's Ataxia Agents			ELEVIDYS 25.5-26.4 KG	CO	
SKYCLARYS	CO	2 max fill(s) per 30 day(s) retail	ELEVIDYS 26.5-27.4 KG	CO	
Muscular Dystrophy Agents			ELEVIDYS 27.5-28.4 KG	CO	
AMONDYS 45	CO	SP	ELEVIDYS 28.5-29.4 KG	CO	
DUVYZAT	CO	2 max fill(s) per 30 day(s) retail; SP	ELEVIDYS 29.5-30.4 KG	CO	
ELEVIDYS 10.0-10.4 KG	CO		ELEVIDYS 30.5-31.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO		ELEVIDYS 31.5-32.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO		ELEVIDYS 32.5-33.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO		ELEVIDYS 33.5-34.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO		ELEVIDYS 34.5-35.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO		ELEVIDYS 35.5-36.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO		ELEVIDYS 36.5-37.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO		ELEVIDYS 37.5-38.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO		ELEVIDYS 38.5-39.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO		ELEVIDYS 39.5-40.4 KG	CO	
			ELEVIDYS 40.5-41.4 KG	CO	
			ELEVIDYS 41.5-42.4 KG	CO	
			ELEVIDYS 42.5-43.4 KG	CO	
			ELEVIDYS 43.5-44.4 KG	CO	
			ELEVIDYS 44.5-45.4 KG	CO	
			ELEVIDYS 45.5-46.4 KG	CO	
			ELEVIDYS 46.5-47.4 KG	CO	
			ELEVIDYS 47.5-48.4 KG	CO	
			ELEVIDYS 48.5-49.4 KG	CO	
			ELEVIDYS 49.5-50.4 KG	CO	
			ELEVIDYS 50.5-51.4 KG	CO	
			ELEVIDYS 51.5-52.4 KG	CO	
			ELEVIDYS 52.5-53.4 KG	CO	
			ELEVIDYS 53.5-54.4 KG	CO	
			ELEVIDYS 54.5-55.4 KG	CO	
			ELEVIDYS 55.5-56.4 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 56.5-57.4 KG	CO		ZOLGENSMA 12.6-13.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 57.5-58.4 KG	CO		ZOLGENSMA 13.1-13.5 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 58.5-59.4 KG	CO		ZOLGENSMA 13.6-14.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 59.5-60.4 KG	CO		ZOLGENSMA 14.1-14.5 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 60.5-61.4 KG	CO		ZOLGENSMA 14.6-15.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 61.5-62.4 KG	CO		ZOLGENSMA 15.1-15.5 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 62.5-63.4 KG	CO		ZOLGENSMA 15.6-16.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 63.5-64.4 KG	CO		ZOLGENSMA 16.1-16.5 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 64.5-65.4 KG	CO		ZOLGENSMA 16.6-17.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 65.5-66.4 KG	CO		ZOLGENSMA 17.1-17.5 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 66.5-67.4 KG	CO		ZOLGENSMA 17.6-18.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 67.5-68.4 KG	CO		ZOLGENSMA 18.1-18.5 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 68.5-69.4 KG	CO		ZOLGENSMA 18.6-19.0 KG	CO	2 max fill(s) per 30 day(s) retail
ELEVIDYS 69.5 KG PLUS	CO		ZOLGENSMA 19.1-19.5 KG	CO	2 max fill(s) per 30 day(s) retail
EXONDYS 51	CO	SP	ZOLGENSMA 19.6-20.0 KG	CO	2 max fill(s) per 30 day(s) retail
VILTEPSO	CO	SP	ZOLGENSMA 2.6-3.0 KG	CO	2 max fill(s) per 30 day(s) retail
VYONDYS 53	CO	SP	ZOLGENSMA 20.1-20.5 KG	CO	2 max fill(s) per 30 day(s) retail
Rett Syndrome Agents			ZOLGENSMA 3.1-3.5 KG	CO	2 max fill(s) per 30 day(s) retail
DAYBUE	CO	2 max fill(s) per 30 day(s) retail	ZOLGENSMA 3.6-4.0 KG	CO	2 max fill(s) per 30 day(s) retail
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 4.1-4.5 KG	CO	2 max fill(s) per 30 day(s) retail
EVRYSDI PO 5 MG	CO		ZOLGENSMA 4.6-5.0 KG	CO	2 max fill(s) per 30 day(s) retail
EVRYSDI	CO	2 max fill(s) per 30 day(s) retail	ZOLGENSMA 5.1-5.5 KG	CO	2 max fill(s) per 30 day(s) retail
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			
ZOLGENSMA 10.1-10.5 KG	CO	2 max fill(s) per 30 day(s) retail			
ZOLGENSMA 10.6-11.0 KG	CO	2 max fill(s) per 30 day(s) retail			
ZOLGENSMA 11.1-11.5 KG	CO	2 max fill(s) per 30 day(s) retail			
ZOLGENSMA 11.6-12.0 KG	CO	2 max fill(s) per 30 day(s) retail			
ZOLGENSMA 12.1-12.5 KG	CO	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 5.6-6.0 KG	CO	2 max fill(s) per 30 day(s) retail	<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	1	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 6.1-6.5 KG	CO	2 max fill(s) per 30 day(s) retail	<i>polyvinyl alcohol 1.4 %</i>	1	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 6.6-7.0 KG	CO	2 max fill(s) per 30 day(s) retail	<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	1	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 7.1-7.5 KG	CO	2 max fill(s) per 30 day(s) retail	<i>propylene glycol (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 7.6-8.0 KG	CO	2 max fill(s) per 30 day(s) retail	<i>propylene glycol (ophth)</i>	2	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 8.1-8.5 KG	CO	2 max fill(s) per 30 day(s) retail	SYSTANE ULTRA SOLN (<i>polyethylene glycol-propylene glycol (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 8.6-9.0 KG	CO	2 max fill(s) per 30 day(s) retail	THERATEARS EXTRA SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 9.1-9.5 KG	CO	2 max fill(s) per 30 day(s) retail	<i>white petrolatum-mineral oil</i>	2	2 max fill(s) per 30 day(s) retail
ZOLGENSMA 9.6-10.0 KG	CO	2 max fill(s) per 30 day(s) retail	<i>white petrolatum-mineral oil</i>	1	2 max fill(s) per 30 day(s) retail
NUTRIENTS			Beta-blockers - Ophthalmic		
Carbohydrates			<i>betaxolol hcl (ophth) SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP
<i>glucose LIQD</i>	2	2 max fill(s) per 30 day(s) retail; MP	BETIMOL (<i>timolol</i>)	NP	2 max fill(s) per 30 day(s) retail; MP
Lipids			BETIMOL	NP	2 max fill(s) per 30 day(s) retail; MP
DOJOLVI	CO	2 max fill(s) per 30 day(s) retail; SP	BETIMOL (<i>timolol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
OPHTHALMIC AGENTS - Drugs to Treat the Eye			BETOPTIC-S SUSP	NP	2 max fill(s) per 30 day(s) retail; MP
Artificial Tears and Lubricants			<i>brimonidine tartrate-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>artificial tear solution</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>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</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>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	2	2 max fill(s) per 30 day(s) retail			
<i>glycerin-hypromellose-polyethylene glycol 400</i>	2	2 max fill(s) per 30 day(s) retail			
LACRISERT	NP	2 max fill(s) per 30 day(s) retail			
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	2	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	TYRVAYA	2	2 max fill(s) per 30 day(s) retail; PA
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	Cycloplegic Mydriatics		
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>atropine sulfate (ophthalmic) OINT</i>	1	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	<i>atropine sulfate (ophthalmic) SOLN</i>	1	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	ATROPINE SULFATE SOLN 1 %	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	ATROPINE SULFATE SOLN 1 %	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	ATROPINE SULFATE SOLN 0.01 %, 1 % (<i>atropine sulfate (ophthalmic)</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>timolol</i>	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
<i>timolol maleate (ophth) SOLG</i>	1	2 max fill(s) per 30 day(s) retail; MP	CYCLOGYL	NP	2 max fill(s) per 30 day(s) retail; PA
<i>timolol maleate (ophth) SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP	CYCLOMYDRIL	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>cyclopentolate hcl 1 %</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; PA	MYDRIACYL SOLN (<i>tropicamide</i>)	NP	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>phenylephrine hcl (mydriatic) SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
TIMOPTIC SOLN (<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-XE SOLG (<i>timolol maleate (ophth)</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	<i>tropicamide SOLN 1 %</i>	1	2 max fill(s) per 30 day(s) retail
Cholinergic Agonists			<i>tropicamide SOLN 0.5 %</i>	1	2 max fill(s) per 30 day(s) retail; PA
			Miotics		
			PHOSPHOLINE IODIDE	NP	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
VUITY SOLN	2	2 max fill(s) per 30 day(s) retail; PA	<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	4 max fill(s) per 30 day(s) retail
Ophthalmic Adrenergic Agents			NATACYN	2	4 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	<i>neomycin-bacitracin zn-polymyxin</i>	NP	4 max fill(s) per 30 day(s) retail
<i>apraclonidine hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>neomycin-polymyxin-gramicidin</i>	NP	4 max fill(s) per 30 day(s) retail
<i>brimonidine tartrate</i>	1	2 max fill(s) per 30 day(s) retail; MP	OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
IOPIDINE	NP	2 max fill(s) per 30 day(s) retail; MP	<i>ofloxacin (ophth)</i>	1	4 max fill(s) per 30 day(s) retail
SIMBRINZA	2	2 max fill(s) per 30 day(s) retail; MP	<i>polymyxin b-trimethoprim</i>	1	4 max fill(s) per 30 day(s) retail
Ophthalmic Anti-infectives			POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NF	4 max fill(s) per 30 day(s) retail
AZASITE	NP	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>bacitracin (ophthalmic)</i>	NP	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
<i>bacitracin-polymyxin b (ophth)</i>	NP	4 max fill(s) per 30 day(s) retail; PA	<i>tobramycin (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail
BESIVANCE	NP	4 max fill(s) per 30 day(s) retail	TOBREX OINT	NP	4 max fill(s) per 30 day(s) retail
CILOXAN OINT	NP	4 max fill(s) per 30 day(s) retail	<i>trifluridine</i>	1	2 max fill(s) per 30 day(s) retail
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	NF	4 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
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	XDEMVY	2	2 max fill(s) per 30 day(s) retail
ERYTHROMYCIN	1	4 max fill(s) per 30 day(s) retail	ZIRGAN GEL	2	2 max fill(s) per 30 day(s) retail
<i>erythromycin (ophth)</i>	1	4 max fill(s) per 30 day(s) retail	ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF	4 max fill(s) per 30 day(s) retail
<i>gatifloxacin (ophth)</i>	NP	4 max fill(s) per 30 day(s) retail	Ophthalmic Gene Therapy		
<i>gentamicin sulfate (ophth) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	LUXTURN A	CO	SP
			Ophthalmic Immunomodulators		
			CEQUA SOLN	NP	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine (ophth) EMUL</i>	1	2 max fill(s) per 30 day(s) retail	ALREX SUSP (<i>loteprednol etabonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
RESTASIS MULTIDOSE EMUL	2	2 max fill(s) per 30 day(s) retail	<i>bacitracin-poly-neomycin-hc</i>	NP	4 max fill(s) per 30 day(s) retail
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	2 max fill(s) per 30 day(s) retail	<i>dexamethasone sodium phosphate (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
VERKAZIA EMUL	NP	2 max fill(s) per 30 day(s) retail; PA	<i>difluprednate</i>	1	2 max fill(s) per 30 day(s) retail
VEVYE SOLN	NP	2 max fill(s) per 30 day(s) retail; PA	DUREZOL (<i>difluprednate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Integrin Antagonists			DUREZOL (<i>difluprednate</i>)	NF	2 max fill(s) per 30 day(s) retail
XIIDRA	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	EYSUVIS SUSP	NP	2 max fill(s) per 30 day(s) retail
Ophthalmic Kinase Inhibitors			FLAREX	NP	2 max fill(s) per 30 day(s) retail
RHOPRESSA	2	2 max fill(s) per 30 day(s) retail; MP	<i>fluorometholone (ophth) SUSP</i>	1	2 max fill(s) per 30 day(s) retail
ROCKLATAN	2	2 max fill(s) per 30 day(s) retail; MP	FML FORTE SUSP	NP	2 max fill(s) per 30 day(s) retail
Ophthalmic Local Anesthetics			FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AKTEN	NP	2 max fill(s) per 30 day(s) retail; MP; PA	INVELTYS SUSP	NP	2 max fill(s) per 30 day(s) retail
ALCAINE (<i>proparacaine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	LOTEMAX SM GEL	NP	2 max fill(s) per 30 day(s) retail
<i>proparacaine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	LOTEMAX GEL (<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; MP; PA	LOTEMAX OINT	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; MP; PA	LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Nerve Growth Factors			<i>loteprednol etabonate GEL</i>	NP	2 max fill(s) per 30 day(s) retail
OXERVATE	CO	2 max fill(s) per 30 day(s) retail; SP	<i>loteprednol etabonate SUSP 0.5 %</i>	NP	
Ophthalmic Steroids			<i>loteprednol etabonate SUSP</i>	NP	2 max fill(s) per 30 day(s) retail
			MAXIDEX SUSP OP	NP	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT (neomycin-polymy-dexameth)	NP	4 max fill(s) per 30 day(s) retail; PA	azelastine hcl (ophth)	NP	2 max fill(s) per 30 day(s) retail
MAXITROL SUSP (neomycin-polymy-dexameth)	NP	4 max fill(s) per 30 day(s) retail; PA	AZOPT (brinzolamide)	NF	2 max fill(s) per 30 day(s) retail; MP
neomycin-polymy-dexameth OINT	1	4 max fill(s) per 30 day(s) retail	AZOPT (brinzolamide)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
neomycin-polymy-dexameth SUSP	1	4 max fill(s) per 30 day(s) retail	bepotastine besilate	NP	2 max fill(s) per 30 day(s) retail
neomycin-polymyxin-hc (ophth)	1	4 max fill(s) per 30 day(s) retail	BEPREVE (bepotastine besilate)	NP	2 max fill(s) per 30 day(s) retail; PA
PRED FORTE (prednisolone acetate (ophth))	NP	2 max fill(s) per 30 day(s) retail; PA	brinzolamide	1	2 max fill(s) per 30 day(s) retail; MP
PRED MILD	NP	2 max fill(s) per 30 day(s) retail	bromfenac sodium (ophth)	NP	2 max fill(s) per 30 day(s) retail
prednisolone acetate (ophth)	1	2 max fill(s) per 30 day(s) retail	BROMSITE (bromfenac sodium (ophth))	NP	2 max fill(s) per 30 day(s) retail
PREDNISOLONE SODIUM PHOSPHATE	NP	2 max fill(s) per 30 day(s) retail	CYSTADROPS	2	2 max fill(s) per 30 day(s) retail; SP; PA
sulfacetamide sod-prednisolone SOLN	1	4 max fill(s) per 30 day(s) retail	CYSTARAN	2	2 max fill(s) per 30 day(s) retail; SP; PA
TOBRADEX ST SUSP	2	4 max fill(s) per 30 day(s) retail	diclofenac sodium (ophth)	1	2 max fill(s) per 30 day(s) retail
TOBRADEX OINT	2	4 max fill(s) per 30 day(s) retail	dorzolamide hcl	1	2 max fill(s) per 30 day(s) retail; MP
TOBRADEX SUSP (tobramycin-dexamethasone)	NF	4 max fill(s) per 30 day(s) retail	epinastine hcl (ophth)	NP	2 max fill(s) per 30 day(s) retail
tobramycin-dexamethasone SUSP	1	4 max fill(s) per 30 day(s) retail	flurbiprofen sodium	1	2 max fill(s) per 30 day(s) retail
TRIESENCE	NP	SP	ILEVRO	2	2 max fill(s) per 30 day(s) retail
ZYLET	NP	4 max fill(s) per 30 day(s) retail	ketorolac tromethamine (ophth)	1	2 max fill(s) per 30 day(s) retail
Ophthalmics - Misc.			ketotifen fumarate (ophth) 0.035 %	1	2 max fill(s) per 30 day(s) retail
ACULAR (ketorolac tromethamine (ophth))	NP	2 max fill(s) per 30 day(s) retail; PA	MIEBO	NP	2 max fill(s) per 30 day(s) retail
ACULAR LS (ketorolac tromethamine (ophth))	NP	2 max fill(s) per 30 day(s) retail; PA	NEVANAC	2	2 max fill(s) per 30 day(s) retail
ACUVAIL	NP	2 max fill(s) per 30 day(s) retail	PROLENSA (bromfenac sodium (ophth))	NP	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ZERVIAE	NP	2 max fill(s) per 30 day(s) retail
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP
IYUZEH SOLN	2	2 max fill(s) per 30 day(s) retail; MP
<i>latanoprost SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
LUMIGAN SOLN 0.01 %	NP	2 max fill(s) per 30 day(s) retail; MP
<i>tafluprost</i>	NP	2 max fill(s) per 30 day(s) retail; MP
TRAVATAN Z SOLN (<i>travoprost</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>travoprost SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP
VYZULTA	NP	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

Drug Name	Drug Tier	Requirements/ Limits
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
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	NF	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		
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		

Drug Name	Drug Tier	Requirements/ Limits
HYPERRHO S/D 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
AMOXICILLIN SUSR (<i>amoxicillin</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 1 GM, 2 GM, 250 MG, 500 MG</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>ampicillin sodium IJ 125 MG</i>	2	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
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
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

Drug Name	Drug Tier	Requirements/ Limits
<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>)	NF	4 max fill(s) per 30 day(s) retail
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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		
AYGESTIN TABS (<i>norethindrone acetate</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<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
PROMETRIUM CAPS (<i>progesterone</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
PROMETRIUM CAPS (<i>progesterone</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
PROVERA 5 MG, 10 MG (<i>medroxyprogesterone acetate</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>disulfiram</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lofexidine hcl</i>	NP	2 max fill(s) per 30 day(s) retail; PA
LUCEMYRA (<i>lofexidine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	NP	SON; QL(18 ML daily); 4 max fill(s) per 30 day(s) retail; PA
XYREM SOLN	NP	SON; QL(18 ML daily); 4 max fill(s) per 30 day(s) retail; PA
XYWAV	NP	SON; QL(18 ML daily); 4 max fill(s) per 30 day(s) retail; PA
Antidementia Agents		
ADLARITY PTWK	NP	2 max fill(s) per 30 day(s) retail; PA
ADUHELM	CO	1 max fill(s) per 30 day(s) retail; SP
ARICEPT TABS (<i>donepezil hydrochloride</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>donepezil hydrochloride TABS 23 MG</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>donepezil hydrochloride TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
EXELON (<i>rivastigmine</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
<i>galantamine hydrobromide CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>galantamine hydrobromide SOLN</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>galantamine hydrobromide TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	<i>rivastigmine</i>	1	2 max fill(s) per 30 day(s) retail; MP
KISUNLA	CO	1 max fill(s) per 30 day(s) retail; SP	<i>rivastigmine tartrate CAPS</i>	NP	2 max fill(s) per 30 day(s) retail; MP
LEQEMBI	CO	1 max fill(s) per 30 day(s) retail; SP	Cerebral Adrenoleukodystrophy (CALD) Agents		
<i>memantine hcl CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP	SKYSONA	CO	SP
<i>memantine hcl-donepezil hcl CP24</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Combination Psychotherapeutics		
<i>memantine hcl SOLN 2 MG/ML</i>	NP	2 max fill(s) per 30 day(s) retail; MP; PA	<i>chlorthalidoxepoxide-amitriptyline</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>memantine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	LYBALVI	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>memantine hcl TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>olanzapine-fluoxetine hcl</i>	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	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
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Fibromyalgia Agents		
NAMENDA XR CP24 14 MG, 28 MG (<i>memantine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	SAVELLA TITRATION PACK MISC	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NAMENDA TABS (<i>memantine hcl</i>)	NF	2 max fill(s) per 30 day(s) retail; MP	SAVELLA TABS	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NAMZARIC C4PK	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Metachromatic Leukodystrophy (MLD) Agents		
NAMZARIC CP24	NP	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENMELDY	CO	SP	<i>tetrabenazine 25 MG</i>	1	SON; QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Movement Disorder Drug Therapy			XENAZINE 25 MG (<i>tetrabenazine</i>)	NP	SON; QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
AUSTEDO XR PATIENT TITRATION TEPK	2		XENAZINE 12.5 MG (<i>tetrabenazine</i>)	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
AUSTEDO XR PATIENT TITRATION TEPK	2	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail	Multiple Sclerosis Agents		
AUSTEDO XR TB24 18 MG, 36 MG, 42 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	AMPYRA (<i>dalfampridine</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	2	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	AUBAGIO (<i>teriflunomide</i>)	NF	2 max fill(s) per 30 day(s) retail
AUSTEDO XR TB24 30 MG, 48 MG	2		AUBAGIO (<i>teriflunomide</i>)	NP	2 max fill(s) per 30 day(s) retail; PA
AUSTEDO TABS 6 MG, 9 MG	2	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	AVONEX PEN AJKT	2	2 max fill(s) per 30 day(s) retail; SP
AUSTEDO TABS 12 MG	2	SON; QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	AVONEX PREFILLED PSKT	2	2 max fill(s) per 30 day(s) retail; SP
INGREZZA CAPS 60 MG	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	BAFIERTAM	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
INGREZZA CAPS 80 MG	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	BETASERON KIT	2	2 max fill(s) per 30 day(s) retail; SP
INGREZZA CPPK	NP	SON; 2 max fill(s) per 30 day(s) retail; PA	BRIUMVI	NP	2 max fill(s) per 30 day(s) retail; PA
INGREZZA CPSP 40 MG, 60 MG	NP	SON; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	COPAXONE SOSY (<i>glatiramer acetate</i>)	2	2 max fill(s) per 30 day(s) retail; SP
<i>tetrabenazine 12.5 MG</i>	1	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>dalfampridine</i>	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
			<i>dalfampridine</i>	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate CDPK</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (9 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP
<i>dimethyl fumarate CPDR</i>	1	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
<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	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
<i>fingolimod hcl</i>	NP	QL(1 EA daily); 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
GILENYA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	OCREVUS	NP	2 max fill(s) per 30 day(s) retail; SP; PA
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	OCREVUS ZUNOVO	NP	QL(23 ML per 6 day(s) retail; 23 ML per 6 days mail); 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	PLEGRIDY STARTER PACK SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP
KESIMPTA	2	2 max fill(s) per 30 day(s) retail; SP	PLEGRIDY STARTER PACK SOSY SC	NP	2 max fill(s) per 30 day(s) retail; SP
LEMTRADA	NP	2 max fill(s) per 30 day(s) retail; SP	PLEGRIDY SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (10 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP	PLEGRIDY SOSY IM	NP	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (4 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP	PONVORY STARTER PACK TBPK	NP	QL(1 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			
MAVENCLAD (6 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP			
MAVENCLAD (7 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP			
MAVENCLAD (8 TABS)	NP	2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PONVORY TABS	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>gabapentin (once-daily) TABS</i>	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REBIF REBIDOSE TITRATION PACK SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP	GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REBIF REBIDOSE SOAJ	NP	2 max fill(s) per 30 day(s) retail; SP	GRALISE TABS 450 MG, 750 MG, 900 MG	2	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REBIF TITRATION PACK SOSY	NP	2 max fill(s) per 30 day(s) retail; SP	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
REBIF SOSY	NP	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
TASCENSO ODT	2	2 max fill(s) per 30 day(s) retail; PA	<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
TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>pregabalin (once-daily) 330 MG</i>	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>teriflunomide</i>	1	2 max fill(s) per 30 day(s) retail	<i>fluoxetine hcl (pmdd) TABS</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TYSABRI	NP	2 max fill(s) per 30 day(s) retail; SP	Pseudobulbar Affect (PBA) Agents		
VUMERITY	NP	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	NUDEXTA	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	2 max fill(s) per 30 day(s) retail; SP	Psychotherapeutic and Neurological Agents -		
ZEPOSIA STARTER KIT CPPK	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA			
ZEPOSIA CAPS	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP			
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents					

Drug Name	Drug Tier	Requirements/ Limits
Misc.		
AQNEURSA	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>ergoloid mesylates TABS</i>	1	SON; QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
MIPLYFFA	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>pimozide</i>	1	SON; QL(5 EA daily); 2 max fill(s) per 30 day(s) retail
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	SON; QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Smoking Deterrents		
APO-VARENICLINE TABS	2	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>bupropion hcl (smoking deterrent)</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	NP	SON; 2 max fill(s) per 30 day(s) retail; MP; PA
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
NICORETTE GUM (<i>nicotine polacrilex</i>)	NF	4 max fill(s) per 30 day(s) retail; MP
<i>nicotine polacrilex GUM</i>	1	4 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine polacrilex LOZG</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>nicotine polacrilex LOZG</i>	2	4 max fill(s) per 30 day(s) retail; MP
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	4 max fill(s) per 30 day(s) retail; MP
NICOTROL NS SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
<i>varenicline tartrate TABS</i>	1	SON; 2 max fill(s) per 30 day(s) retail; MP
<i>varenicline tartrate TBPK</i>	1	SON; 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
ONPATTRO	CO	2 max fill(s) per 30 day(s) retail; SP
TEGSEDI	CO	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); 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		

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine mesylate (vasomotor)</i>	NP	SON; QL(20 EA daily); 2 max fill(s) per 30 day(s) retail; 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 5.8 MG, 13.4 MG	CO	
KALYDECO PACK 25 MG, 50 MG, 75 MG	CO	SP
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

Drug Name	Drug Tier	Requirements/ Limits
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
OFEV	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>pirfenidone CAPS</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone TABS 267 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone TABS 534 MG</i>	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone TABS 801 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	4 max fill(s) per 30 day(s) retail
TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
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
TYGACIL (<i>tigecycline</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
Tetracyclines		
<i>demeclocycline hcl TABS</i>	NP	4 max fill(s) per 30 day(s) retail
DORYX MPC TBEC 60 MG	NP	4 max fill(s) per 30 day(s) retail
DORYX TBEC 80 MG (<i>doxycycline hyclate</i>)	NP	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
<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP	4 max fill(s) per 30 day(s) retail
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>doxycycline (monohydrate) SUSR</i>	NP	4 max fill(s) per 30 day(s) retail
<i>doxycycline (monohydrate) TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>doxycycline hyclate CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>doxycycline hyclate SOLR</i>	NP	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>doxycycline hyclate TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>doxycycline hyclate TBEC</i>	NP	4 max fill(s) per 30 day(s) retail
MINOCIN SOLR	2	4 max fill(s) per 30 day(s) retail; PA
<i>minocycline hcl CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>minocycline hcl TABS</i>	NP	4 max fill(s) per 30 day(s) retail
<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 (<i>minocycline hcl</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
TETRACYCLINE HCL TABS	NP	2 max fill(s) per 30 day(s) retail
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	4 max fill(s) per 30 day(s) retail; PA
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NF	4 max fill(s) per 30 day(s) retail
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>propylthiouracil</i>	1	2 max fill(s) per 30 day(s) retail; MP
Thyroid Hormones		
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP	SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
ARMOUR THYROID TABS	2	2 max fill(s) per 30 day(s) retail; MP	THYQUIDITY SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	2 max fill(s) per 30 day(s) retail; MP; PA	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP
ERMEZA SOLN PO	NP	2 max fill(s) per 30 day(s) retail; MP; PA	TOXOIDS		
<i>levothyroxine sodium</i> CAPS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	Toxoid Combinations		
LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA	ADACEL SUSP	2	AL(At least 18 yrs old)
LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA	BOOSTRIX SUSP	2	AL(At least 18 yrs old)
<i>levothyroxine sodium</i> SOLR IV	1	2 max fill(s) per 30 day(s) retail; PA	BOOSTRIX SUSY	2	AL(At least 18 yrs old)
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	1	2 max fill(s) per 30 day(s) retail; PA	DAPTACEL	2	AL(At least 18 yrs old)
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	NF	2 max fill(s) per 30 day(s) retail	INFANRIX	2	AL(At least 18 yrs old)
<i>levothyroxine sodium</i> TABS	NP	2 max fill(s) per 30 day(s) retail; MP; PA	KINRIX SUSY	2	
<i>levothyroxine sodium</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP	PEDIARIX SUSY	2	
<i>liothyronine sodium</i> SOLN	1	2 max fill(s) per 30 day(s) retail; PA	PENTACEL	2	
<i>liothyronine sodium</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP	QUADRACEL SUSP	2	
NIVA THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP	QUADRACEL SUSY	2	
NP THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP	TDVAX SUSP	2	AL(At least 18 yrs old)
			TENIVAC INJ	2	AL(At least 18 yrs old)
			TETANUS-DIPHTHERIA TOXOIDS TD SUSP	2	AL(At least 18 yrs old)
			VAXELIS SUSP	2	
			VAXELIS SUSY	2	
			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
			Antispasmodics		
			BENTYL SOLN IM (<i>dicyclomine hcl</i>)	NP	
			<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CUVPOSA SOLN PO (glycopyrrolate)	NP	2 max fill(s) per 30 day(s) retail; PA	hyoscyamine sulfate TBDP 0.125 MG	NP	2 max fill(s) per 30 day(s) retail; PA
DARTISLA ODT TBDP	NP	2 max fill(s) per 30 day(s) retail	LEVSIN/SL SUBL (hyoscyamine sulfate)	NP	2 max fill(s) per 30 day(s) retail; PA
dicyclomine hcl CAPS	1	2 max fill(s) per 30 day(s) retail	LEVSIN TABS (hyoscyamine sulfate)	NP	2 max fill(s) per 30 day(s) retail; PA
dicyclomine hcl SOLN PO	1	2 max fill(s) per 30 day(s) retail	LIBRAX (chlordiazepoxide hcl-clidinium bromide)	NP	2 max fill(s) per 30 day(s) retail; PA
dicyclomine hcl SOLN IM	1		methscopolamine bromide	1	2 max fill(s) per 30 day(s) retail
dicyclomine hcl TABS	1	2 max fill(s) per 30 day(s) retail	phenobarbital-hyoscyamine-atropine-scopolamine TABS	NP	2 max fill(s) per 30 day(s) retail; PA
GLYCATE TABS	NP	2 max fill(s) per 30 day(s) retail; PA	ROBINUL-FORTE TABS (glycopyrrolate)	NP	2 max fill(s) per 30 day(s) retail; PA
glycopyrrolate SOLN PO 1 MG/5ML	1	2 max fill(s) per 30 day(s) retail	ROBINUL TABS (glycopyrrolate)	NP	2 max fill(s) per 30 day(s) retail; PA
glycopyrrolate SOLN IJ	1		H-2 Antagonists		
glycopyrrolate SOSY IJ	NP		cimetidine hcl PO 300 MG/5ML	NP	2 max fill(s) per 30 day(s) retail; PA
GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP		cimetidine TABS	NP	2 max fill(s) per 30 day(s) retail; RX/OTC
glycopyrrolate TABS 1 MG, 2 MG	1	2 max fill(s) per 30 day(s) retail	famotidine in nacl SOLN	NP	2 max fill(s) per 30 day(s) retail; MP; PA
GLYRX-PF SOLN IJ	NP		famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	NP	2 max fill(s) per 30 day(s) retail; MP; PA
hyoscyamine sulfate ELIX	1	2 max fill(s) per 30 day(s) retail	famotidine SUSR	1	2 max fill(s) per 30 day(s) retail; MP
hyoscyamine sulfate SOLN PO 0.125 MG/ML	1	2 max fill(s) per 30 day(s) retail	famotidine TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
hyoscyamine sulfate SUBL 0.125 MG	1	2 max fill(s) per 30 day(s) retail	nizatidine CAPS	NP	2 max fill(s) per 30 day(s) retail; MP
hyoscyamine sulfate SUBL 0.125 MG	NP	2 max fill(s) per 30 day(s) retail; PA	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	NF	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
hyoscyamine sulfate TABS 0.125 MG	NP	2 max fill(s) per 30 day(s) retail; PA			
hyoscyamine sulfate TABS 0.125 MG	1	2 max fill(s) per 30 day(s) retail			
hyoscyamine sulfate TB12 0.375 MG	1	2 max fill(s) per 30 day(s) retail			
hyoscyamine sulfate TBDP 0.125 MG	1	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEPCID AC TABS (famotidine)	NF	2 max fill(s) per 30 day(s) retail; MP	dexlansoprazole	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
PEPCID TABS (famotidine)	NP	2 max fill(s) per 30 day(s) retail; MP; PA; RX/OTC			
Misc. Anti-Ulcer					
CARAFATE SUSP (sucralfate)	NP	2 max fill(s) per 30 day(s) retail; PA	esomeprazole magnesium CPDR 20 MG	1	Max Limit: 60 days per 365 days; 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
CARAFATE TABS (sucralfate)	NP	2 max fill(s) per 30 day(s) retail; PA			
sucralfate SUSP	1	2 max fill(s) per 30 day(s) retail			
sucralfate TABS	1	2 max fill(s) per 30 day(s) retail			
Proton Pump Inhibitors					
ACIPHEX TBEC (rabeprazole sodium)	NF	Max Limit: 60 days per 365 days; 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	esomeprazole magnesium CPDR	NP	Max Limit: 60 days per 365 days; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
DEXILANT (dexlansoprazole)	NP	Max Limit: 60 days per 365 days; 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	esomeprazole magnesium 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium</i> PACK 10 MG, 20 MG, 40 MG	NP	Max Limit: 60 days per 365 days; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	<i>lansoprazole CPDR</i>	NP	Max Limit: 60 days per 365 days; 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> PACK 2.5 MG, 5 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	<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> 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	NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	Max Limit: 60 days per 365 days; 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>esomeprazole sodium</i> 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; PA	NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	Max Limit: 60 days per 365 days; 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>omeprazole CPDR 10 MG</i>	NP	Max Limit: 60 days per 365 days; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>omeprazole 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
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML	2	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>omeprazole CPDR 10 MG</i>	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-NACL 0.9 %-40 MG/50ML	2	2 max fill(s) per 30 day(s) retail; PA
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	Max Limit: 60 days per 365 days; 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/100ML	2	QL(100 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
			<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium SOLR</i>	1	Max Limit: 60 days per 365 days; 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	Max Limit: 60 days per 365 days; 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>pantoprazole sodium TBEC</i>	1	Max Limit: 60 days per 365 days; 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	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	Max Limit: 60 days per 365 days; 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>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	PRILOSEC PACK	NP	Max Limit: 60 days per 365 days; 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	Max Limit: 60 days per 365 days; 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 PACK (<i>pantoprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; 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
PROTONIX SOLR (<i>pantoprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; 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>misoprostol</i>	1	2 max fill(s) per 30 day(s) retail
PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	Max Limit: 60 days per 365 days; QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA	Ulcer Therapy Combinations		
<i>rabeprazole sodium TBEC</i>	NP	Max Limit: 60 days per 365 days; 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>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	2 max fill(s) per 30 day(s) retail; 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	<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	2 max fill(s) per 30 day(s) retail; PA
Ulcer Drugs - Prostaglandins			KONVOMEPEP 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
CYTOTEC (<i>misoprostol</i>)	NP	2 max fill(s) per 30 day(s) retail; PA	<i>omeprazole-sodium bicarbonate CAPS</i>	NP	Max Limit: 60 days per 365 days; 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	Max Limit: 60 days per 365 days; 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	Drug Name	Drug Tier	Requirements/ Limits
TALICIA	NP	2 max fill(s) per 30 day(s) retail; PA	DETROL LA CP24 (tolterodine tartrate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
VOQUEZNA DUAL PAK	NP	2 max fill(s) per 30 day(s) retail; PA	DETROL TABS (tolterodine tartrate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
VOQUEZNA TRIPLE PAK	NP	2 max fill(s) per 30 day(s) retail; PA	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	NF	2 max fill(s) per 30 day(s) retail; MP
ZEGERID OTC CAPS (omeprazole-sodium bicarbonate)	NF	RX/OTC	fesoterodine fumarate	1	2 max fill(s) per 30 day(s) retail; MP
ZEGERID CAPS (omeprazole-sodium bicarbonate)	NP	Max Limit: 60 days per 365 days; 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	oxybutynin chloride SOLN	1	2 max fill(s) per 30 day(s) retail
ZEGERID PACK (omeprazole-sodium bicarbonate)	NP	Max Limit: 60 days per 365 days; 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	oxybutynin chloride TABS 5 MG	1	2 max fill(s) per 30 day(s) retail; MP
			oxybutynin chloride TABS 2.5 MG	2	2 max fill(s) per 30 day(s) retail; MP
			oxybutynin chloride TB24	1	2 max fill(s) per 30 day(s) retail; MP
			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
			solifenacin succinate TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
			tolterodine tartrate CP24	1	2 max fill(s) per 30 day(s) retail; MP
			tolterodine tartrate TABS	NP	2 max fill(s) per 30 day(s) retail; MP
			TOVIAZ (fesoterodine fumarate)	NP	2 max fill(s) per 30 day(s) retail; MP; PA
			trosipium chloride CP24	NP	2 max fill(s) per 30 day(s) retail; MP
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms					
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)					
darifenacin hydrobromide	NP	2 max fill(s) per 30 day(s) retail; MP			
DETROL LA CP24 (tolterodine tartrate)	NF	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tropium chloride TABS</i>	NP	2 max fill(s) per 30 day(s) retail; MP	HIBERIX SOLR IJ	2	AL(At least 18 yrs old)
VESICARE LS SUSP	NP	2 max fill(s) per 30 day(s) retail; MP	MENACTRA	2	AL(At least 18 yrs old)
VESICARE TABS (<i>solifenacin succinate</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	MENQUADFI	2	AL(At least 18 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			MENVEO SOLN	2	
GEMTESA	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	MENVEO SOLR	2	AL(At least 18 yrs old)
<i>mirabegron TB24</i>	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	PEDVAX HIB SUSP	2	AL(At least 18 yrs old)
MYRBETRIQ SRER	NP	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	PENBRAYA	2	
MYRBETRIQ TB24 (<i>mirabegron</i>)	NP	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	PNEUMOVAX 23 SOLN	2	AL(At least 18 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			PNEUMOVAX 23 SOSY	2	AL(At least 18 yrs old)
<i>bethanechol chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP	PREVNAR 13	2	AL(At least 18 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			PREVNAR 20	2	
<i>flavoxate hcl</i>	NP	2 max fill(s) per 30 day(s) retail; MP	TRUMENBA	2	AL(At least 18 yrs old)
VACCINES			TYPHIM VI SOLN	2	
Bacterial Vaccines			TYPHIM VI SOSY	2	
ACTHIB SOLR IM	2	AL(At least 18 yrs old)	VAXCHORA	2	
BCG VACCINE	2		VAXNEUVANCE	2	
BEXSERO	2	AL(At least 18 yrs old)	VIVOTIF	2	
BIOTHRAX	2		Viral Vaccines		
			ABRYSVO	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old)
			ACAM2000	2	
			AFLURIA PRESERVATIVE FREE SUSY	2	AL(At least 19 yrs old)
			AFLURIA QUADRIVALENT SUSP	2	AL(At least 19 yrs old)
			AFLURIA QUADRIVALENT SUSY 0.5 ML	2	AL(At least 19 yrs old)
			AFLURIA SUSP	2	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AREXVY	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA	FLUMIST	2	AL(At least 19 yrs old)
AUDENZ EMUL	2	AL(At least 19 yrs old)	FLUMIST QUADRIVALENT	2	AL(At least 19 yrs old)
AUDENZ PRSY	2	AL(At least 19 yrs old)	FLUZONE HIGH-DOSE QUADRIVALENT	2	AL(At least 65 yrs old)
COMIRNATY SUSP	2	AL(At least 19 yrs old)	FLUZONE HIGH-DOSE SUSY	2	AL(At least 65 yrs old)
COMIRNATY SUSY	2	AL(At least 19 yrs old)	FLUZONE QUADRIVALENT SUSP	2	AL(At least 19 yrs old)
DENGVAIXA	2		FLUZONE QUADRIVALENT SUSY	2	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	FLUZONE SUSP	2	AL(At least 19 yrs old)
ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	FLUZONE SUSY	2	AL(At least 19 yrs old)
FLUAD	2	AL(At least 65 yrs old)	GARDASIL 9 SUSP	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUAD QUADRIVALENT	2	AL(At least 65 yrs old)	GARDASIL 9 SUSY	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUARIX QUADRIVALENT SUSY	2	AL(At least 19 yrs old)	HAVRIX IM 720 EL U/0.5ML	2	AL(At least 18 yrs old)
FLUARIX SUSY	2	AL(At least 19 yrs old)	HAVRIX 1440 EL U/ML	2	AL(At least 18 yrs old)
FLUBLOK QUADRIVALENT	2	AL(At least 19 yrs old)	HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
FLUBLOK SOSY	2	AL(At least 19 yrs old)	IMOVAX RABIES SUSR	2	
FLUCELVAX QUADRIVALENT SUSP	2	AL(At least 19 yrs old)	IPOLE	2	
FLUCELVAX QUADRIVALENT SUSY	2	AL(At least 19 yrs old)	IXIARO	2	
FLUCELVAX SUSP	2	AL(At least 19 yrs old)	JANSSEN COVID-19 VACCINE	2	AL(At least 19 yrs old)
FLUCELVAX SUSY	2	AL(At least 19 yrs old)	JYNNEOS	2	AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT SUSY	2	AL(At least 19 yrs old)	M-M-R II SOLR	2	AL(At least 7 yrs old)
FLULAVAL SUSY	2	AL(At least 19 yrs old)	MODERNA COVID-19 BIVAL 6M-5Y	2	AL(At least 19 yrs old)
			MODERNA COVID-19 BIVALENT	2	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VAC (BOOSTER) SUSP	2	AL(At least 19 yrs old)	RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	2	AL(At least 19 yrs old)	ROTARIX SUSP	2	
MODERNA COVID-19 VAC 6M-11Y SUSY	2	AL(At least 19 yrs old)	ROTARIX SUSR	2	
MODERNA COVID-19 VACC 6M-5Y SUSP	2	AL(At least 19 yrs old)	ROTATEQ SOLN	2	
MODERNA COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)	SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
MRESVIA	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA	SPIKEVAX COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	2	AL(At least 19 yrs old)	SPIKEVAX SUSP	2	AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	2	AL(At least 19 yrs old)	SPIKEVAX SUSY	2	AL(At least 19 yrs old)
PFIZER COVID-19 BIVAL 6MO-4YR	2	AL(At least 19 yrs old)	STAMARIL SUSR	2	
PFIZER COVID-19 VAC BIVAL 5-11	2	AL(At least 19 yrs old)	TICOVAC	2	
PFIZER COVID-19 VAC BIVALENT	2	AL(At least 19 yrs old)	TWINRIX SUSY	2	AL(At least 18 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	2	AL(At least 19 yrs old)	VAQTA	2	AL(At least 18 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	2	AL(At least 19 yrs old)	VARIVAX SUSR	2	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	2	AL(At least 19 yrs old)	YF-VAX INJ	2	
PFIZER-BIONTECH COVID-19 VACC SUSP	2	AL(At least 19 yrs old)	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 (clindamycin phosphate vaginal)	NP	4 max fill(s) per 30 day(s) retail
RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	CLEOCIN SUPP	2	4 max fill(s) per 30 day(s) retail
			clindamycin phosphate vaginal CREA	1	4 max fill(s) per 30 day(s) retail

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPIPEN 2-PAK SOAJ (<i>epinephrine</i> (<i>anaphylaxis</i>))	2	2 max fill(s) per 30 day(s) retail	PHENYLEPHRINE HCL (PRESSORS) SOLN IV (<i>phenylephrine hcl</i> (<i>pressors</i>))	2	PA
EPIPEN JR 2-PAK SOAJ (<i>epinephrine</i> (<i>anaphylaxis</i>))	2	2 max fill(s) per 30 day(s) retail	VAZCULEP SOLN IV (<i>phenylephrine hcl</i> (<i>pressors</i>))	2	PA
Neurogenic Orthostatic Hypotension (NOH) - Agents			VITAMINS		
<i>droxidopa</i>			Oil Soluble Vitamins		
	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	BABY DDROPS LIQD PO (<i>cholecalciferol</i>)	2	2 max fill(s) per 30 day(s) retail; MP
NORTHERA (<i>droxidopa</i>)	NP	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>cholecalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Vasopressors			<i>cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	2 max fill(s) per 30 day(s) retail; MP
AKOVAZ SOLN IV (<i>ephedrine sulfate</i> (<i>pressors</i>))	NP	PA	<i>cholecalciferol LIQD PO</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>ephedrine sulfate</i> (<i>pressors</i>) SOLN IJ	1	PA	<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	2	PA	<i>cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	2 max fill(s) per 30 day(s) retail; MP
EPINEPHRINE PF SOLN IJ	2	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	D3 BABY DROPS LIQD PO	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	DDROPS LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP
LEVOPHED IV (<i>norepinephrine bitartrate</i>)	2	PA	D-VI-SOL LIQD PO (<i>cholecalciferol</i>)	1	2 max fill(s) per 30 day(s) retail; MP
<i>midodrine hcl</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	D-VI-SOL LIQD PO (<i>cholecalciferol</i>)	NF	2 max fill(s) per 30 day(s) retail; MP
<i>norepinephrine bitartrate IV</i>	1	PA	<i>ergocalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA			
<i>phenylephrine hcl</i> (<i>pressors</i>) SOLN IV	1	PA			

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

INDEX

1ST TIER UNIFINE PENTIPS ...147	ACCOLATE (zafirlukast)21	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ...13
1ST TIER UNIFINE PENTIPS PLUS 147	ACCOLATE 20 MG (zafirlukast) ...21	acetazolamide CP12108
1ST TIER UNILET COMFORTOUCH136	ACCRUFER129	acetazolamide sodium108
abacavir sulfate SOLN77	ACCU-CHEK FASTCLIX LANCETS . 136	acetazolamide TABS108
abacavir sulfate TABS77	ACCU-CHEK SAFE-T PRO LANCETS136	acetic acid (otic)184
abacavir sulfate-lamivudine77	ACCU-CHEK SOFTCLIX LANCETS 136	acetylcysteine SOLN94
ABECMA61	ACCUPRIL (quinapril hcl)53	ACID GONE SUSP 358 MG/15ML-95 MG/15ML16
ABELCET48	ACCURETIC (quinapril- hydrochlorothiazide)55	ACIPHEX TBEC (rabeprazole sodium)196
ABILIFY ASIMTUFII PRSY76	ACE AEROSOL CLOUD ENHANCER MISC153	acitretin99
ABILIFY MAINTENA PRSY76	acebutolol hcl CAPS83	ACTEMRA ACTPEN SOAJ8
ABILIFY MAINTENA SRER76	acetaminophen CHEW 160 MG ...10	ACTEMRA SOLN8
ABILIFY MYCITE MAINTENANCE KIT76	acetaminophen LIQD 160 MG/5ML 10	ACTEMRA SOSY8
ABILIFY MYCITE STARTER KIT .76	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML10	ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML110
ABILIFY TABS (aripiprazole)76	acetaminophen SUPP 120 MG, 650 MG10	ACTHAR GEL110
abiraterone acetate 250 MG62	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML10	ACTHIB SOLR IM202
abiraterone acetate 500 MG62	acetaminophen SUSP 160 MG/5ML . 10	ACTI-LANCE 28G136
ABOUTTIME PEN NEEDLE147	acetaminophen TABS 325 MG, 500 MG10	ACTI-LANCE LITE LANCETS 28G 136
ABRILADA (1 PEN) AJKT6	acetaminophen TABS 500 MG10	ACTI-LANCE SPECIAL LANCETS 17G136
ABRILADA (2 PEN) AJKT6	acetaminophen TBCR10	ACTI-LANCE UNIVERSAL 23G .136
ABRILADA (2 SYRINGE) PSKT6	acetaminophen w/ codeine SOLN .13	ACTIMMUNE 100 MCG/0.5ML69
ABRYSVO202	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG13	ACTIQ LPOP (fentanyl citrate)11
ABSORICA (isotretinoin)94		ACTIVASE IV126
ABSORICA LD94		ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 115
ACAM2000202		ACTIVITY POUCH MISC153
acamprosate calcium186		ACTONEL TABS 35 MG, 150 MG
ACANYA GEL (clindamycin phosphate-benzoyl peroxide)94		
acarbose37		

(risedronate sodium)109	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML .6	ADLARITY PTWK 186
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 37	ADALIMUMAB-ADBM (2 SYRINGE) PSKT6	ADMELOG SOLN IJ 41
ACTOS (pioglitazone hcl)44	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT6	ADMELOG SOLOSTAR SOPN ... 41
ACULAR (ketorolac tromethamine (ophth)) 183	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT6	ADRENALIN SOLN IJ 1 MG/ML (epinephrine (anaphylaxis)) 205
ACULAR LS (ketorolac tromethamine (ophth))183	ADALIMUMAB-FKJP (2 PEN) AJKT . 6	ADRENALIN SOLN IJ 30 MG/30ML (epinephrine (anaphylaxis)) 205
ACUVAIL183	ADALIMUMAB-FKJP (2 SYRINGE) PSKT6	ADSTILADRIN 62
acyclovir CAPS81	ADALIMUMAB-RYVK (2 PEN) AJKT . 6	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 194
acyclovir sodium SOLN81	adapalene CREA 94	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ...193
acyclovir SUSP81	adapalene GEL 94	ADUHELM 186
acyclovir TABS PO 400 MG 81	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %94	ADULT AEROSOL MASK MISC . 154
acyclovir TABS PO81	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %94	ADULT MASK DEVI154
acyclovir topical CREA 100	ADASUVE74	ADULT MASK LARGE MISC154
acyclovir topical OINT 100	ADBRY SOAJ104	ADVAIR DISKUS AEPB (fluticasone-salmeterol) 22
ACZONE 7.5 % (dapsone (topical)) 94	ADBRY SOSY104	ADVAIR HFA AERO (fluticasone-salmeterol) 22
ADACEL SUSP194	ADCIRCA TABS (tadalafil (pulmonary hypertension))87	ADVANCED MOBILE LANCET ..136
ADAKVEO126	ADDERALL TABS (amphetamine-dextroamphetamine) 1	ADVATE123
ADALIMUMAB-AACF (2 PEN) AJKT . 6	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1	ADVIL TABS (ibuprofen)8
ADALIMUMAB-AATY (1 PEN) AJKT . 6	adefovir dipivoxil80	ADVIN COVID-19 ANTIGEN TEST KIT 106
ADALIMUMAB-AATY (2 PEN) AJKT . 6	ADEMPAS88	ADVOCATE INSULIN PEN NEEDLE147
ADALIMUMAB-AATY (2 SYRINGE) PSKT6	adenosine SOLN19	ADVOCATE INSULIN PEN NEEDLES147
ADALIMUMAB-ADAZ SOAJ6	ADJUSTABLE LANCING DEVICE MISC136	ADVOCATE INSULIN SYRINGE 147
ADALIMUMAB-ADAZ SOSY6		ADVOCATE LANCETS136
ADALIMUMAB-ADBM (2 PEN) AJKT 6		ADVOCATE LANCETS 30G136

ADVOCATE LANCING DEVICE MISC136	SMALL MISC154	0.5 ML202
ADVOCATE RAPID-SAFE LANCING MISC136	AEROCHAMBER PLUS FLO-VU W/MASK MISC154	AFLURIA SUSP202
ADVOCATE SAFETY LANCETS 136	AEROCHAMBER PLUS FLOW VU MISC154	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT41
ADVOCATE SAFETY LANCETS 26G136	AEROCHAMBER W/FLOWSIGNAL MISC154	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT123
ADYNOVATE123	AEROCHAMBER Z-STAT PLUS CHAMBR MISC154	AGAMATRIX ULTRA-THIN LANCETS136
ADZENYS XR-ODT TBED1	AEROCHAMBER Z-STAT PLUS MISC155	AGAMREE92
ADZYNMA125	AEROCHAMBER Z-STAT PLUS/LARGE MISC154	AGRYLIN 0.5 MG (anagrelide hcl) 126
AEMCOLO56	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC155	AIMOVIG162
AEROBIKA DEVI154	AEROCHAMBER Z-STAT PLUS/SMALL MISC155	AIMSCO LUBRICATED MISC ... 135
AEROCHAMBER HOLDING CHAMBER DEVI154	AEROECLIPSE EZ TWIST TUBING MISC155	AIMSCO TWIST LANCETS 32G 137
AEROCHAMBER MINI CHAMBER DEVI154	AEROECLIPSE MASK LARGE MISC155	AIMSCO TWIST LANCETS 33G 137
AEROCHAMBER MV MISC154	AEROECLIPSE MASK MEDIUM MISC155	AIRDUO DIGIHALER 113
AEROCHAMBER PLS FLOVU MTHPIECE DEVI154	AEROECLIPSE MASK SMALL MISC155	MCG/ACT-14 MCG/ACT, 232
AEROCHAMBER PLUS FLO-VU INTERM DEVI154	AEROTRACH PLUS MISC155	MCG/ACT-14 MCG/ACT22
AEROCHAMBER PLUS FLO-VU LARGE DEVI154	AEROVENT PLUS DEVI155	AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)22
AEROCHAMBER PLUS FLO-VU LARGE MISC154	AFINITOR DISPERZ TBSO (everolimus)64	AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)22
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI154	AFINITOR TABS (everolimus)64	AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)22
AEROCHAMBER PLUS FLO-VU MEDIUM MISC154	AFLURIA PRESERVATIVE FREE SUSY202	AIRS PEDIATRIC AEROSOL MASK MISC155
AEROCHAMBER PLUS FLO-VU MISC154	AFLURIA QUADRIVALENT SUSP 202	AIRSUPRA22
AEROCHAMBER PLUS FLO-VU SMALL DEVI154	AFLURIA QUADRIVALENT SUSY	AJOVY SOAJ162
AEROCHAMBER PLUS FLO-VU		AJOVY SOSY162
		AKEEGA62
		AKOVAZ SOLN IV (ephedrine sulfate (pressors))206
		AKTEN182

AKYNZEO (READY-TO-USE) SOLN 47	155	alprazolam TBDP	18
AKYNZEO (TO-BE-DILUTED) SOLN 47	155	ALPROLIX	123
AKYNZEO	47	ALREX SUSP (loteprednol etabonate)	182
AKYNZEO SOLR	47	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	53
albendazole	17	ALTOPREV TB24 20 MG, 40 MG, 60 MG	52
albuterol sulfate AERS	22	ALTRENO LOTN	94
albuterol sulfate NEBU	22	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	123
albuterol sulfate SYRP	22	aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML	16
albuterol sulfate TABS	22	ALUNBRIG TABS 30 MG	64
ALCAINE (proparacaine hcl)	182	ALVAIZ 36 MG, 54 MG	127
alclometasone dipropionate CREA 100		ALVAIZ 9 MG, 18 MG	127
alclometasone dipropionate OINT 100		ALVESCO	21
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	108	ALYFTREK 125 MG-10 MG-50 MG	192
ALDACTONE TABS (spironolactone)	108	ALYFTREK 50 MG-4 MG-20 MG	192
ALDURAZYME	112	amantadine hcl CAPS	70
ALECENSA	64	amantadine hcl SOLN	70
alendronate sodium SOLN	109	amantadine hcl TABS	70
alendronate sodium TABS 10 MG, 35 MG, 70 MG	109	AMARYL (glimepiride)	44
ALEVE TABS (naproxen sodium)	8	AMBIEN CR TBCR (zolpidem tartrate)	130
alfuzosin hcl	122	AMBIEN TABS (zolpidem tartrate)	130
ALHEMO	123	AMBISOME (amphotericin b liposome)	48
aliskiren fumarate	56	ambrisentan	87
ALIVE MULTI-VITAMIN CHILDRENS CHEW	170	amcinonide CREA	100
ALKINDI SPRINKLE CPSP	92		
ALL FLOW 1000 PFT FILTER DEVI	155		
ALL FLOW 1000 PFT FILTER MISC	155		
ALL FLOW 2000 PFT FILTER DEVI	155		
ALL FLOW 3000 PFT FILTER DEVI	155		
ALL FLOW 4000 PFT FILTER DEVI	155		
ALL FLOW 5000 PFT FILTER DEVI	155		
ALL FLOW 6000 PFT FILTER DEVI	155		
ALL FLOW 7000 PFT FILTER DEVI	155		
allopurinol 100 MG, 300 MG	122		
allopurinol 200 MG	122		
allopurinol sodium	122		
almotriptan malate	163		
alogliptin benzoate	41		
alogliptin-metformin hcl	37		
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	37		
ALOPRIM (allopurinol sodium)	122		
alosetron hcl	120		
ALPHAGAN P (brimonidine tartrate)	181		
ALPHANATE SOLR	123		
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	123		
ALPRAZOLAM INTENSOL CONC	18		
alprazolam TABS	18		
alprazolam TB24	18		

AMD FOAM DRESSING PADS ..134	AMONDYS 45177	ampicillin sodium IJ 125 MG 185
AMD FOAM DRESSING TOPSHEET PADS 134	amoxapine36	AMPYRA (dalfampridine)188
AMELUZ GEL98	amoxicillin & pot clavulanate CHEW . 185	AMRIX CP24 (cyclobenzaprine hcl) 174
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML5	amoxicillin & pot clavulanate SUSR 185	AMTAGVI61
amiloride & hydrochlorothiazide .108	amoxicillin & pot clavulanate TABS 185	AMVUTTRA191
amiloride hcl TABS108	amoxicillin & pot clavulanate TB12 185	AMYTAL SODIUM130
aminocaproic acid SOLN IV 250 MG/ML129	amoxicillin CAPS185	ANAFRANIL (clomipramine hcl) ..36
aminocaproic acid SOLN PO 0.25 GM/ML129	amoxicillin CHEW 125 MG, 250 MG . 185	anagrelide hcl126
aminocaproic acid TABS129	AMOXICILLIN SUSR (amoxicillin) 185	anastrozole62
aminophylline SOLN23	amoxicillin SUSR185	ANCOBON (flucytosine)48
amiodarone hcl TABS20	amoxicillin TABS185	ANDROGEL PUMP GEL TD (testosterone)15
AMITIZA (lubiprostone)117	amoxicillin-clarithromycin w/ lansoprazole THPK200	ANGELIQ115
amitriptyline hcl TABS36	amphetamine sulfate TABS1	ANJESO INJ8
AMJEVITA SOAJ6	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1	ANNOVERA91
AMJEVITA SOSY6	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	ANORO ELLIPTA22
AMJEVITA-PED 10KG TO <15KG SOSY6	amphetamine-dextroamphetamine TABS1	ANTARA 90 MG (fenofibrate micronized)51
AMJEVITA-PED 15KG TO <30KG SOSY6	amphotericin b IV48	ANTIVERT CHEW (meclizine hcl) .46
amlodipine besylate TABS84	amphotericin b liposome48	ANTIVERT TABS 50 MG (meclizine hcl)46
amlodipine besylate-atorvastatin calcium86	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM185	ANUSOL-HC EX (hydrocortisone (rectal))16
amlodipine besylate-benazepril hcl 55	ampicillin CAPS 500 MG185	ANZEMET TABS 50 MG46
amlodipine besylate-olmesartan medoxomil55	ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG185	APEXICON E CREA100
amlodipine besylate-valsartan55		APHEXDA129
amlodipine-valsartan- hydrochlorothiazide55		APIDRA SOLN42
		APIDRA SOLOSTAR SOPN42
		APLENZIN33
		APOKYN SOCT70
		apomorphine hydrochloride SOCT 70

APONVIE EMUL	47	aripiprazole TBDP	77	HIGH	137
APO-VARENICLINE TABS	191	ARISTADA	77	ASSURE HAEMOLANCE PLUS LOW	137
apraclonidine hcl	181	ARISTADA INITIO	77	ASSURE HAEMOLANCE PLUS MICRO	137
aprepitant CAPS	47	ARIXTRA (fondaparinux sodium) .	24	ASSURE HAEMOLANCE PLUS NORMAL	137
aprepitant MISC	47	armodafinil	2	ASSURE HAEMOLANCE PLUS NORMAL	137
APRETUDE	77	ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT	21	ASSURE HAEMOLANCE PLUS PED	137
APRISO CP24 (mesalamine)	118	ARMOUR THYROID TABS	194	ASSURE ID DUO PRO PEN NEEDLES	147
APTENSIO XR CP24 (methylphenidate hcl)	2	ARNUITY ELLIPTA	21	ASSURE ID SAFETY PEN NEEDLES	147
APTIOM	26	AROMASIN (exemestane)	62	ASSURE LANCE LANCETS	137
APTIVUS CAPS	77	ARTHROTEC TBEC (diclofenac w/ misoprostol)	8	ASSURE LANCE LANCETS 21G 137	
AQ INSULIN SYRINGE	147	artificial tear solution	179	ASSURE LANCE PLUS SAFETY 25G	137
AQINJECT PEN NEEDLE	147	ASACOL HD TBEC (mesalamine) 118		ASSURE LANCE PLUS SAFETY 30G	137
AQNEURSA	191	asenapine maleate	74	ASSURE LANCE SAFETY LANCET 28G	137
AQUALANCE LANCETS 30G ...	137	ASMANEX (120 METERED DOSES) AEPB	21	ASTAGRAF XL CP24	167
ARALAST NP SOLR 500 MG, 1000 MG	192	ASMANEX (14 METERED DOSES) AEPB	21	ATACAND (candesartan cilexetil) .	54
ARANESP (ALBUMIN FREE) SOLN .	127	ASMANEX (30 METERED DOSES) AEPB	21	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	55
ARANESP (ALBUMIN FREE) SOSY .	127	ASMANEX (60 METERED DOSES) AEPB	21	atazanavir sulfate CAPS	77
ARAVA (leflunomide)	10	ASMANEX HFA AERO	21	ATELVIA TBEC (risedronate sodium)	109
ARAZLO LOTN	94	aspirin CHEW	11	atenolol & chlorthalidone	55
ARCALYST	7	aspirin TABS 325 MG	11	atenolol TABS	83
AREXVY	203	aspirin TBEC 81 MG, 325 MG	11	ATGAM	167
arformoterol tartrate	22	aspirin-dipyridamole	126	ATIVAN SOLN (lorazepam)	18
ARICEPT TABS (donepezil hydrochloride)	186	ASPRUZYO SPRINKLE PACK	17	ATIVAN TABS (lorazepam)	18
ARIKAYCE	5	ASSURE COMFORT LANCETS 28G	137		
ARIMIDEX (anastrozole)	62	ASSURE HAEMOLANCE PLUS			
aripiprazole SOLN PO	76				
aripiprazole TABS	77				

atomoxetine hcl	2	NEEDLE	148	AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	94
ATORVALIQ SUSP	52	AUM SAFETY PEN NEEDLE	148	AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	94
atorvastatin calcium TABS	52	AURANOFIN 3 MG	7	AVEED SOLN	15
atovaquone	57	AURORA LANCET SUPER THIN 30G	137	AVODART (dutasteride)	122
atovaquone-proguanil hcl	59	AURORA LANCET THIN 23G ...	137	AVONEX PEN AJKT	188
ATRALIN GEL (tretinoin)	94	AURORA PEN NEEDLES	148	AVONEX PREFILLED PSKT	188
atropine sulfate (ophthalmic) OINT 180		AURORA UNIFINE PENTIPS ...	148	AVSOLA	118
atropine sulfate (ophthalmic) SOLN 180		AURYXIA 210 MG (ferric citrate) .	120	AYGESTIN TABS (norethindrone acetate)	186
ATROPINE SULFATE SOLN 0.01 %, 1 % (atropine sulfate (ophthalmic)) 180		AUSTEDO TABS 12 MG	188	AYVAKIT	63
ATROPINE SULFATE SOLN 1 % 180		AUSTEDO TABS 6 MG, 9 MG ...	188	AZASITE	181
ATROVENT HFA	20	AUSTEDO XR PATIENT TITRATION TEPK	188	AZATHIOPRINE SODIUM	167
ATTRUBY	88	AUSTEDO XR TB24 18 MG, 36 MG, 42 MG	188	azathioprine TABS 50 MG	167
AUBAGIO (teriflunomide)	188	AUSTEDO XR TB24 30 MG, 48 MG .	188	azathioprine TABS 75 MG, 100 MG 167	
AUCATZYL	61	AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	188	azelaic acid GEL	105
AUDENZ EMUL	203	AUTO-LANCET MINI MISC	137	azelastine hcl (ophth)	183
AUDENZ PRSY	203	AUTO-LANCET MISC	137	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	176
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) ...	185	AUTOLET LANCING DEVICE MISC .	137	azelastine hcl-fluticasone propionate SUSP	175
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	185	AUTOLET LITE LANCING DEVICE MISC	137	AZILECT (rasagiline mesylate) ...	72
AUGTYRO 160 MG	64	AUTOLET MINI MISC	137	azithromycin PACK	133
AUGTYRO 40 MG	64	AUTOLET PLUS MISC	137	azithromycin SUSR	133
AUM INSULIN SAFETY PEN NEEDLE	147	AUVELITY	33	azithromycin TABS	133
AUM MINI INSULIN PEN NEEDLE 147		AUVI-Q SOAJ	205	AZMIRO SOSY	15
AUM PEN NEEDLE	148	AVALIDE (irbesartan- hydrochlorothiazide)	55	AZOPT (brinzolamide)	183
AUM READYGARD DUO PEN		AVAPRO 150 MG, 300 MG (irbesartan)	54	AZOR (amlodipine besylate- olmesartan medoxomil)	55
				AZSTARYS	2

AZULFIDINE EN-TABS TBEC (sulfasalazine) 118	BAND-AID GAUZE LARGE PADS 134	BD INSULIN SYRINGE U/F 148
AZULFIDINE TABS (sulfasalazine) 118	BAND-AID TRU-ABSORB GAUZE PADS 134	BD INSULIN SYRINGE U/F 1/2UNIT148
B-6 TABS207	BANZEL SUSP (rufinamide)26	BD INSULIN SYRINGE ULTRAFINE148
BABY DDROPS LIQD PO (cholecalciferol)206	BANZEL TABS (rufinamide)26	BD LANCET ULTRAFINE 30G ..137
bacitracin (ophthalmic)181	BAQSIMI ONE PACK POWD39	BD LANCET ULTRAFINE 33G ..137
bacitracin (topical) OINT96	BAQSIMI TWO PACK POWD39	BD MICROTAINER LANCETS ..137
bacitracin56	BARACLUDE SOLN80	BD NOKOR ADMIX NEEDLE ...148
bacitracin zinc OINT96	BARACLUDE TABS (entecavir) ...80	BD PEN NEEDLE MICRO U/F ..148
bacitracin-polymyxin b (ophth) ...181	BASAGLAR KWIKPEN SOPN42	BD PEN NEEDLE MINI U/F148
bacitracin-polymyxin b OINT96	BAXDELA TABS116	BD PEN NEEDLE NANO 2ND GEN . 148
bacitracin-poly-neomycin-hc182	BCG VACCINE202	BD PEN NEEDLE NANO U/F ...148
baclofen SOLN PO 10 MG/5ML ..174	b-complex w/ c & folic acid CAPS 169	BD PEN NEEDLE ORIGINAL U/F 148
baclofen SOLN PO 5 MG/5ML ...174	b-complex w/ c & folic acid CAPS 170	BD PEN NEEDLE SHORT U/F ..148
baclofen SUSP174	b-complex w/ c & folic acid TABS 170	BD PLASTIPAK SYRINGE148
baclofen TABS 15 MG174	BD BLUNT FILL NEEDLE148	BD SAFETYGLIDE INSULIN SYRINGE148
baclofen TABS 5 MG, 10 MG, 20 MG174	BD BLUNT FILL NEEDLE W/FILTER148	BD SAFETYGLIDE NEEDLE148
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..57	BD DISP NEEDLES148	BD SAFETY-LOK INSULIN SYRINGE148
BACTRIM TABS (sulfamethoxazole- trimethoprim)57	BD ECLIPSE NEEDLE148	BD SYRINGE LUER-LOK148
BAFIERTAM188	BD ECLIPSE SHIELDED NEEDLE 148	BD SYRINGE SLIP TIP148
BAL IN OIL45	BD HYPODERMIC NEEDLE148	BELBUCA FILM14
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)89	BD INSULIN SYR ULTRAFINE II 148	BELSOMRA131
balsalazide disodium CAPS118	BD INSULIN SYRINGE148	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl)49
BALVERSA 3 MG64	BD INSULIN SYRINGE HALF-UNIT . 148	BENADRYL ALLERGY TABS (diphenhydramine hcl)49
BALVERSA 4 MG64	BD INSULIN SYRINGE MICROFINE148	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl)49
BALVERSA 5 MG64		

benazepril & hydrochlorothiazide .55	CREA101	BEVESPI AEROSPHERE22
benazepril hcl53	betamethasone dipropionate (topical) LOTN101	bexarotene (topical)98
BENEFIX KIT123	betamethasone dipropionate (topical) OINT101	bexarotene69
benfotiamine207	betamethasone dipropionate augmented CREA101	BEXSERO202
BENICAR (olmesartan medoxomil) 54	betamethasone dipropionate augmented GEL 0.05 %101	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...89
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ...55	betamethasone dipropionate augmented LOTN101	bicalutamide62
BENLYSTA SOAJ169	betamethasone dipropionate augmented OINT101	BICILLIN C-R185
BENLYSTA SOLR169	BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML ..92	BICILLIN C-R 900/300185
BENLYSTA SOSY169	betamethasone sod phosphate & acetate SUSP92	BICILLIN L-A SUSY185
BENTYL SOLN IM (dicyclomine hcl) . 194	betamethasone valerate CREA ..101	BIDIL (isosorbide dinitrate- hydralazine hcl)86
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)94	betamethasone valerate FOAM ..101	BIJUVA115
BENZNIDAZOLE17	betamethasone valerate LOTN ...101	BIKTARVY77
benzocaine-docusate sodium ENEM . 133	betamethasone valerate OINT ...101	BILTRICIDE (praziquantel)17
benzoyl peroxide-erythromycin GEL . 94	BETAPACE AF (sotalol hcl (afib/af))83	bimatoprost SOLN184
benztropine mesylate SOLN69	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)83	BIMZELX SOAJ99
benztropine mesylate TABS70	BETASERON KIT188	BIMZELX SOSY99
bepotastine besilate183	betaxolol hcl (ophth) SOLN179	BINAXNOW COVID-19 AG HOME TEST KIT106
BEPREVE (bepotastine besilate) 183	betaxolol hcl83	BINOSTO TBEF109
BEQVEZ123	bethanechol chloride202	BIOGUARD GAUZE SPONGES PADS134
BERINERT KIT124	BETHKIS NEBU (tobramycin)5	BIOTHRAX202
BESIVANCE181	BETIMOL (timolol)179	bisacodyl SUPP132
BESREMI69	BETIMOL179	bisacodyl TBEC132
betaine112	BETOPTIC-S SUSP179	bismuth subcitrate potassium- metronidazole-tetracycline200
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML92		bismuth subsalicylate CHEW 262 MG45
betamethasone dipropionate (topical)		bismuth subsalicylate SUSP 525 MG/30ML45

bismuth subsalicylate TABS	45	BREO ELLIPTA (fluticasone furoate-vilanterol)	22	(ophth))	183
bisoprolol & hydrochlorothiazide ..	55	BREO ELLIPTA	22	BRONCHITOL	192
bisoprolol fumarate	83	BREVIBLOC IN NACL (esmolol hcl-sodium chloride)	83	BRONCHITOL TOLERANCE TEST .	192
BKEMV SOLN IV 300 MG/30ML .	125	BREVIBLOC PREMIXED (esmolol hcl-sodium chloride)	83	BROVANA (arformoterol tartrate) .	22
BLOXIVERZ SOLN IV 10 MG/10ML (neostigmine methylsulfate)	59	BREVIBLOC PREMIXED DS (esmolol hcl-sodium chloride)	83	BRUKINSA	64
BLOXIVERZ SOSY	59	BREXAFEMME	47	BRYHALI LOTN	101
BONJESTA TBCR	47	BREYANZI	61	BUBBLES THE FISH II PEDI MASK MISC	156
BOOSTRIX SUSP	194	BREZTRI AEROSPHERE	22	budesonide (inhalation) SUSP	21
BOOSTRIX SUSY	194	BRILINTA	126	budesonide (intrarectal)	16
bosentan TABS	87	brimonidine tartrate (topical)	105	budesonide (nasal)	176
BOSULIF CAPS	64	brimonidine tartrate	181	budesonide CPEP	92
BOSULIF TABS 400 MG, 500 MG .	64	brimonidine tartrate-timolol maleate .	179	budesonide TB24	92
BPROTECTED PEDIA POLY-VITE SOLN PO	172	BRINEURA	112	budesonide-formoterol fumarate dihydrate	22
BPROTECTED PEDIA POLY-VITE/FE SOLN	171	brinzolamide	183	bumetanide SOLN 0.25 MG/ML ..	108
BPROTECTED PEDIA TRI-VITE .	172	BRIUMVI	188	bumetanide TABS	108
BRAFTOVI 75 MG	64	BRIVIACT SOLN IV 50 MG/5ML ..	26	BUMEX TABS 0.5 MG (bumetanide) .	108
BREATHE COMFORT CHAMBER/ADULT DEVI	155	BRIVIACT SOLN PO 10 MG/ML ..	26	BUPHENYL POWD (sodium phenylbutyrate)	112
BREATHE COMFORT CHAMBER/CHILD DEVI	155	BRIVIACT TABS	26	BUPHENYL TABS (sodium phenylbutyrate)	112
BREATHE EASE LARGE DEVI ..	155	BRIXADI (WEEKLY) SOSY	14	BUPRENEX SOLN (buprenorphine hcl)	14
BREATHE EASE MEDIUM DEVI .	155	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	14	buprenorphine hcl SOLN	14
BREATHE EASE NEB MASK/CHILD MISC	155	bromfenac sodium (ophth)	183	buprenorphine hcl SUBL 2 MG	14
BREATHE EASE NEB MASK/INFANT MISC	156	bromocriptine mesylate CAPS	70	buprenorphine hcl SUBL 8 MG	14
BREATHE EASE SMALL DEVI ..	156	bromocriptine mesylate TABS 2.5 MG	70	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ..	14
BREATHERITE VALVED MDI CHAMBER DEVI	156	BROMSITE (bromfenac sodium		buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	14

buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG14	BYDUREON BCISE AUIJ41	calcitonin (salmon) NA109
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...14	BYETTA 10 MCG PEN SOPN41	calcitriol (topical)99
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG14	BYETTA 5 MCG PEN SOPN41	calcitriol CAPS112
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG14	BYLVAY (PELLETS) CPSP118	calcitriol SOLN PO112
buprenorphine PTWK14	BYLVAY CAPS118	CALCIUM 600 +D HIGH POTENCY TABS165
bupropion hcl (smoking deterrent) 191	BYSTOLIC (nebivolol hcl)83	calcium acetate (phosphate binder) CAPS120
bupropion hcl TABS33	CABENUVA77	calcium acetate (phosphate binder) TABS120
bupropion hcl TB12 150 MG33	cabergoline114	CALCIUM CARB-CHOLECALCIFEROL CHEW165
bupropion hcl TB1233	CABLIVI126	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG16
bupropion hcl TB24 150 MG, 300 MG33	CABOMETYX TABS64	calcium carbonate (antacid) SUSP 17
bupropion hcl TB24 150 MG33	CABTREO95	CALCIUM CARBONATE ANTACID SUSP17
bupropion hcl TB24 450 MG33	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)86	CALCIUM CARBONATE ANTACID TABS17
buspirone hcl18	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 (amlodipine besylate-atorvastatin calcium)86	CALCIUM CARBONATE CHEW .165
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG10	CAFCIT SOLN IV 60 MG/3ML (caffeine citrate)2	calcium carbonate TABS165
butalbital-acetaminophen-caffeine CAPS10	caffeine citrate SOLN PO2	calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG165
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG10	CALAN SR TBCR (verapamil hcl) .84	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG165
butalbital-acetaminophen-caffeine w/ codeine13	calcipotriene CREA99	calcium carbonate-cholecalciferol TABS165
butalbital-aspirin-caffeine CAPS ...10	CALCIPOTRIENE FOAM99	calcium carbonate-vitamin d TABS 600 MG-200 UNIT165
butalbital-aspirin-caffeine w/cod ...13	calcipotriene OINT99	calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG-50 MG-7.5 MG-1 MG-250 MCG-1.8 MG165
butorphanol tartrate NA 10 MG/ML 14	calcipotriene SOLN99	calcium TABS 600 MG165
BUTRANS PTWK (buprenorphine) 14	calcipotriene-betamethasone dipropionate OINT101	CALCIUM/C/D165
	calcipotriene-betamethasone dipropionate SUSP101	
	calcitonin (salmon) IJ109	

CALQUENCE	65	carbamazepine TABS	26	30G	137
CAL-QUICK LIQD	165	carbamazepine TB12	26	CAREONE LANCET THIN 23G ..	137
CALTRATE 600+D PLUS MINERALS CHEW (calcium carbonate-vitamin d w/ minerals) .	165	carbamide peroxide (otic) 6.5 % ..	184	CAREONE UNIFINE PENTIPS ..	148
CALTRATE BONE HEALTH ADVANCED CHEW (calcium carbonate-vitamin d w/ minerals) .	165	CARBATROL CP12 (carbamazepine)	26	CAREONE UNIFINE PENTIPS PLUS	148
CALTRATE BONE HEALTH TABS (calcium carbonate-cholecalciferol) 165		carbidopa	69	CAREPOINT POLY HUB NEEDLE 148	
CAMCEVI	62	carbidopa-levodopa TABS	70	CAREPOINT SYRINGE LUER LOCK	148
CAMZYOS	86	carbidopa-levodopa TBCR	70	CARESENS LANCETS	137
CANASA SUPP (mesalamine) ...	118	carbidopa-levodopa TBDP	70	CARESENS LANCETS 30G	137
CANCIDAS (caspofungin acetate) 47		carbidopa-levodopa-entacapone ..	70	CARESTART COVID-19 HOME TEST KIT	106
candesartan cilexetil	54	carbinoxamine maleate SOLN	49	CARETOUCH 2 CPAP HOSE HANGER MISC	156
candesartan cilexetil- hydrochlorothiazide	55	carbinoxamine maleate SUER	49	CARETOUCH CPAP & BIPAP HOSE MISC	156
capecitabine	60	carbinoxamine maleate TABS 4 MG . 49		CARETOUCH CPAP MASK WIPES MISC	156
CAPLYTA	72	carboxymethylcellulose sodium (ophth) SOLN 0.5 %	179	CARETOUCH CPAP PRE-WASH SOLN MISC	156
CAPRELSA 100 MG	65	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	84	CARETOUCH CPAP TUBE BRUSH MISC	156
CAPRELSA 300 MG	65	CARDIOCOM LANCING DEVICE MISC	137	CARETOUCH HYPODERMIC NEEDLE	148
captopril & hydrochlorothiazide ...	55	CARDIZEM CD CP24 (diltiazem hcl coated beads)	84	CARETOUCH INSULIN SYRINGE 148	
captopril	53	CARDIZEM LA TB24 (diltiazem hcl) 84		CARETOUCH LANCING/EJECTOR MISC	137
CARAC CREA	98	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	84	CARETOUCH LUER LOCK	148
CARAFATE SUSP (sucralfate) ...	196	CARDURA (doxazosin mesylate) .	54	CARETOUCH LUER SLIP	148
CARAFATE TABS (sucralfate) ...	196	CARDURA XL	122	CARETOUCH PEN NEEDLES ..	148
CARBAGLU (carglumic acid)	112	CAREFINE PEN NEEDLES	148	CARETOUCH SAFETY LANCETS 137	
carbamazepine CHEW 100 MG ...	26	CAREONE ADVANCED LANCING DEV MISC	137		
carbamazepine CHEW 200 MG ...	26	CAREONE INSULIN SYRINGE ..	148		
carbamazepine CP12	26	CAREONE LANCET SUPER THIN			
carbamazepine SUSP	26				

CARETOUCH SAFETY LANCETS 26G137	CAYSTON58	cefepime proxetil SUSR 89
CARETOUCH TWIST LANCETS 28G137	cefazolin CAPS 89	cefepime proxetil TABS89
CARETOUCH TWIST LANCETS 30G137	CEFAZOLIN ER TB12 89	cefprozil SUSR89
CARETOUCH TWIST LANCETS 33G137	cefazolin SUSR 125 MG/5ML, 375 MG/5ML89	cefprozil TABS 89
CARETOUCH TWIST MC LANCETS 30G137	cefadroxil CAPS88	ceftazidime IJ 1 GM, 6 GM 89
CARETOUCH UNIVERSL CPAP FILTER MISC156	cefadroxil SUSR 88	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 89
carglumic acid112	cefadroxil TABS88	ceftriaxone sodium in dextrose ... 89
carisoprodol TABS174	cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG88	CEFTRIAZONE SODIUM- DEXTROSE 89
CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 112	cefazolin sodium SOLR IJ 2 GM ...88	cefuroxime axetil TABS89
CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 112	CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM88	cefuroxime sodium IJ 750 MG89
CARNITOR TABS (levocarnitine (metabolic modifiers))112	CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML 88	CELEBREX (celecoxib) 8
CAROSPIR SUSP (spironolactone) 108	CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML 88	CELEBREX 200 MG (celecoxib)8
carteolol hcl (ophth)179	CEFAZOLIN SODIUM-DEXTROSE SOLR88	celecoxib8
carvedilol 82	cefdinir CAPS 89	CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate) 92
carvedilol phosphate 82	cefdinir SUSR 89	CELEXA TABS (citalopram hydrobromide) 34
CARVYKTI 61	CEFEPIME HCL SOLN89	CELLCEPT CAPS (mycophenolate mofetil)167
CASGEVY126	cefepime hcl SOLR IJ 1 GM 89	CELLCEPT INTRAVENOUS (mycophenolate mofetil hcl) 167
CASODEX (bicalutamide)62	CEFEPIME-DEXTROSE89	CELLCEPT SUSR (mycophenolate mofetil)167
caspofungin acetate47	cefixime CAPS 89	CELLCEPT TABS (mycophenolate mofetil)167
CASPOFUNGIN ACETATE47	cefixime SUSR89	CELONTIN (methsuximide)32
CATHFLO ACTIVASE IJ 126	CEFOTAN IJ (cefotetan disodium) 89	CENTANY AT KIT 96
CAYA DPRH135	cefotetan disodium IJ 1 GM, 2 GM 89	CENTRUM ADULTS TABS (multiple vitamins w/ minerals) 170
	cefotetan disodium IJ 1 GM89	CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ... 170
	cefoxitin sodium IV89	
	CEFOXITIN SODIUM-DEXTROSE 89	

CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals) 170	chloroquine phosphate TABS59	CIALIS 2.5 MG (tadalafil) 86
CENTRUM SILVER TABS (multiple vitamins w/ minerals) 170	chlorothiazide sodium109	CIBINQO104
CENTRUM WOMEN TABS (multiple vitamins w/ minerals) 170	chlorpheniramine maleate TABS .. 49	ciclopirox GEL 97
cephalexin CAPS 88	chlorpromazine hcl CONC 75	ciclopirox KIT 97
cephalexin SUSR 88	chlorpromazine hcl SOLN 75	ciclopirox olamine CREA 97
cephalexin TABS 88	chlorpromazine hcl TABS 76	ciclopirox olamine SUSP 97
CEPROTIN125	chlorthalidone 25 MG, 50 MG 109	ciclopirox SHAM 97
CEQUA SOLN181	CHLOR-TRIMETON TABS (chlorpheniramine maleate) 49	ciclopirox SOLN 97
CERDELGA126	chlorzoxazone TABS 174	cidofovir 80
CEREBYX (fosphenytoin sodium) 31	CHOLBAM 117	cilostazol 126
CEREZYME 400 UNIT 126	cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT . 206	CILOXAN OINT181
cetirizine hcl SOLN PO 49	cholecalciferol CAPS 206	CILOXAN SOLN (ciprofloxacin hcl (ophth)) 181
cetirizine hcl TABS 49	cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML 206	CIMDUO77
cetirizine-pseudoephedrine 93	cholecalciferol LIQD PO 206	cimetidine hcl PO 300 MG/5ML .. 195
cevimeline hcl169	cholecalciferol LIQD PO 206	cimetidine TABS195
CHANTIX STARTING MONTH PAK TBPk (varenicline tartrate) 191	cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT 206	CIMZIA (2 SYRINGE) PSKT 118
CHEMET 45	cholecalciferol TABS 206	CIMZIA KIT 118
CHENODAL117	cholestyramine light PACK 50	CIMZIA-STARTER PSKT 118
CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)8	cholestyramine light PACK 51	cinacalcet hcl112
CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)8	cholestyramine light POWD51	CINQAIR 20
chlordiazepoxide hcl CAPS18	cholestyramine PACK51	CINRYZE SOLR IV125
chlordiazepoxide hcl-clidinium bromide 194	cholestyramine POWD51	CINVANTI EMUL 47
chlordiazepoxide-amitriptyline ... 187	choline fenofibrate51	CIPRO HC 184
chlorhexidine gluconate (mouth- throat) 169	CHOSEN LANCETS 30G137	CIPRO SUSR116
	CHOSEN LANCING DEVICE MISC 137	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)116
	CHOSEN SAFETY LANCETS 28G 138	CIPRODEX (ciprofloxacin- dexamethasone)184
		ciprofloxacin hcl (ophth) SOLN ...181
		ciprofloxacin hcl (otic)184

ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	116	hydrochloride)	58	95	
ciprofloxacin SUSR	116	CLEOCIN CREA (clindamycin phosphate vaginal)	204	clindamycin phosphate (topical) LOTN	95
ciprofloxacin-dexamethasone	184	CLEOCIN SUPP	204	clindamycin phosphate (topical) SOLN	95
ciprofloxacin-fluocinolone acetonide	184	CLEOCIN-T LOTN (clindamycin phosphate (topical))	95	clindamycin phosphate (topical) SWAB	95
CITALOPRAM HYDROBROMIDE CAPS	34	CLEVER CHEK LANCETS	138	clindamycin phosphate vaginal CREA	204
citalopram hydrobromide SOLN	34	CLEVER CHOICE COMFORT EZ	138	clindamycin phosphate-benzoyl peroxide (refrigerate)	95
citalopram hydrobromide TABS	34	CLEVER CHOICE COMFORT EZ	148	clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	95
CITRULLINE EASY	112	CLEVER CHOICE HOLDING CHAMBER DEVI	156	clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	95
CLARINEX TABS (desloratadine)	49	CLEVER CHOICE LANCETS 21G	138	clindamycin phosphate-tretinoin	95
CLARINEX-D 12 HOUR TB12	93	CLEVER CHOICE LANCETS 23G	138	CLINDESSE	205
clarithromycin SUSR	133	CLEVER CHOICE LANCETS 28G	138	CLINITEST RAPID COVID-19 TEST KIT	106
clarithromycin TABS	133	CLEVIPREX 25 MG/50ML, 50 MG/100ML	84	clobazam SUSP	25
clarithromycin TB24	133	CLICKFINE PEN NEEDLES	148	clobazam TABS	25
CLARITIN ALLERGY CHILDRENS SOLN (loratadine)	49	CLIMARA PRO	115	clobetasol propionate CREA 0.025 %	101
CLARITIN SOLN (loratadine)	50	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 (estradiol)	115	clobetasol propionate CREA 0.05 %	101
CLARITIN TABS (loratadine)	50	CLINDAGEL GEL (clindamycin phosphate (topical))	95	clobetasol propionate emollient base 0.05 %	101
CLARITIN-D 12 HOUR TB12 (loratadine & pseudoephedrine)	94	clindamycin hcl	58	clobetasol propionate emulsion	101
CLASSIC PRENATAL TABS	172	clindamycin palmitate hydrochloride	58	clobetasol propionate FOAM	101
CLEANLET LANCETS 28G	138	clindamycin phosphate (topical) FOAM	95	clobetasol propionate GEL 0.05 %	101
CLEARDETECT COVID-19 AG HOME KIT	106	clindamycin phosphate (topical) GEL		clobetasol propionate LIQD	101
clemastine fumarate SYRP	49			clobetasol propionate LOTN	101
clemastine fumarate TABS 2.68 MG	49				
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	132				
CLEOCIN (clindamycin hcl)	58				
CLEOCIN (clindamycin palmitate					

clobetasol propionate OINT 0.05 % 101	(clozapine) 74	COMBIPATCH PTTW 115
clobetasol propionate SHAM 101	CO MONITOR DEVI 156	COMBIVENT RESPIMAT AERS .. 22
clobetasol propionate SOLN 0.05 % . 101	CO MONITOR REPLACEMENT PIECES MISC 156	COMBIVIR (lamivudine-zidovudine) . 77
clocortolone pivalate 101	COAGADDEX 123	COMETRIQ (100 MG DAILY DOSE) KIT 65
CLODAN 101	COAGUCHEK LANCETS 138	COMETRIQ (140 MG DAILY DOSE) KIT 65
CLODERM (clocortolone pivalate) 101	COARTEM 59	COMETRIQ (60 MG DAILY DOSE) KIT 65
clomipramine hcl 36	COBENFY CAPS 75	COMFORT ASSIST INSULIN SYRINGE 148
clonazepam TABS 25	COBENFY STARTER PACK CPPK 75	COMFORT ASSURED LANCETS 28G 138
clonazepam TBDP 25	codeine sulfate TABS 30 MG 11	COMFORT ASSURED LANCETS 33G 138
clonidine hcl (adhd) TB12 2	CODEINE SULFATE TABS 11	COMFORT EZ INSULIN SYRINGE . 148
clonidine hcl TABS 54	COLAZAL CAPS (balsalazide disodium) 118	COMFORT EZ MICRO PEN NEEDLES 149
clonidine PTWK 54	colchicine CAPS 123	COMFORT EZ PEN NEEDLES . 149
clonidine TB24 54	colchicine TABS 123	COMFORT EZ PRO PEN NEEDLES 149
clopidogrel bisulfate 300 MG 126	colchicine w/ probenecid 122	COMFORT EZ SHORT PEN NEEDLES 149
clopidogrel bisulfate 75 MG 126	COLCRYS TABS (colchicine) 123	COMFORT LANCETS 138
clorazepate dipotassium TABS 19	colesevelam hcl PACK 51	COMFORT TOUCH INSULIN PEN NEED 149
clotrimazole (topical) CREA 97	colesevelam hcl TABS 51	COMFORT TOUCH LANCETS 31G . 138
clotrimazole (topical) SOLN 97	COLESTID FLAVORED GRAN (colestipol hcl) 51	COMFORT TOUCH PLUS LANCETS 28G 138
clotrimazole 169	COLESTID FLAVORED PACK (colestipol hcl) 51	COMFORT TOUCH PLUS LANCETS 30G 138
clotrimazole vaginal CREA 205	COLESTID GRAN (colestipol hcl) . 51	COMFORT TOUCH TWIST LANCET
clotrimazole w/ betamethasone CREA 97	COLESTID PACK (colestipol hcl) . 51	
clotrimazole w/ betamethasone LOTN 97	COLESTID TABS (colestipol hcl) . 51	
clozapine TABS 74	colestipol hcl GRAN 51	
clozapine TBDP 12.5 MG, 150 MG, 200 MG 74	colestipol hcl PACK 51	
clozapine TBDP 25 MG, 100 MG .. 74	colestipol hcl TABS 51	
CLOZARIL TABS 25 MG, 100 MG	COMBIGAN (brimonidine tartrate- timolol maleate) 179	

30G	138	CORTEF TABS (hydrocortisone) ..	92	COVID-19 TESTING BY PHARMACIST	106
COMIRNATY SUSP	203	CORTENEMA (hydrocortisone (intrarectal))	16	COVRSITE COVER DRESSING PADS	134
COMIRNATY SUSY	203	CORTIFOAM EX 10 %	16	COVRSITE PLUS COMPOSITE DRESS PADS	134
COMPACT SPACE CHAMBER DEVI	156	CORTISONE ACETATE TABS	92	COZAAR 25 MG (losartan potassium)	54
COMPACT SPACE CHAMBER/LG MASK DEVI	156	CORTISPORIN-TC	184	COZAAR 50 MG, 100 MG (losartan potassium)	54
COMPACT SPACE CHAMBER/MED MASK DEVI	156	CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	110	CRENESSITY CAPS	111
COMPACT SPACE CHAMBER/SM MASK DEVI	156	CORTROPHIN GEL	110	CRENESSITY SOLN	111
COMPLERA	77	CORVERT (ibutilide fumarate) ...	20	CREON CPEP	107
COMPLETE NATAL DHA	172	COSENTYX (300 MG DOSE) SOSY . 99		CRESEMBA CAPS	48
COMPLETENATE CHEW	172	COSENTYX SENSOREADY (300 MG) SOAJ	99	CRESEMBA SOLR	48
COMTAN (entacapone)	70	COSENTYX SENSOREADY PEN SOAJ	99	CREXONT CPR	71
CONCERTA TBCR (methylphenidate hcl)	3	COSENTYX SOLN	99	CRINONE GEL	205
CONZIP CP24 (tramadol hcl)	11	COSENTYX SOSY	99	cromolyn sodium (mastocytosis) ..	117
COPA ISLAND BORDERED FOAM PADS	134	COSENTYX UNOREADY SOAJ ..	99	cromolyn sodium NEBU	20
COPA PLUS HYDROPHILIC FOAM PADS	134	COSOPT (dorzolamide hcl-timolol maleate)	180	crotamiton LOTN	106
COPAXONE SOSY (glatiramer acetate)	188	COSOPT PF (dorzolamide hcl- timolol maleate)	180	CRYSVITA	112
COPIKTRA	65	COTELLIC	65	CUPRIMINE CAPS (penicillamine) 166	
COREG (carvedilol)	83	COTEMPLA XR-ODT TBED	3	CURITY ALL PURPOSE SPONGES PADS	134
COREG CR (carvedilol phosphate) 83		COVID-19 AT HOME ANTIGEN TEST KIT	106	CURITY AMD ANTIMICROBIAL SPNGE PADS	134
CORGARD TABS 20 MG, 40 MG (nadolol)	83	COVID-19 AT-HOME TEST KIT .	106	CURITY COVER SPONGE PADS 134	
CORIFACT	123	COVID-19 OTC ANTIGEN 1-PACK KIT	106	CURITY DRESSING SPONGES PADS	134
CORLANOR SOLN	88	COVID-19 OTC ANTIGEN 2-PACK KIT	106	CURITY GAUZE PADS	134
CORLANOR TABS (ivabradine hcl) 88		COVID-19 SPECIMEN COLLECTION	106	CURITY GAUZE SPONGE PADS 134	

CURITY SPONGES PADS134	174	CYSTADROPS183
CUVPOSA SOLN PO (glycopyrrolate)195	cyclobenzaprine hcl TABS 5 MG, 10 MG174	CYSTAGON CAPS121
CUVRIOR166	cyclobenzaprine hcl TABS 7.5 MG 174	CYSTARAN183
CVS COVID-19 AT HOME TEST KIT KIT106	CYCLOGYL (cyclopentolate hcl) 180	CYTO B1 POWD PO207
CVS DAILY FIBER PACK132	CYCLOGYL180	CYTOMEL TABS (lithyronine sodium)194
CVS GAUZE PAD STERILE PADS 134	CYCLOMYDRIL180	CYTOTEC (misoprostol)200
CVS GAUZE STERILE PADS134	cyclopentolate hcl 1 %180	D3 BABY DROPS LIQD PO206
CVS GLUCOSE CHEW39	cyclophosphamide CAPS60	dabigatran etexilate mesylate CAPS . 24
CVS GUMMY DINOS CHEW170	CYCLOPHOSPHAMIDE TABS ...60	DAILY FIBER PACK132
CVS GUMMY MULTIVITAMIN KIDS CHEW170	cycloserine60	dalfampridine188
CVS LANCETS 21G138	CYCLOSET41	DALIRESP (roflumilast)21
CVS LANCETS MICRO THIN 33G 138	cyclosporine (ophth) EMUL182	danazol CAPS15
CVS LANCETS ORIGINAL138	cyclosporine CAPS167	DANTRIUM CAPS 25 MG (dantrolene sodium)175
CVS LANCETS THIN 26G138	cyclosporine modified (for microemulsion) CAPS167	DANTRIUM SOLR (dantrolene sodium)175
CVS LANCETS ULTRA THIN 30G 138	cyclosporine modified (for microemulsion) SOLN167	dantrolene sodium CAPS 100 MG 175
CVS LANCETS ULTRA-THIN 30G 138	cyclosporine SOLN IV 50 MG/ML 167	dantrolene sodium CAPS 25 MG, 50 MG175
CVS LANCING DEVICE MISC ...138	CYKLOKAPRON SOLN (tranexamic acid)129	dantrolene sodium SOLR175
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 UNIT172	CYLTEZO (2 PEN) AJKT6	DANZITEN65
CVS SOFT GLUCOSE CHEW39	CYLTEZO (2 SYRINGE) PSKT6	dapagliflozin propanediol44
CVS ULTRA THIN LANCETS ...138	CYLTEZO-CD/UC/HS STARTER AJKT7	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG37
cyanocobalamin SOLN IJ 1000 MCG/ML127	CYLTEZO-PSORIASIS/UV STARTER AJKT7	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG37
cyclobenzaprine hcl CP24174	CYMBALTA CPEP (duloxetine hcl) 35	dapsone (topical) 5 %95
cyclobenzaprine hcl TABS 10 MG	cyproheptadine hcl SYRP50	dapsone (topical) 7.5 %95
	cyproheptadine hcl TABS50	dapsone58
	CYSTADANE (betaine)112	DAPTACEL194

DARAPRIM (pyrimethamine)	59	DEMSEER (metyrosine)	53	DERMACEA TYPE VII GAUZE PADS	134
darifenacin hydrobromide	201	DENAVIR (penciclovir)	100	DERMACEA X-RAY SPONGES PADS	134
DARTISLA ODT TBDP	195	DENGVAIXA	203	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	101
darunavir TABS	77	DENTA 5000 PLUS SENSITIVE GEL	169	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	101
dasatinib	65	DEPAKOTE ER TB24 (divalproex sodium)	32	DERMOTIC (fluocinolone acetonide (otic))	184
DAURISMO 100 MG	62	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	32	DESCOVY	77
DAURISMO 25 MG	62	DEPAKOTE TBEC (divalproex sodium)	32	DESFERAL 500 MG (deferoxamine mesylate)	45
DAYBUE	178	DEPEN TITRATABS TABS (penicillamine)	166	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	36
DAYPRO TABS (oxaprozin)	8	DEPO-ESTRADIOL	115	desipramine hcl TABS 25 MG	36
DAYTRANA PTCH (methylphenidate)	3	DEPO-MEDROL SUSP (methylprednisolone acetate)	92	desloratadine TABS	50
DAYVIGO	131	DEPO-MEDROL SUSP 80 MG/ML (methylprednisolone acetate)	92	desloratadine TBDP	50
DDAVP PF SOLN IJ (desmopressin acetate)	114	DEPO-MEDROL SUSP	92	desmopressin acetate SOLN IJ ..	114
DDAVP SOLN IJ 4 MCG/ML (desmopressin acetate)	114	DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive))	91	desmopressin acetate spray	114
DDAVP TABS (desmopressin acetate)	114	DEPO-PROVERA SUSY IM (medroxyprogesterone acetate (contraceptive))	91	desmopressin acetate TABS	114
DDROPS LIQD PO 2000 UT/0.028ML	206	DEPO-SUBQ PROVERA 104 SUSY SC	91	desogestrel & ethinyl estradiol	89
deferasirox PACK	45	DERMACEA DRAIN SPONGES PADS	134	desogestrel-ethinyl estradiol (biphasic)	89
deferasirox TABS	45	DERMACEA GAUZE SPONGE PADS	134	desogestrel-ethinyl estradiol (triphasic)	89
deferasirox TBSO	45	DERMACEA IV DRAIN SPONGES PADS	134	desonide CREA	101
deferiprone TABS	45	DERMACEA NON-WOVEN SPONGES PADS	134	desonide LOTN	101
deferoxamine mesylate	45			desonide OINT	101
deflazacort SUSP	92			desoximetasone CREA	102
deflazacort TABS	92			desoximetasone GEL	102
DELESTROGEN (estradiol valerate) 115				desoximetasone LIQD	102
DELSTRIGO	77			desoximetasone OINT	102
DELZICOL CPDR (mesalamine) .	118				
demeclocycline hcl TABS	193				

DESVENLAFAXINE ER35	DEXILANT (dexlansoprazole) ... 196	DIATHRIVE LANCET ULTRA THIN 30138
desvenlafaxine succinate 36	dexlansoprazole196	DIATHRIVE LANCETS 138
DETROL LA CP24 (tolterodine tartrate) 201	dexmethylphenidate hcl CP24 3	DIATHRIVE LANCING DEVICE MISC138
DETROL TABS (tolterodine tartrate) . 201	dexmethylphenidate hcl TABS3	DIATHRIVE PEN NEEDLE 149
DEX4 39	dextroamphetamine sulfate CP24 15 MG1	DIATRUST COVID-19 HOME TEST KIT 106
DEX4 GLUCOSE39	dextroamphetamine sulfate CP24 5 MG, 10 MG1	diazepam (anticonvulsant) GEL ... 25
DEX4 GLUCOSE LIQD (dextrose (diabetic use))39	dextroamphetamine sulfate SOLN .. 1	diazepam CONC19
DEX4 NATURALS39	dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG1	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML19
DEX4 POUCH PACK39	dextroamphetamine sulfate TABS .. 1	diazepam SOLN PO 5 MG/5ML ... 19
DEX4 QUICK DISSOLVE GLUCOSE CHEW39	dextromethorphan hbr CAPS93	diazepam TABS19
dexamethasone ELIX92	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML94	diazoxide 40
DEXAMETHASONE INTENSOL CONC92	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML94	dichlorphenamide108
dexamethasone sodium phosphate (ophth)182	dextrose (diabetic use) LIQD 39	DICLEGIS TBEC (doxylamine- pyridoxine) 47
dexamethasone sodium phosphate SOLN IJ92	DHIVY TABS71	diclofenac epolamine PTCH EX ...98
dexamethasone sodium phosphate SOSY IJ 10 MG/ML92	DIACOMIT CAPS26	diclofenac potassium (migraine) .163
dexamethasone sodium phosphate SOSY IJ 4 MG/ML92	DIACOMIT PACK26	diclofenac potassium CAPS8
dexamethasone SOLN92	DIALYVITE 5000170	diclofenac potassium TABS 25 MG .8
dexamethasone TABS92	DIALYVITE 800 PLUS D WAFR . 170	diclofenac potassium TABS8
dexamethasone TBPK92	DIALYVITE 800 WAFR170	diclofenac sodium (actinic keratoses) EX98
dexchlorpheniramine maleate SOLN . 49	DIALYVITE 800/IRON 170	diclofenac sodium (ophth) 183
DEXEDRINE CP24 10 MG (dextroamphetamine sulfate)1	DIALYVITE 800/ZINC170	diclofenac sodium (topical) GEL EX 98
DEXEDRINE CP24 15 MG (dextroamphetamine sulfate)1	DIALYVITE 800-ZINC 15 170	diclofenac sodium (topical) SOLN EX 1.5 %98
	DIALYVITE/ZINC 170	diclofenac sodium (topical) SOLN EX 2 %98
	DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) 25	diclofenac sodium TB248
	DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) 25	

diclofenac sodium TBEC	8	dihydroergotamine mesylate SOLN NA 4 MG/ML	163	MG/5ML	49
diclofenac sodium-capsaicin (topical)	98	DILANTIN (phenytoin sodium extended)	31	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	49
diclofenac w/ misoprostol TBEC	8	DILANTIN 30 MG	31	diphenhydramine hcl SOLN 50 MG/ML	49
DICLOGEN	98	DILANTIN INFATABS CHEW (phenytoin)	32	diphenhydramine hcl TABS 25 MG 49	
DICLOTREX II	98	DILANTIN SUSP (phenytoin)	32	diphenoxylate w/ atropine LIQD ...	45
dicloxacillin sodium	186	DILANTIN-125 SUSP (phenytoin) .	32	diphenoxylate w/ atropine TABS ..	45
dicyclomine hcl CAPS	195	DILAUDID LIQD (hydromorphone hcl)	11	DIPROLENE OINT (betamethasone dipropionate augmented)	102
dicyclomine hcl SOLN IM	195	DILAUDID TABS (hydromorphone hcl)	11	dipyridamole 25 MG, 75 MG	126
dicyclomine hcl SOLN PO	195	diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG ...	84	dipyridamole 50 MG	126
dicyclomine hcl TABS	195	diltiazem hcl coated beads CP24 ..	84	disopyramide phosphate CAPS ...	19
DIFFERIN GEL (adapalene)	95	diltiazem hcl CP12	84	disulfiram	186
DIFICID SUSR	133	diltiazem hcl CP24	84	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	201
DIFICID TABS	133	diltiazem hcl extended release beads	84	DIURIL SUSP	109
diflorasone diacetate CREA	102	diltiazem hcl SOLN	84	divalproex sodium CSDR	32
diflorasone diacetate OINT	102	DILTIAZEM HCL SOLR	84	divalproex sodium TB24	32
DIFLUCAN SUSR 10 MG/ML (fluconazole)	48	diltiazem hcl TABS	84	divalproex sodium TBEC	32
DIFLUCAN SUSR 40 MG/ML (fluconazole)	48	diltiazem hcl TB24	84	DIVIGEL GEL (estradiol)	116
DIFLUCAN TABS 100 MG, 200 MG (fluconazole)	48	DIMENHYDRINATE SOLN	46	dobutamine hcl 12.5 MG/ML, 250 MG/20ML	86
DIFLUCAN TABS 150 MG (fluconazole)	48	dimethyl fumarate CDPK	189	DOBUTAMINE-DEXTROSE	86
diflunisal TABS	11	dimethyl fumarate CPDR	189	docusate calcium	133
difluprednate	182	DIOVAN HCT (valsartan- hydrochlorothiazide)	55	docusate sodium CAPS 100 MG, 250 MG	133
digoxin SOLN IJ 0.25 MG/ML	85	DIOVAN TABS (valsartan)	54	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	133
digoxin SOLN PO 0.05 MG/ML	85	DIPENTUM	118	docusate sodium TABS	133
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	85	diphenhydramine hcl CAPS	49	dofetilide	20
dihydroergotamine mesylate SOLN IJ 1 MG/ML	163	diphenhydramine hcl ELIX 12.5		dofetilide 250 MCG, 500 MCG	20

DOJOLVI	179	193	droxidopa	206
DOLOBID TABS	11	doxycycline (monohydrate) TABS	DRUG MART LANCETS THIN 26G .	
donepezil hydrochloride TABS 23		193	138	
MG	186	doxycycline (rosacea)	DRUG MART LANCING DEVICE	
donepezil hydrochloride TABS 5 MG,		105	MISC	138
10 MG	186	doxycycline hyclate CAPS	DRUG MART ON-THE-GO LANCET	
donepezil hydrochloride TBDP ...	186	193	30G	138
DOPAMINE HCL (dopamine hcl) .	86	doxycycline hyclate SOLR	DRUG MART UNIFINE PENTIPS	
dopamine hcl 40 MG/ML	86	193	149	
DOPAMINE-DEXTROSE	86	doxycycline hyclate TABS	DRUG MART UNIFINE PENTIPS	
DOPTelet	127	193	PLUS	149
DORAL (quazepam)	130	doxycycline hyclate TBEC	DRUG MART UNILET LANCETS	
DORYX MPC TBEC 60 MG	193	193	28G	138
DORYX TBEC 50 MG (doxycycline		doxylamine-pyridoxine TBEC	DRUG MART UNILET LANCETS	
hyclate)	193	47	30G	138
DORYX TBEC 80 MG (doxycycline		DRIZALMA SPRINKLE CSDR	DRUG MART UNILET LANCETS	
hyclate)	193	36	33G	138
dorzolamide hcl	183	dronabinol CAPS	DRYMAX EXTRA PADS	134
dorzolamide hcl-timolol maleate .	180	47	DUAKLIR PRESSAIR	22
DOVATO	77	droperidol SOLN 2.5 MG/ML	DUAVEE	115
DOVONEX CREA (calcipotriene) .	99	18	DUETACT (pioglitazone hcl-	
doxazosin mesylate	54	DROPLET GENTEEL LANCING	glimepiride)	37
doxepin hcl (antipruritic)	99	DEVICE MISC	DUEXIS (ibuprofen-famotidine)	8
doxepin hcl (sleep)	130	138	DULCOLAX SUPP (bisacodyl) ...	132
doxepin hcl CAPS	37	DROPLET INSULIN SYRINGE ..	DULCOLAX TBEC (bisacodyl) ...	132
doxepin hcl CONC	37	149	DULERA	22
doxercalciferol CAPS	112	DROPLET LANCETS ULTRA THIN	duloxetine hcl CPEP	36
doxycycline (monohydrate) CAPS 50		30G	DUOBRII	102
MG, 100 MG	193	138	DUOPA SUSP	71
doxycycline (monohydrate) CAPS 75		DROPLET LANCING DEVICE MISC .	DUPIXENT SOAJ	104
MG, 150 MG	193	138	DUPIXENT SOSY 200 MG/1.14ML,	
doxycycline (monohydrate) SUSR		DROPSAFE ACTI-LANCE 23G .	300 MG/2ML	104
		138	DUREX EXTRA SENSITIVE THIN	
		DROPSAFE SAFETY PEN	DEVI	135
		NEEDLES		
		149		
		DROPSAFE SAFETY		
		SYRINGE/NEEDLE		
		149		
		drospirenone-ethinyl estradiol		
		90		
		drospirenone-ethinyl estradiol-		
		levomefolate calcium		
		90		
		DROXIA CAPS		
		127		

DUREX EXTRA SENSITIVE THIN MISC135	EASY FLOW AIR NOZZLE MISC 157	EASY TOUCH INSULIN SAFETY SYR 149
DUREX REALFEEL135	EASY FLOW BLACK/BLUE DEVI 157	EASY TOUCH INSULIN SYRINGE 149
DUREX TROPICAL MISC135	EASY FLOW BLACK/ORANGE DEVI157	EASY TOUCH LANCETS 21G .. 138
DUREZOL (difluprednate) 182	EASY FLOW BLACK/RED DEVI .157	EASY TOUCH LANCETS 23G .. 138
dutasteride 122	EASY FLOW BLACK/WHITE DEVI 157	EASY TOUCH LANCETS 26G .. 139
dutasteride-tamsulosin hcl122	EASY FLOW BLACK/YELLOW DEVI157	EASY TOUCH LANCETS 28G .. 139
DUVYZAT177	EASY FLOW HEPA FILTER MISC 157	EASY TOUCH LANCETS 28G/TWIST 139
D-VI-SOL LIQD PO (cholecalciferol) . 206	EASY FLOW WHITE/BLUE DEVI 157	EASY TOUCH LANCETS 30G .. 139
DXTERITY COVID-19 HOME TEST . 106	EASY FLOW WHITE/GREEN DEVI 157	EASY TOUCH LANCETS 30G/TWIST 139
DYANAVEL XR SUER 1	EASY FLOW WHITE/PINK DEVI .157	EASY TOUCH LANCETS 32G .. 139
DYANAVEL XR TBCR 1	EASY FLOW WHITE/WHITE DEVI 157	EASY TOUCH LANCETS 32G/TWIST 139
DYMISTA SUSP (azelastine hcl- fluticasone propionate) 175	EASY FLOW WHITE/YELLOW DEVI 157	EASY TOUCH LANCETS 33G/TWIST 139
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 133	EASY GLIDE LUER LOCK SYRINGE149	EASY TOUCH LANCING DEVICE MISC139
EASIVENT MASK LARGE MISC .156	EASY GLIDE PEN NEEDLES ...149	EASY TOUCH PEN NEEDLES ..149
EASIVENT MASK MEDIUM MISC 156	EASY MINI EJECT LANCING DEVICE MISC138	EASY TOUCH SAFETY LANCETS 21G139
EASIVENT MASK SMALL MISC .156	EASY MINI LANCING DEVICE MISC138	EASY TOUCH SAFETY LANCETS 23G139
EASIVENT MISC 157	EASY TOUCH FLIPLOCK INSULIN SY149	EASY TOUCH SAFETY LANCETS 26G139
EASY COMFORT INSULIN SYRINGE 149	EASY TOUCH FLIPLOCK NEEDLES149	EASY TOUCH SAFETY LANCETS 28G139
EASY COMFORT LANCETS138	EASY TOUCH HYPODERMIC NEEDLE149	EASY TOUCH SAFETY PEN NEEDLES149
EASY COMFORT LANCETS TWIST TOP 138		EASY TOUCH SHEATHLOCK SYRINGE 149
EASY COMFORT PEN NEEDLES 149		EASY TOUCH SYRINGE BARREL 149
EASY FLOW 300 MM HOSE MISC 157		
EASY FLOW 400 MM HOSE MISC 157		

EASYPPOINT NEEDLE	149	ELESTRIN GEL	116	ELEVIDYS 37.5-38.4 KG	177
EBASE CONTROLLER KIT MISC 157		eletriptan hydrobromide	163	ELEVIDYS 38.5-39.4 KG	177
EBGLYSS SOAJ	104	ELEVIDYS 10.0-10.4 KG	177	ELEVIDYS 39.5-40.4 KG	177
EBGLYSS SOSY	104	ELEVIDYS 10.5-11.4 KG	177	ELEVIDYS 40.5-41.4 KG	177
econazole nitrate CREA	97	ELEVIDYS 11.5-12.4 KG	177	ELEVIDYS 41.5-42.4 KG	177
ECOTRIN TBEC (aspirin)	11	ELEVIDYS 12.5-13.4 KG	177	ELEVIDYS 42.5-43.4 KG	177
edaravone SOLN 30 MG/100ML .	176	ELEVIDYS 13.5-14.4 KG	177	ELEVIDYS 43.5-44.4 KG	177
edaravone SOLN 60 MG/100ML .	176	ELEVIDYS 14.5-15.4 KG	177	ELEVIDYS 44.5-45.4 KG	177
EDARBI	54	ELEVIDYS 15.5-16.4 KG	177	ELEVIDYS 45.5-46.4 KG	177
EDARBYCLOR	55	ELEVIDYS 16.5-17.4 KG	177	ELEVIDYS 46.5-47.4 KG	177
EDECRIIN (ethacrynic acid)	108	ELEVIDYS 17.5-18.4 KG	177	ELEVIDYS 47.5-48.4 KG	177
EDLUAR SUBL	130	ELEVIDYS 18.5-19.4 KG	177	ELEVIDYS 48.5-49.4 KG	177
EDURANT	77	ELEVIDYS 19.5-20.4 KG	177	ELEVIDYS 49.5-50.4 KG	177
efavirenz CAPS	77	ELEVIDYS 20.5-21.4 KG	177	ELEVIDYS 50.5-51.4 KG	177
efavirenz TABS	78	ELEVIDYS 21.5-22.4 KG	177	ELEVIDYS 51.5-52.4 KG	177
efavirenz-emtricitabine-tenofovir disoproxil fumarate	77	ELEVIDYS 22.5-23.4 KG	177	ELEVIDYS 52.5-53.4 KG	177
efavirenz-lamivudine-tenofovir disoproxil fumarate	78	ELEVIDYS 23.5-24.4 KG	177	ELEVIDYS 53.5-54.4 KG	177
EFFER-K	166	ELEVIDYS 24.5-25.4 KG	177	ELEVIDYS 54.5-55.4 KG	177
EFFEXOR XR CP24 (venlafaxine hcl)	36	ELEVIDYS 25.5-26.4 KG	177	ELEVIDYS 55.5-56.4 KG	177
EFFEXOR XR CP24 37.5 MG, 150 MG (venlafaxine hcl)	36	ELEVIDYS 26.5-27.4 KG	177	ELEVIDYS 56.5-57.4 KG	178
EFFIENT (prasugrel hcl)	126	ELEVIDYS 27.5-28.4 KG	177	ELEVIDYS 57.5-58.4 KG	178
EFUDEX CREA (fluorouracil (topical))	98	ELEVIDYS 28.5-29.4 KG	177	ELEVIDYS 58.5-59.4 KG	178
EGRIFTA SV	111	ELEVIDYS 29.5-30.4 KG	177	ELEVIDYS 59.5-60.4 KG	178
ELAPRASE	112	ELEVIDYS 30.5-31.4 KG	177	ELEVIDYS 60.5-61.4 KG	178
ELELYSO	126	ELEVIDYS 31.5-32.4 KG	177	ELEVIDYS 61.5-62.4 KG	178
ELEPSIA XR TB24	26	ELEVIDYS 32.5-33.4 KG	177	ELEVIDYS 62.5-63.4 KG	178
		ELEVIDYS 33.5-34.4 KG	177	ELEVIDYS 63.5-64.4 KG	178
		ELEVIDYS 34.5-35.4 KG	177	ELEVIDYS 64.5-65.4 KG	178
		ELEVIDYS 35.5-36.4 KG	177	ELEVIDYS 65.5-66.4 KG	178
		ELEVIDYS 36.5-37.4 KG	177	ELEVIDYS 66.5-67.4 KG	178

ELEVIDYS 67.5-68.4 KG178	EMBRACE PRESSURE ACTIVATED 21G139	ENBREL SURECLICK SOAJ10
ELEVIDYS 68.5-69.4 KG178	EMBRACE PRESSURE ACTIVATED 28G139	ENDARI (glutamine (sickle cell)) 127
ELEVIDYS 69.5 KG PLUS178	EMEND BIPACK CAPS 80 MG (aprepitant)47	ENDOMETRIN INST205
ELFABRIO112	EMEND SOLR (fosaprepitant dimeglumine)47	ENDUR-AMIDE TBCR207
ELIDEL (pimecrolimus)104	EMEND SUSR47	ENERGIX-B SUSP 20 MCG/ML .203
ELIGARD SC62	EMEND TRIPACK CAPS (aprepitant)47	ENERGIX-B SUSY203
ELIMITE CREA (permethrin)106	EMFLAZA SUSP (deflazacort)92	ENJAYMO125
ELIQUIS DVT/PE STARTER PACK TBPk23	EMFLAZA TABS (deflazacort)92	enoxaparin sodium SOLN IJ 300 MG/3ML24
ELIQUIS TABS23	EMGALITY (300 MG DOSE) SOSY 162	enoxaparin sodium SOSY24
ELLA91	EMGALITY SOAJ162	ENSPRYNG167
ELLUME COVID-19 HOME TEST KIT106	EMGALITY SOSY163	ENSTILAR FOAM102
ELMIRON CAPS121	EMPAVELI125	entacapone70
ELOCTATE123	EMSAM33	entecavir TABS80
ELYXYB163	emtricitabine CAPS78	ENTRESTO CPSP86
EMBECTA INS SYR U/F 1/2 UNIT 149	emtricitabine-tenofovir disoproxil fumarate78	ENTRESTO TABS86
EMBECTA INSULIN SYRINGE ...149	EMTRIVA CAPS (emtricitabine) ...78	ENTYVIO PEN SOAJ118
EMBECTA INSULIN SYRINGE U/F . 149	EMTRIVA SOLN78	ENTYVIO SOLR118
EMBECTA INSULIN SYRINGE U- 100149	EMVERM CHEW17	ENVARUSUS XR TB24167
EMBECTA PEN NEEDLE NANO 149	enalapril maleate & hydrochlorothiazide55	EOHILIA SUSP92
EMBECTA PEN NEEDLE NANO 2 GEN149	enalapril maleate SOLN53	EPANED SOLN (enalapril maleate) 53
EMBECTA PEN NEEDLE U/F ...149	enalapril maleate TABS53	EPCLUSA PACK80
EMBRACE LANCETS ULTRA THIN 30G139	enalaprilat SOLN53	EPCLUSA TABS80
EMBRACE LANCING DEVICE/EJECTOR MISC139	ENBREL MINI SOCT10	EPCLUSA TABS81
EMBRACE PEN NEEDLES149	ENBREL SOLN10	ephedrine sulfate (pressors) SOLN IJ206
	ENBREL SOSY10	EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML 206
		EPIDIOLEX26
		EPIFOAM FOAM102

epinastine hcl (ophth)183	EQ SPACE CHAMBER ANTI- STATIC S DEVI157	erythromycin (acne aid) PADS95
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML205	EQL COLOR LANCETS 21G139	erythromycin (acne aid) SOLN95
epinephrine (anaphylaxis) SOAJ .205	EQL COLOR LANCETS MICRO 33G139	erythromycin (ophth)181
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML205	EQL GAUZE PADS134	ERYTHROMYCIN181
EPINEPHRINE PF SOLN IJ206	EQL INSULIN SYRINGE149	erythromycin base CPEP133
EPINEPHRINE SOLN IJ (epinephrine)206	EQL SUPER THIN LANCETS 30G 139	erythromycin base TABS133
epinephrine SOLN IJ206	EQL THIN LANCETS 26G139	erythromycin base TBEC 500 MG 133
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))206	EQUETRO72	erythromycin base TBEC133
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))206	ERAXIS47	erythromycin ethylsuccinate SUSR 133
EPIVIR HBV TABS (lamivudine (hbv))81	ergocalciferol CAPS206	erythromycin ethylsuccinate TABS 133
EPIVIR SOLN (lamivudine)78	ergocalciferol SOLN PO 200 MCG/ML207	erythromycin stearate TABS 250 MG 133
EPIVIR TABS (lamivudine)78	ergoloid mesylates TABS191	ERZOFRI 351 MG/2.25ML73
eplerenone56	ERGOMAR SUBL163	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML73
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML127	ergotamine w/ caffeine SUPP163	ESBRIET CAPS (pirfenidone)192
EPRONTIA SOLN26	ERIVEDGE62	ESBRIET TABS 267 MG (pirfenidone)192
EPYSQLI SOLN IV 300 MG/30ML 125	ERLEADA62	ESBRIET TABS 801 MG (pirfenidone)192
EPZICOM (abacavir sulfate- lamivudine)78	erlotinib hcl 100 MG, 150 MG61	escitalopram oxalate SOLN34
EQ GAUZE PADS134	erlotinib hcl 25 MG61	escitalopram oxalate TABS34
EQ SPACE CHAMBER ANTI- STATIC DEVI157	ERMEZA SOLN PO194	ESGIC TABS (butalbital- acetaminophen-caffeine)10
EQ SPACE CHAMBER ANTI- STATIC L DEVI157	ERTACZO97	esmolol hcl SOLN 100 MG/10ML .83
EQ SPACE CHAMBER ANTI- STATIC M DEVI157	ertapenem sodium IJ57	ESMOLOL HCL SOLN83
	ERYGEL GEL (erythromycin (acne aid))95	esmolol hcl-sodium chloride83
	ERYPED 200 SUSR (erythromycin ethylsuccinate)133	esomeprazole magnesium CPDR 20 MG196
	ERYPED 400 SUSR (erythromycin ethylsuccinate)133	
	erythromycin (acne aid) GEL95	

esomeprazole magnesium CPDR 196	ethacrynic acid108	EXCILON AMD NON-WOVEN SPONGES PADS134
esomeprazole magnesium PACK 10 MG, 20 MG, 40 MG197	ethambutol hcl TABS 60	EXCILON DRAIN SPONGES PADS . 134
esomeprazole magnesium PACK 2.5 MG, 5 MG197	ethosuximide CAPS32	EXELON (rivastigmine) 186
esomeprazole magnesium TBEC 197	ethosuximide SOLN32	exemestane 62
esomeprazole sodium 40 MG 197	ethynodiol diacet & eth estrad90	EXFORGE (amlodipine besylate- valsartan) 55
ESPEROCT 4000 UNIT 123	etodolac CAPS8	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) 55
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 123	etodolac TABS 8	EXJADE TBSO (deferasirox) 45
estazolam 130	etodolac TB248	EX-LAX CHEW (sennosides)133
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG 115	etonogestrel-ethinyl estradiol 91	EXONDYS 51178
ESTRACE CREA (estradiol vaginal) . 205	etoposide CAPS 69	EXSERVAN FILM 176
ESTRACE TABS (estradiol)116	etravirine78	EXTENCILLINE SUSR 185
estradiol & norethindrone acetate TABS115	EUCRISA 105	EYSUVIS SUSP182
estradiol GEL 116	EVAMIST SOLN116	E-Z JECT LANCET MICRO-THIN 33G139
estradiol PTTW 116	EVEKEO ODT TBDP1	E-Z JECT LANCET SUPER THIN 30G139
estradiol PTWK116	EVEKEO TABS (amphetamine sulfate)1	E-Z JECT LANCETS139
estradiol vaginal CREA205	EVENITY109	E-Z JECT LANCETS 21G 139
estradiol vaginal TABS 205	EVERLYWELL COVID-19 HOME TEST106	E-Z JECT LANCETS THIN 26G .139
estradiol valerate 10 MG/ML 116	everolimus (immunosuppressant) 167	EZALLOR SPRINKLE CPSP52
estradiol valerate 20 MG/ML, 40 MG/ML116	everolimus TABS65	ezetimibe52
ESTRING RING 7.5 MCG/24HR .205	everolimus TBSO65	ezetimibe-simvastatin50
eszopiclone 130	EVISTA (raloxifene hcl)111	EZ-LETS LANCETS 21G139
ethacrynate sodium108	EVKEEZA 50	EZ-LETS LANCETS 26G139
	EVOTAZ78	EZ-LETS LANCETS 28G139
	EVOXAC (cevimeline hcl)169	EZ-LETS LANCETS 30G139
	EVRYSDI178	FABHALTA125
	EVRYSDI PO 5 MG 178	FABIOR FOAM 95
	EXCILON AMD DRAIN SPONGES PADS 134	

FABRAZYME	112	FELBATOL TABS 600 MG (felbamate)	31	FEOSOL TABS (ferrous sulfate dried)	129
famciclovir	81	FELDENE CAPS 10 MG (piroxicam) . 8		FERAHEME (ferumoxytol)	129
famotidine in nacl SOLN	195	felodipine	84	FER-IN-SOL SOLN (ferrous sulfate) . 129	
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	195	FEMARA (letrozole)	62	FERRIPROX SOLN	45
famotidine SUSR	195	FEMCAP DEVI	135	FERRIPROX TABS (deferiprone) .	45
famotidine TABS	195	FEMLYV TBDP	90	FERRIPROX TWICE-A-DAY TABS 45	
FANAPT	73	FEMRING	205	FERRLECIT (sodium ferric gluconate complex in sucrose) ...	129
FANAPT TITRATION PACK	73	fenofibrate CAPS	51	ferrous fumarate w/ b12-vit c-fa-ifc 128	
FANTASY LUBRICATED MISC ..	135	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	51	FERROUS GLUCONATE TABS 324 MG	129
FANTASY LUBRICATED/SPERMICIDE MISC 135		fenofibrate TABS	51	ferrous gluconate TABS	129
FARESTON (toremifene citrate) ..	62	FENOGLIDE TABS (fenofibrate) ..	51	ferrous sulfate dried TABS	129
FARXIGA (dapagliflozin propanediol)	44	fenoprofen calcium CAPS 400 MG .	8	ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML, 15 MG/ML	129
FASENRA PEN SOAJ	20	fenoprofen calcium TABS	8	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	129
FASENRA SOSY	20	FENOPRON CAPS	8	FERROUS SULFATE TBEC (ferrous sulfate)	129
FASTEP COVID-19 ANTIGEN TEST KIT	106	FENSOLVI (6 MONTH) SC	111	ferrous sulfate TBEC	129
FC2 FEMALE CONDOM	135	FENTANYL CITRATE (PF) SOLN IJ 100 MCG/2ML, 250 MCG/5ML (fentanyl citrate)	11	ferumoxytol	129
fe fumarate-vitamin c-vitamin b12- folic acid	128	fentanyl citrate LPOP	11	fesoterodine fumarate	201
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	128	fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	11	FETROJA	89
febuxostat	123	fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	11	FETZIMA CP24	36
FEIBA	123	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	11	FETZIMA TITRATION C4PK	36
felbamate SUSP	31	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	11	FEVERALL JUNIOR STRENGTH SUPP	11
felbamate TABS 400 MG	31	FENTORA TABS (fentanyl citrate) .	12	FIASP FLEXTOUCH SOPN	42
felbamate TABS 600 MG	31			FIASP PENFILL SOCT	42
FELBATOL SUSP (felbamate)	31				
FELBATOL TABS 400 MG (felbamate)	31				

FIASP SOLN	42	flavoxate hcl	202	FLUBLOK SOSY	203
FIFTY50 PEN NEEDLES	149	flecainide acetate	19	FLUCELVAX QUADRIVALENT SUSP	203
FIFTY50 SAFETY SEAL LANCETS 139		FLEET ENEMA ENEM (sodium phosphates)	132	FLUCELVAX QUADRIVALENT SUSY	203
FIFTY50 SUPERIOR COMFORT SYR	149	FLEQSUVY SUSP (baclofen)	174	FLUCELVAX SUSP	203
FIFTY50 UNILET LANCETS 33G 139		FLEXICHAMBER ADULT MASK/SMALL	157	FLUCELVAX SUSY	203
FILSPARI	121	FLEXICHAMBER CHILD MASK/LARGE	157	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	48
FILSUVEZ	106	FLEXICHAMBER CHILD MASK/SMALL	157	FLUCONAZOLE IN SODIUM CHLORIDE	48
FILTER AIR PP MISC	157	FLEXICHAMBER DEVI	157	fluconazole SUSR	48
FINACEA FOAM	105	FLINTSTONES + EXTRA IRON CHEW	171	fluconazole TABS	48
FINACEA GEL (azelaic acid)	105	FLINTSTONES COMPLETE CHEW 171		flucytosine	48
finasteride	122	FLINTSTONES GUMMIES BONE BUILD CHEW	171	fludrocortisone acetate TABS	93
FINE 30	139	FLINTSTONES-IMMUNITY SUPPORT CHEW	171	FLULAVAL QUADRIVALENT SUSY 203	
FINGERSTIX LANCETS	139	FLOLIPID SUSP	52	FLULAVAL SUSY	203
fingolimod hcl	189	FLOVENT DISKUS AEPB (fluticasone propionate (inhalation)) 21		FLUMIST	203
FINTEPLA	26	FLOVENT HFA (fluticasone propionate hfa)	21	FLUMIST QUADRIVALENT	203
FIORICET CAPS (butalbital- acetaminophen-caffeine)	10	FLOWFLEX COVID-19 AG HOME TEST KIT	106	flunisolide (nasal)	176
FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) . 13		FLUAD	203	fluocinolone acetonide (otic)	184
FIRAZYR SOSY (icatibant acetate) 124		FLUAD QUADRIVALENT	203	fluocinolone acetonide CREA	102
FIRDAPSE	59	FLUARIX QUADRIVALENT SUSY 203		fluocinolone acetonide OIL	102
FIRVANQ SOLR PO 25 MG/ML (vancomycin hcl)	57	FLUBLOK QUADRIVALENT	203	fluocinolone acetonide OINT	102
FIRVANQ SOLR PO 50 MG/ML (vancomycin hcl)	57			fluocinolone acetonide SOLN	102
FLAGYL CAPS (metronidazole) ...	56			fluocinonide CREA	102
FLAREX	182			fluocinonide emulsified base	102
				fluocinonide GEL	102
				fluocinonide OINT	102
				fluocinonide SOLN	102
				fluorometholone (ophth) SUSP ...	182

fluorouracil (topical) CREA 0.5 %	98	MCG/ACT-50 MCG/ACT, 250	fondaparinux sodium	24	
fluorouracil (topical) CREA 5 %	98	MCG/ACT-50 MCG/ACT, 500	FORA LANCETS	139	
fluorouracil (topical) SOLN	98	MCG/ACT-50 MCG/ACT	22	FORA LANCING DEVICE MISC	139
fluoxetine hcl (pmdd) TABS	190	fluticasone-salmeterol AEPB	22	FORFIVO XL TB24 (bupropion hcl)	33
fluoxetine hcl CAPS	34	fluticasone-salmeterol AERO	22	formaldehyde SOLN 10 %	77
fluoxetine hcl CPDR	34	fluvastatin sodium CAPS	52	formoterol fumarate NEBU	22
fluoxetine hcl SOLN	34	fluvastatin sodium TB24	52	FORTEO SOPN (teriparatide)	109
FLUOXETINE HCL TABS (fluoxetine hcl)	34	fluvoxamine maleate CP24	34	FOSAMAX PLUS D	110
fluoxetine hcl TABS 10 MG	34	fluvoxamine maleate TABS	34	FOSAMAX TABS 70 MG (alendronate sodium)	110
fluoxetine hcl TABS 20 MG, 60 MG	34	FLUZONE HIGH-DOSE QUADRIVALENT	203	fosamprenavir calcium TABS	78
fluphenazine decanoate	76	FLUZONE HIGH-DOSE SUSY	203	fosaprepitant dimeglumine SOLR	47
fluphenazine hcl CONC	76	FLUZONE QUADRIVALENT SUSP	203	foscarnet sodium 6000 MG/250ML	80
fluphenazine hcl ELIX	76	FLUZONE QUADRIVALENT SUSY	203	fosfomycin tromethamine	58
fluphenazine hcl SOLN	76	FLUZONE SUSP	203	FOSFREE TABS (multiple vitamins w/ minerals)	170
fluphenazine hcl TABS	76	FLUZONE SUSY	203	fosinopril sodium & hydrochlorothiazide	55
flurandrenolide LOTN	102	FLYP HYPERSONIQ CARTRIDGE MISC	157	fosinopril sodium	53
flurazepam hcl	130	FML FORTE SUSP	182	fosphenytoin sodium	32
flurbiprofen sodium	183	FML LIQUIFILM SUSP (fluorometholone (ophth))	182	FOSRENOL CHEW (lanthanum carbonate)	120
flurbiprofen TABS 100 MG	8	FOCALIN TABS (dexmethylphenidate hcl)	3	FOSRENOL PACK	120
fluticasone furoate-vilanterol	22	FOCALIN XR CP24 (dexmethylphenidate hcl)	3	FOTIVDA	65
fluticasone propionate (inhalation) AEPB	21	FOCALIN XR CP24 5 MG, 10 MG, 25 MG (dexmethylphenidate hcl)	3	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	24
fluticasone propionate (nasal) SUSP	176	FOCINVEZ SOLN	47	FRAGMIN SOSY	24
fluticasone propionate CREA 0.05 %	102	folic acid CAPS 0.8 MG	127	FRAICHE 5000 PREVI	169
fluticasone propionate hfa	21	folic acid SOLN	127	FRAICHE 5000 SENSITIVE GEL	169
fluticasone propionate LOTN	102	folic acid TABS 1 MG, 800 MCG	127	FREDS PHARMACY AUTOLET LANCING MISC	139
fluticasone propionate OINT	102				
fluticasone-salmeterol AEPB	100				

FREDS PHARMACY UNIFINE PENTIP+	149	furosemide SOLN PO 8 MG/ML, 10 MG/ML	108	gatifloxacin (ophth)	181
FREDS PHARMACY UNIFINE PENTIPS	149	furosemide TABS	108	GATTEX	121
FREDS PHARMACY UNILET LANC 28G	139	FUZEON SOLR	78	GAUZE DRESSING PADS	134
FREDS PHARMACY UNILET LANC 30G	139	FYCOMPA SUSP	24	GAUZE PADS PADS	134
FREDS PHARMACY UNILET LANC 30G	139	FYCOMPA TABS	24	GAVRETO	65
FREESTYLE LANCETS	139	FYLNETRA	127	gefitinib	61
FREESTYLE LIBRE 14 DAY READER	139	gabapentin (once-daily) TABS ...	190	GELCLAIR	169
FREESTYLE LIBRE 14 DAY SENSOR	139	gabapentin CAPS 100 MG, 400 MG . 27		gemfibrozil TABS	51
FREESTYLE LIBRE 14 DAY SENSOR	139	gabapentin CAPS 300 MG	27	GEMTESA	202
FREESTYLE LIBRE 2 PLUS SENSOR	140	gabapentin SOLN	27	GEN7T PTCH (lidocaine)	105
FREESTYLE LIBRE 2 PLUS SENSOR	140	gabapentin TABS 600 MG	27	GENABIO COVID-19 RAPID TEST KIT	106
FREESTYLE LIBRE 2 READER .	140	gabapentin TABS 800 MG	27	GENERESS FE (norethindrone & ethinyl estradiol-fe)	90
FREESTYLE LIBRE 2 SENSOR	140	GABARONE TABS 100 MG, 400 MG	27	GENOTROPIN CART SC	111
FREESTYLE LIBRE 3 PLUS SENSOR	140	GABITRIL 16 MG (tiagabine hcl) ..	31	GENOTROPIN MINIQUEL PRSY 111	
FREESTYLE LIBRE 3 PLUS SENSOR	140	GABITRIL 2 MG, 4 MG, 12 MG (tiagabine hcl)	31	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 %	5
FREESTYLE LIBRE 3 READER .	140	GALAFOLD	112	gentamicin sulfate (ophth) SOLN .	181
FREESTYLE LIBRE 3 SENSOR	140	galantamine hydrobromide CP24	187	gentamicin sulfate (topical) CREA .	96
FREESTYLE LIBRE READER ...	140	galantamine hydrobromide SOLN 187		gentamicin sulfate (topical) OINT ..	96
FREESTYLE UNISTICK II LANCETS	140	galantamine hydrobromide TABS	187	gentamicin sulfate IJ	5
FROVA (frovatriptan succinate) .	164	GALZIN	166	GENTEEL BUTTERFLY TOUCH LANCET	140
frovatriptan succinate	164	GAMIFANT	167	GENTEEL PLUS LANCING (BLACK) MISC	140
FRUZAQLA 1 MG	61	GANCICLOVIR SODIUM SOLN ..	80	GENTEEL PLUS LANCING (PURPLE) MISC	140
FRUZAQLA 5 MG	61	ganciclovir sodium SOLR	80	GENTEEL PLUS LANCING (WHITE) MISC	140
FULL KIT NEBULIZER SET MISC 158		GARDASIL 9 SUSP	203		
FULPHILA	127	GARDASIL 9 SUSY	203		
FUROSCIX CTKT	108	GASTROCROM (cromolyn sodium (mastocytosis))	117		
furosemide SOLN IJ 10 MG/ML ..	108				

GENTEEL PLUS LANCING DEV(BLUE) MISC	140	SYR	149	glycopyrrolate SOLN IJ	195
GENTEEL PLUS LANCING DEV(PINK) MISC	140	GLOBAL INJECT EASE LANCETS 28G	140	glycopyrrolate SOLN PO 1 MG/5ML . 195	
GENTLE IRON	128	GLOBAL INJECT EASE LANCETS 30G	140	glycopyrrolate SOSY IJ	195
GENTLE-LET GP LANCETS	140	GLOBAL INSULIN SYRINGES ..	150	GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	195
GENTLE-LET LANCETS	140	GLOBAL LANCING DEVICE MISC 140		glycopyrrolate TABS 1 MG, 2 MG 195	
GENVOYA	78	GLOPERBA SOLN PO	123	GLYNASE (glyburide micronized) 45	
GEODON (ziprasidone hcl)	72	GLUCAGEN HYPOKIT	40	GLYRX-PF SOLN IJ	195
GEODON (ziprasidone mesylate) .	72	glucagon (rdna)	40	GLYXAMBI	38
GILENYA (fingolimod hcl)	189	GLUCAGON EMERGENCY	40	GNP CLICKFINE PEN NEEDLES 150	
GILENYA	189	GLUCOCOM LANCETS 28G	140	GNP GLUCOSE CHEW	40
GILOTRIF	61	GLUCOCOM LANCETS 30G	140	GNP INSULIN SYRINGE	150
GIMOTI SOLN NA	117	GLUCOCOM LANCETS 33G	140	GNP INSULIN SYRINGES	150
GIVLAARI	123	GLUCOPRO INSULIN SYRINGE 150		GNP INSULIN SYRINGES 28GX1/2"	150
GLASSIA SOLN	192	GLUCOSE CHEW	40	GNP INSULIN SYRINGES 29GX1/2"	150
glatiramer acetate SOSY	189	GLUCOSE INSTANT ENERGY ..	40	GNP INSULIN SYRINGES 30GX5/16"	150
GLEEVEC TABS (imatinib mesylate) 65		glucose LIQD	179	GNP INSULIN SYRINGES 31GX5/16"	150
glimepiride 1 MG, 2 MG, 4 MG	44	GLUCOTROL XL TB24 (glipizide) .	44	GNP LANCETS 21G	140
glimepiride 3 MG	44	GLUMETZA TB24 (metformin hcl) .	39	GNP LANCETS THIN 26G	140
glipizide TABS 2.5 MG	44	glutamine (sickle cell)	127	GNP LANCING SYSTEM DEVICE MISC	140
glipizide TABS 5 MG, 10 MG	44	glyburide micronized 1.5 MG, 3 MG, 6 MG	45	GNP PEN NEEDLES	150
glipizide TB24	44	glyburide TABS	45	GNP PRENATAL TABS	172
glipizide-metformin hcl	38	glyburide-metformin	38	GNP QUICK DISSOLVE GLUCOSE CHEW	40
GLOBAL EASE INJECT PEN NEEDLES	149	GLYCATE TABS	195	GNP STERILE LANCETS 28G ..	140
GLOBAL EASY GLIDE INSULIN SYR	149	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM	132		
GLOBAL EASY GLIDE PEN NEEDLES	149	glycerin-hypromellose-polyethylene glycol 400	179		
GLOBAL INJECT EASE INSULIN					

GNP STERILE LANCETS 30G ..140	GOODSENSE PEN NEEDLE	GYNAZOLE-1205
GNP STERILE LANCETS 33G ..140	PENFINE150	GYNE-LOTRIMIN CREA (clotrimazole vaginal)205
GNP TRUETRACK TEST STRIPS STRP 106	GOTOKNOW COVID-19 ANTIGEN RAPI KIT106	HADLIMA PUSHTOUCH SOAJ7
GNP ULTICARE PEN NEEDLES 150	GRALISE TABS (gabapentin (once- daily)) 190	HADLIMA SOSY 7
GNP ULTIGUARD SAFEPAK NEEDLE150	GRALISE TABS 450 MG, 750 MG, 900 MG 190	HAEGARDA SOLR SC125
GNP ULTRA COM INSULIN SYRINGE 150	granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML46	HAEMOLANCE 141
GOCOVRI CP2471	granisetron hcl TABS 46	HAEMOLANCE LOW FLOW LANCETS141
GOJJI LANCING DEVICE/CLEAR CAP MISC 140	GRANIX SOLN 127	HAEMOLANCE PLUS141
GOJJI STERILE LANCETS140	GRANIX SOSY 127	HAEMOLANCE PLUS HIGH FLOW . 141
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ..132	GRASTEK SUBL4	HAEMOLANCE PLUS LOW FLOW . 141
GOMEKLI CAPS PO 1 MG, 2 MG .65	griseofulvin microsize SUSP48	HAEMOLANCE PLUS MAX FLOW 141
GOMEKLI TBSO PO 1 MG65	griseofulvin microsize TABS48	HAEMOLANCE PLUS PEDIATRIC FLOW 141
GONITRO PACK17	griseofulvin ultramicrosize48	halcinonide CREA 102
GOODSENSE CLICKFINE PEN NEEDLE150	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML94	halcinonide SOLN 0.1 % 102
GOODSENSE COLOR LANCETS 33G140	guaifenesin LIQD 100 MG/5ML, 200 MG/10ML94	HALCION 0.25 MG (triazolam) ...130
GOODSENSE GLUCOSE 40	guaifenesin TABS94	HALDOL DECANOATE (haloperidol decanoate)74
GOODSENSE LANCETS 26G UNIV141	guaifenesin TB12 94	halobetasol propionate CREA102
GOODSENSE LANCETS 30G .. 141	guanfacine hcl (adhd) 2	halobetasol propionate FOAM102
GOODSENSE LANCETS 30G UNIV141	guanfacine hcl54	halobetasol propionate OINT102
GOODSENSE LANCETS 33G .. 141	GUMMI BEAR MULTIVITAMIN/MIN CHEW171	HALOG CREA (halcinonide) 102
GOODSENSE LANCETS 33G UNIV141	GVOKE HYPOPEN 1-PACK SOAJ 40	HALOG OINT102
GOODSENSE LANCETS 33G .. 141	GVOKE HYPOPEN 2-PACK SOAJ 40	HALOG SOLN 102
GOODSENSE LANCETS 33G UNIV141	GVOKE KIT SOLN40	haloperidol decanoate74
GOODSENSE LANCING DEVICE MISC141	GVOKE PFS SOSY 1 MG/0.2ML ..40	haloperidol lactate CONC74
		haloperidol lactate SOLN 74

haloperidol TABS 2 MG74	H-E-B INCONTROL UNIFINE PENTIP150	HEXATRIONE IX 92
haloperidol TABS 74	HEMADY TABS92	HIBERIX SOLR IJ 202
HARVONI PACK81	HEMANGEOL SOLN PO 83	HM STERILE PADS PADS134
HARVONI TABS81	HEMATINIC PLUS VIT/MINERALS TABS129	HM ULTICARE INSULIN SYRINGE . 150
HAVRIX 1440 EL U/ML 203	HEMGENIX 124	HM ULTICARE MINI PEN NEEDLES150
HAVRIX IM 720 EL U/0.5ML203	HEMLIBRA124	HM ULTICARE SHORT PEN NEEDLES150
HEALTH CARE LANCING DEVICE MISC141	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT124	HORIZANT191
HEALTHWISE INSULIN SYR/NEEDLE150	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 24	HUDSON RCI AEROSOL MASK ADULT MISC 158
HEALTHWISE MICRON PEN NEEDLES150	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML24	HULIO (2 PEN) AJKT7
HEALTHWISE MINI PEN NEEDLES150	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L 24	HULIO (2 SYRINGE) PSKT7
HEALTHWISE PEN NEEDLES ..150	heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L24	HUMALOG JUNIOR KWIKPEN SOPN 42
HEALTHWISE SHORT PEN NEEDLES150	HEPARIN SOD (PORCINE) IN D5W24	HUMALOG KWIKPEN SOPN 42
HEALTHWISE UNIFINE PENTIPS 150	HEPARIN SODIUM (PORCINE) PF SOLN IJ24	HUMALOG MIX 50/50 KWIKPEN SUPN 42
HEALTHY ACCENTS LANCING DEVICE MISC 141	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML24	HUMALOG MIX 75/25 KWIKPEN SUPN 42
HEALTHY ACCENTS UNIFINE PENTIP150	HEPARIN SODIUM (PORCINE) PF SOLN IJ24	HUMALOG MIX 75/25 SUSP42
HEALTHY ACCENTS UNILET LANCETS 141	heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML24	HUMALOG SOCT 42
H-E-B INCONTROL ADV LANCING MISC141	HEPARIN SODIUM (PORCINE) SOSY IJ24	HUMALOG SOLN IJ42
H-E-B INCONTROL LANCETS 28G . 141	HEPLISAV-B SOSY203	HUMALOG TEMPO PEN SOPN .. 42
H-E-B INCONTROL LANCETS 30G . 141	HETLIOZ CAPS (tasimelteon)131	HUMATE-P SOLR124
H-E-B INCONTROL LANCETS 33G . 141	HETLIOZ LQ SUSP 131	HUMATROPE CART IJ111
H-E-B INCONTROL PEN NEEDLES150		HUMIRA (2 PEN) AJKT7
		HUMIRA (2 SYRINGE) PSKT7
		HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML7
		HUMIRA-PED>=40KG UC STARTER AJKT7

HUMIRA-PSORIASIS/UVEIT STARTER AJKT7	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 13	hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG59
HUMULIN 70/30 KWIKPEN SUPN 42		hydroxychloroquine sulfate 300 MG 59
HUMULIN 70/30 SUSP42	hydrocortisone (intrarectal)16	
HUMULIN N KWIKPEN SUPN42	hydrocortisone (rectal) EX 2.5 % ..16	hydroxyurea69
HUMULIN N SUSP42	hydrocortisone (rectal) EX16	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML18
HUMULIN R SOLN IJ42	hydrocortisone (topical) CREA ...102	hydroxyzine hcl SYRP18
HUMULIN R U-500 (CONCENTRATED) SOLN SC42	hydrocortisone (topical) LOTN 2.5 % . 102	hydroxyzine hcl TABS18
HUMULIN R U-500 KWIKPEN SOPN SC42	hydrocortisone (topical) OINT 1 %, 2.5 %102	hydroxyzine pamoate CAPS18
HYCAMTIN CAPS69	hydrocortisone (topical) SOLN 2.5 % 103	HYFTOR104
hydralazine hcl SOLN56	hydrocortisone acetate (rectal)16	HYMPAVZI124
hydralazine hcl TABS56	HYDROCORTISONE ACETATE	hyoscyamine sulfate ELIX195
HYDREA (hydroxyurea)69	CREA103	hyoscyamine sulfate SOLN PO 0.125 MG/ML195
HYDROCELL ADHESIVE DRESSING PADS134	hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %16	hyoscyamine sulfate SUBL 0.125 MG195
HYDROCELL DRESSING PADS 134	hydrocortisone butyrate CREA ...103	hyoscyamine sulfate TABS 0.125 MG195
hydrochlorothiazide CAPS109	hydrocortisone butyrate LOTN ...103	hyoscyamine sulfate TB12 0.375 MG 195
hydrochlorothiazide TABS109	hydrocortisone butyrate OINT103	hyoscyamine sulfate TBDP 0.125 MG195
hydrocodone bitartrate CP1212	hydrocortisone butyrate SOLN ...103	HYPERRHO S/D SOSY IM 1500 UNIT185
hydrocodone bitartrate T24A12	hydrocortisone sod succinate 100 MG92	HYPERSAL NEBU (sodium chloride (inhalant))94
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML13	hydrocortisone TABS92	HYPODERMIC NEEDLE150
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML13	hydrocortisone valerate CREA ...103	HYRIMOZ SOAJ7
	hydrocortisone valerate OINT103	HYRIMOZ SOSY7
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 MG13	hydrocortisone w/acetic acid184	HYRIMOZ-CROHNS/UC STARTER SOAJ7
	hydromorphone hcl LIQD12	HYRIMOZ-PED<40KG CROHN STARTER SOSY7
	HYDROMORPHONE HCL SUPP .12	
	hydromorphone hcl TABS12	
	hydromorphone hcl TB2412	
	hydroxocobalamin acetate SOLN 127	

HYRIMOZ-PED>=40KG CROHN START SOSY	7	AJKT	7	succinate)	164
HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ	7	IDELVION	124	IMKELDI SOLN	66
HYSINGLA ER T24A	12	IDHIFA	65	IMODIUM A-D CAPS (loperamide hcl)	45
HY-VEE LANCETS	141	IGALMI FILM	130	IMODIUM A-D TABS (loperamide hcl)	45
HY-VEE THIN LANCETS	141	IHEALTH COVID-19 RAPID TEST KIT	106	IMOVAX RABIES SUSR	203
HYZAAR (losartan potassium & hydrochlorothiazide)	55	IHEALTH LANCING DEVICE MISC 141		IMURAN TABS (azathioprine)	167
ibandronate sodium SOLN	110	ILARIS SOLN	8	IMVEXXY MAINTENANCE PACK INST	205
ibandronate sodium TABS	110	ILEVRO	183	IMVEXXY STARTER PACK INST 205	
IBRANCE CAPS	65	ILUMYA	99	IN TOUCH LANCING DEVICE MISC 141	
IBRANCE TABS	65	imatinib mesylate TABS	65	IN TOUCH STERILE LANCETS 30G	141
IBSRELA	120	IMBRUVICA CAPS 140 MG	65	INBRIJA CAPS	71
ibuprofen CHEW	8	IMBRUVICA SUSP	65	IN-CHECK DIAL FLOW TRAINER DEVI	158
ibuprofen SUSP 100 MG/5ML	9	IMCIVREE	2	IN-CHECK INSPIRATORY FLOW MTR DEVI	158
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	9	imipramine hcl TABS	37	INCONTROL ULTICARE PEN NEEDLES	150
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	9	imipramine pamoate	37	INCRELEX	111
ibuprofen-famotidine	8	imiquimod 3.75 %	104	INCRUSE ELLIPTA	20
ibutilide fumarate	20	imiquimod 5 %	104	indapamide TABS 1.25 MG, 2.5 MG . 109	
ICAR-C (iron-vitamin c)	129	IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)	164	INDERAL LA CP24 (propranolol hcl) . 83	
icatibant acetate SOSY	124	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 164		INDERAL XL	83
ICLUSIG	65	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 164		INDICAID COVID-19 RAPID TEST KIT	106
icosapent ethyl 0.5 GM	50	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	164	indomethacin CAPS 25 MG, 50 MG 9	
icosapent ethyl 1 GM	50	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	164	indomethacin CPCR	9
IDACIO (2 PEN) AJKT	7	IMITREX TABS (sumatriptan			
IDACIO (2 SYRINGE) PSKT	7				
IDACIO-CROHN'S/UC STARTER AJKT	7				
IDACIO-PSORIASIS STARTER					

irbesartan	54	itraconazole CAPS	48	JENTADUETO TABS	38
irbesartan-hydrochlorothiazide	55	itraconazole SOLN	48	JENTADUETO XR TB24	38
IRESSA (gefitinib)	62	ivabradine hcl TABS	88	JESDUVROQ	127
iron combinations CAPS	129	ivermectin (rosacea)	105	JIVI 4000 UNIT	124
iron-vitamin c	129	ivermectin	17	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	124
irrigation solutions, physiological	168	IWILFIN	69	JOENJA	167
ISENTRESS CHEW	78	IXIARO	203	JORNAY PM CP24	3
ISENTRESS HD TABS	78	IXINITY SOLR	124	JOURNAVX	10
ISENTRESS PACK	78	IYUZEH SOLN	184	JUBLIA	97
ISENTRESS TABS	78	J & J GAUZE PADS	134	JULUCA	78
isoniazid SOLN	60	J & J GAUZE SPONGES 12-PLY MISC	134	JUXTAPID 20 MG, 30 MG	52
isoniazid SYRP	60	J & J GAUZE SPONGES 16-PLY MISC	134	JUXTAPID 5 MG, 10 MG	52
isoniazid TABS	60	J & J GAUZE SPONGES 8-PLY MISC	134	JYLAMVO SOLN PO	60
isopropyl alcohol-glycerin	184	JADENU SPRINKLE PACK (deferasirox)	45	JYNARQUE TABS 15 MG	115
ISORDIL TITRADOSE TABS (isosorbide dinitrate)	17	JADENU TABS (deferasirox)	45	JYNARQUE TABS 30 MG	115
isosorbide dinitrate TABS	17	JAKAFI	66	JYNARQUE TBPk	115
isosorbide dinitrate-hydralazine hcl 86		JALYN (dutasteride-tamsulosin hcl) . 122		JYNNEOS	203
isosorbide mononitrate TABS	17	JANSSEN COVID-19 VACCINE	203	KALBITOR	125
ISOSORBIDE MONONITRATE TABs	17	JANUMET TABS	38	KALETRA SOLN	78
isosorbide mononitrate TB24	17	JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	38	KALETRA TABS (lopinavir-ritonavir) . 78	
isotretinoin	95	JANUMET XR TB24 1000 MG-50 MG	38	KALYDECO PACK 25 MG, 50 MG, 75 MG	192
isradipine CAPS	84	JANUVIA	41	KALYDECO PACK 5.8 MG, 13.4 MG 192	
ISTALOL SOLN (timolol maleate (ophth))	180	JARDIANCE	44	KALYDECO TABS	192
ISTURISA 1 MG	109	JATENZO CAPS	15	KAMELEON LUBRICATED MISC 135	
ISTURISA 5 MG	109	JAYPIRCA	66	KANUMA	112
ITOVEBI 3 MG	66			KAPSPARGO SPRINKLE CS24 ..	83
ITOVEBI 9 MG	66			KAPVAY TB12 (clonidine hcl (adhd))	

2	ketoprofen CP24	9	KISQALI (400 MG DOSE)	66	
KARBINAL ER SUER (carbinoxamine maleate)	49	ketorolac tromethamine (ophth)	183	KISQALI (600 MG DOSE)	66
KATERZIA	85	ketorolac tromethamine SOLN IM 60 MG/2ML	9	KISQALI FEMARA (200 MG DOSE)	64
KAZANO (alogliptin-metformin hcl) 38		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	9	KISQALI FEMARA (400 MG DOSE)	64
KEBILIDI	112	ketorolac tromethamine TABS	9	KISQALI FEMARA (600 MG DOSE)	64
KENALOG-10 SUSP	92	ketotifen fumarate (ophth) 0.035 % 183		KISUNLA	187
KENALOG-40 SUSP (triamcinolone acetonide)	92	KEVEYIS (dichlorphenamide)	108	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin)	5
KENALOG-80 SUSP	92	KEVZARA SOAJ	8	KLARON (sulfacetamide sodium (acne))	95
KENDALL HYDROPHILIC FOAM DRESS PADS	134	KEVZARA SOSY	8	KLONOPIN TABS (clonazepam)	25
KENGREAL	126	KIMONO COLORS DEVI	135	KLONOPIN TABS 1 MG (clonazepam)	25
KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	27	KIMONO MAXX-LARGE FLARE MISC	135	KLOXXADO LIQD	46
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	27	KIMONO MICRO THIN MISC	135	KMART VALU INSULIN SYRINGE 29G	150
KEPPRA TABS 1000 MG (levetiracetam)	27	KIMONO MICRO THIN PLUS MISC	135	KMART VALU INSULIN SYRINGE 30G	150
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	27	KIMONO MISC	135	KOATE SOLR	124
KEPPRA XR TB24 (levetiracetam)	27	KIMONO PLUS MISC	135	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	124
KERENDIA	114	KIMONO PS MISC	135	KOGENATE FS KIT	124
KERLIX SPONGES PADS	134	KIMONO PS PLUS MISC	135	KOMBIGLYZE XR (saxagliptin- metformin hcl)	38
KERYDIN (tavaborole)	97	KIMONO SENSATION MISC	135	KONVOMEPSUSR	200
KESIMPTA	189	KIMONO SENSATION PLUS MISC 135		KORLYM (mifepristone (hyperglycemia))	40
ketoconazole (topical) CREA	97	KIMONO SPECIAL DEVI	135	KOSELUGO	66
ketoconazole (topical) FOAM	97	KINERET SOSY	7	KOVALTRY	124
ketoconazole (topical) SHAM 2 %	97	KINNEY LANCETS	141	KP PRENATAL MULTIVITAMINS TABS	172
ketoconazole	48	KINNEY THIN LANCETS	141		
KETODAN	97	KINRAY INSULIN SYRINGE	150		
ketoprofen CAPS 25 MG	9	KINRIX SUSY	194		
		KISQALI (200 MG DOSE)	66		

K-PHOS NO 2	121	K-Y ME & YOU INTENSE DEVI ..	135	LAMICTAL XR KIT	27
K-PHOS TABS (potassium phosphate monobasic)	165	KYLEENA	91	LAMICTAL XR TB24 (lamotrigine) .	27
KRAZATI	66	KYMRIAH	61	lamivudine (hbv) TABS	81
KRINTAFEL	59	labetalol hcl SOLN	83	lamivudine SOLN	78
KRISTALOSE PACK	132	LABETALOL HCL SOLN	83	lamivudine TABS	78
KROGER AUTOLET LANCING DEVICE MISC	141	LABETALOL HCL SOSY 10 MG/2ML	83	lamivudine-zidovudine	78
KROGER GLUCOSE	40	labetalol hcl TABS 100 MG, 200 MG, 300 MG	83	lamotrigine CHEW	28
KROGER HEALTHPRO LANCET 26G	141	labetalol hcl TABS 400 MG	83	lamotrigine KIT 25 MG	28
KROGER INSULIN SYRINGE ...	150	lacosamide SOLN IV 200 MG/20ML .	27	lamotrigine TABS	28
KROGER LANCETS	141	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	27	lamotrigine TB24	28
KROGER LANCETS 21G	141	lacosamide SOLN PO 50 MG/5ML, 100 MG/10ML	27	lamotrigine TBDP	28
KROGER LANCETS MICRO THIN 33G	141	lacosamide TABS	27	LAMPIT	57
KROGER LANCETS SUPER THIN 141		LACRISERT	179	LAMZEDE	112
KROGER LANCETS THIN	141	lactic acid (ammonium lactate) CREA	104	LANCET DEVICE MISC	141
KROGER LANCETS THIN 26G .	141	lactic acid (ammonium lactate) LOTN 12 %	104	LANCET DEVICE WITH EJECTOR MISC	141
KROGER LANCETS ULTRATHIN 30G	141	lactulose (encephalopathy)	120	LANCETS	141
KROGER LANCING DEVICE MISC 141		lactulose SOLN 10 GM/15ML	132	LANCETS 28G THIN	141
KROGER PEN NEEDLES	150	lactulose SOLN	132	LANCETS 30G	141
KRYSTEXXA	123	LAGEVRIO	82	LANCETS 33G	141
K-TAB TBCR 10 MEQ (potassium chloride)	166	LAMICTAL CHEW (lamotrigine) ...	28	LANCETS MICRO THIN 33G ...	141
KUVAN PACK (sapropterin dihydrochloride)	112	LAMICTAL ODT KIT (lamotrigine) .	27	LANCETS SUPER THIN	141
KUVAN TABS (sapropterin dihydrochloride)	112	LAMICTAL ODT TBDP (lamotrigine) .	27	LANCETS SUPER THIN 28G ...	142
K-Y ME & YOU EXTRA LUBRICATED DEVI	135	LAMICTAL STARTER KIT 25 MG (lamotrigine)	27	LANCETS THIN	142
		LAMICTAL TABS (lamotrigine)	28	LANCETS ULTRA THIN	142
				LANCETS ULTRA THIN 30G	142
				LANCING DEVICE MISC	142
				LANOXIN PEDIATRIC SOLN IJ ...	85
				LANOXIN SOLN IJ (digoxin)	85
				lanreotide acetate	114

LANREOTIDE ACETATE	114	LENVIMA (12 MG DAILY DOSE) .	61	levetiracetam TABS 1000 MG	28
lansoprazole CPDR	197	LENVIMA (14 MG DAILY DOSE) .	61	levetiracetam TABS 250 MG, 500	
lansoprazole TBDD	197	LENVIMA (18 MG DAILY DOSE) .	61	MG, 750 MG	28
lanthanum carbonate CHEW	120	LENVIMA (20 MG DAILY DOSE) .	61	levetiracetam TABS 500 MG	28
LANTIDRA	37	LENVIMA (24 MG DAILY DOSE) .	61	levetiracetam TB24	28
LANTUS SOLN	43	LENVIMA (4 MG DAILY DOSE) ..	61	LEVETIRACETAM TB3D	28
LANTUS SOLOSTAR SOPN	43	LENVIMA (8 MG DAILY DOSE) ..	61	levobunolol hcl 0.5 %	180
LANZO MISC	142	LEQEMBI	187	levocarnitine (metabolic modifiers)	
lapatinib ditosylate	66	LEQVIO	52	SOLN PO 1 GM/10ML	112
LASIX TABS (furosemide)	108	LESCOL XL TB24 (fluvastatin		levocarnitine (metabolic modifiers)	
latanoprost SOLN	184	sodium)	52	TABS	112
LATUDA (lurasidone hcl)	73	LETAIRIS (ambrisentan)	87	levocetirizine dihydrochloride SOLN	
LATUDA 40 MG, 80 MG (lurasidone		letrozole	62	50	
hcl)	73	leucovorin calcium TABS	69	levocetirizine dihydrochloride TABS	
LAZCLUZE 240 MG	62	LEUKINE SOLR IJ	127	50	
LAZCLUZE 80 MG	62	LEUPROLIDE ACETATE (3 MONTH)		levofloxacin SOLN PO	116
LEADER ADVANCED LANCING		INJ	63	levofloxacin TABS	116
DEVICE MISC	142	leuprolide acetate KIT IJ 1 MG/0.2ML		levonorgestrel & eth estradiol TABS	
LEADER GLUCOSE 6 MG-4 GM .	40		63	90	
LEADER INSULIN SYRINGE	150	levalbuterol hcl	23	levonorgestrel (emergency oc) 1.5	
LEADER QUICK DISSOLVE		levalbuterol tartrate	23	MG	91
GLUCOSE CHEW	40	levamlodipine maleate	85	levonorgestrel-eth estradiol	
LEADER UNIFINE PENTIPS	150	LEVEMIR FLEXPEN SOPN	43	(triphasic)	90
LEADER UNIFINE PENTIPS PLUS .		LEVEMIR SOLN	43	levonorgestrel-ethinyl estradiol (91-	
150		LEVETIRACETAM IN NACL		day) 0.03 MG-0.15 MG	90
LEDIPASVIR-SOFOSBUVIR TABS		(levetiracetam in sodium chloride) .	28	levonorgestrel-ethinyl estradiol	
81		LEVETIRACETAM IN NACL	28	(continuous)	90
leflunomide	10	levetiracetam in sodium chloride ..	28	levonorgestrel-ethinyl estradiol-iron	
LEMTRADA	189	levetiracetam SOLN IV 500 MG/5ML		90	
lenalidomide	167	28		LEVOPHED IV (norepinephrine	
LENMELDY	188	levetiracetam SOLN PO 100 MG/ML,		bitartrate)	206
LENVIMA (10 MG DAILY DOSE) .	61	500 MG/5ML	28	levorphanol tartrate TABS	12

IV194	lidocaine OINT 5 %105	lisinopril & hydrochlorothiazide55
LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium) 194	lidocaine PTCH 5 % 105	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 53
levothyroxine sodium SOLR IV ...194	lidocaine-prilocaine CREA105	LITE TOUCH LANCETS142
levothyroxine sodium TABS194	lidocaine-prilocaine KIT105	LITE TOUCH LANCING PEN MISC 142
LEVSIN TABS (hyoscyamine sulfate)195	LIDODERM PTCH (lidocaine)105	LITETOUCH INSULIN SYRINGE 150
LEVSIN/SL SUBL (hyoscyamine sulfate)195	LIDOTOR 105	LITETOUCH LANCETS142
LEVULAN KERASTICK SOLR 98	LIDOTRAL CREA105	LITETOUCH MASK LARGE MISC 158
LEXAPRO TABS (escitalopram oxalate)34	LIFESCAN UNISTIK 2142	LITETOUCH MASK MEDIUM MISC . 158
LEXETTE FOAM (halobetasol propionate)103	LIFESCAN UNISTIK II LANCETS 142	LITETOUCH MASK SMALL MISC 158
LEXITRAL PHARMAPAK II (diclofenac sodium-capsaicin (topical))98	LIKMEZ SUSP 56	LITETOUCH PEN NEEDLES151
LEXIVA TABS (fosamprenavir calcium) 78	LILETTA (52 MG) 91	LITFULO 104
LIALDA TBEC (mesalamine)118	LINCOCIN (lincomycin hcl) 58	lithium72
LIBERTY MEDICAL LANCETS ..142	lincomycin hcl 58	lithium carbonate CAPS 72
LIBERTY MINI LANCING DEVICE MISC142	LINEZOLID IN SODIUM CHLORIDE58	lithium carbonate TABS72
LIBERVANT FILM 25	linezolid SOLN 58	lithium carbonate TBCR 72
LIBRAX (chlordiazepoxide hcl-clidinium bromide) 195	linezolid SUSR 58	LITHOBID TBCR (lithium carbonate) . 72
lidocaine hcl (mouth-throat) 2 % ..169	linezolid TABS 58	LITHOSTAT122
lidocaine hcl (mouth-throat) 4 % ..169	LINZESS120	LIVALO (pitavastatin calcium) 52
lidocaine hcl CREA 3 % 105	liothyronine sodium SOLN194	LIVDELZI120
lidocaine hcl GEL 2 % 105	liothyronine sodium TABS194	LIVE BETTER ADV LANCING DEVICE MISC 142
lidocaine hcl PRSY 105	LIPITOR TABS (atorvastatin calcium)52	LIVE BETTER LANCET SUPER THIN142
lidocaine hcl SOLN 105	LIPOFEN CAPS (fenofibrate)51	LIVE BETTER LANCET ULTRA THIN142
LIDOCAINE OINT (lidocaine) 105	LIPOFEN CAPS 50 MG (fenofibrate) . 51	LIVMARLI 118
	LIQREV SUSP87	
	liraglutide41	
	lisdexamfetamine dimesylate CAPS 1	
	lisdexamfetamine dimesylate CHEW .	

LIVTENCITY	80	loratadine & pseudoephedrine TB24 .	(amlodipine besylate-benazepril hcl) .
LIXOFEN KIT	98	94	55
LO LOESTRIN FE TABS	90	loratadine SOLN	50
LOCOID LIPOCREAM	103	loratadine TABS	50
LOCOID LOTN (hydrocortisone		lorazepam CONC	19
butyrate)	103	lorazepam SOLN	19
LODOSYN (carbidopa)	69	lorazepam TABS	19
lofexidine hcl	186	LORBRENA 100 MG	66
LOKELMA 10 GM	168	LORBRENA 25 MG	66
LOKELMA 5 GM	168	LOREEV XR CS24	19
LOMOTIL TABS (diphenoxylate w/		losartan potassium &	
atropine)	45	hydrochlorothiazide	55
LONGS GLUCOSE	40	losartan potassium 25 MG	54
LONGS INSULIN SYRINGE	151	losartan potassium 50 MG, 100 MG	
LONGS LANCETS STANDARD	142	54	
LONGS LANCETS THIN	142	LOSEASONIQUE (levonorgestrel-	
LONGS LANCETS ULTRA THIN		ethinyl estradiol (91-day))	90
142		LOTEMAX GEL (loteprednol	
LONSURF	64	etabonate)	182
loperamide hcl CAPS	45	LOTEMAX OINT	182
loperamide hcl TABS	45	LOTEMAX SM GEL	182
LOPID TABS (gemfibrozil)	51	LOTEMAX SUSP (loteprednol	
lopinavir-ritonavir SOLN	78	etabonate)	182
lopinavir-ritonavir TABS	78	LOTENSIN 10 MG, 20 MG, 40 MG	
LOPRESSOR TABS (metoprolol		(benazepril hcl)	53
tartrate)	83	LOTENSIN HCT 12.5 MG-10 MG,	
LOPROX	97	12.5 MG-20 MG, 25 MG-20 MG	
LOPROX SHAM (ciclopirox)	97	(benazepril & hydrochlorothiazide) 55	
LOPROX SUSP (ciclopirox olamine) .		loteprednol etabonate GEL	182
97		loteprednol etabonate SUSP 0.5 %	
loratadine & pseudoephedrine TB12 .		182	
94		loteprednol etabonate SUSP	182
		LOTREL 10 MG-5 MG, 20 MG-10	
		MG, 20 MG-5 MG, 40 MG-10 MG	

LUPRON DEPOT (4-MONTH) IM . 63	magnesium citrate 1.745 GM/30ML 132	MAXICOMFORT II PEN NEEDLE 151
LUPRON DEPOT (6-MONTH) IM . 63		
LUPRON DEPOT-PED (1-MONTH) . 112	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 132	MAXI-COMFORT INSULIN SYRINGE 151
LUPRON DEPOT-PED (3-MONTH) . 112	MALARONE (atovaquone-proguanil hcl) 59	MAXICOMFORT SYR 27G X 1/2" 151
LUPRON DEPOT-PED (6-MONTH) IM 112	malathion106	MAXIDEX SUSP OP182
lurasidone hcl73	MARATHON MEDICAL PENTIPS 151	MAXITROL OINT (neomycin-polymy-dexameth) 183
LUTATHERA69	maraviroc TABS78	MAXITROL SUSP (neomycin-polymy-dexameth)183
LUXTURNA181	MARINOL CAPS 2.5 MG (dronabinol) 47	MAXX MISC 135
LUZU (luliconazole) 97	MARINOL CAPS 5 MG, 10 MG (dronabinol) 47	MAXX PLUS MISC 135
LYBALVI 187	MARPLAN33	MAYZENT STARTER PACK TBPK 0.25 MG189
LYFGENIA127	MASK VORTEX/CHILD/FROG ..158	MAYZENT TABS 189
LYNPARZA TABS 66	MASK	meclizine hcl CHEW 46
LYRICA CAPS (pregabalin) 28	VORTEX/TODDLER/LADYBUG .158	meclizine hcl TABS 12.5 MG, 25 MG 46
LYRICA CR 330 MG (pregabalin (once-daily)) 190	MATULANE 69	meclizine hcl TABS 50 MG 46
LYRICA CR 82.5 MG, 165 MG (pregabalin (once-daily))190	MAVENCLAD (10 TABS) 189	meclofenamate sodium CAPS9
LYRICA SOLN (pregabalin) 29	MAVENCLAD (4 TABS) 189	MEDIC INSULIN SYRINGE151
LYSODREN63	MAVENCLAD (5 TABS) 189	MEDICHOICE SAFETY LANCET 142
LYUMJEV KWIKPEN SOPN43	MAVENCLAD (6 TABS) 189	MEDICHOICE SAFETY LANCET EXTRA142
LYUMJEV SOLN43	MAVENCLAD (7 TABS) 189	MEDICHOICE SAFETY LANCET NORM142
LYUMJEV TEMPO PEN SOPN ... 43	MAVENCLAD (8 TABS) 189	MEDICINE SHOPPE PEN NEEDLES151
LYVISPAH PACK174	MAVENCLAD (9 TABS) 189	MEDLANCE EXTRA 21G142
MACROBID (nitrofurantoin monohyd macro)58	MAVYRET PACK81	MEDLANCE LITE 25G142
mafenide acetate PACK100	MAVYRET TABS81	MEDLANCE PLUS EXTRA 21G .142
MAG-AL LIQD16	MAXALT TABS 10 MG (rizatriptan benzoate)164	MEDLANCE PLUS LANCETS ...142
MAGELLAN INSULIN SAFETY SYR151	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)164	

MEDLANCE PLUS LITE 25G142	142	mesalamine SUPP119
MEDLANCE PLUS SPECIAL 0.8MM142	MEKINIST SOLR66	mesalamine TBEC 1.2 GM119
MEDLANCE PLUS SUPERLITE 30G142	MEKINIST TABS 0.5 MG66	mesalamine TBEC 800 MG119
MEDLANCE PLUS UNIVERSAL 21G142	MEKINIST TABS 2 MG66	mesalamine w/ cleanser118
MEDLANCE UNIVERSAL 21G ..142	MEKTOVI66	mesna TABS69
MEDROL TABS (methylprednisolone)93	meloxicam CAPS9	MESNEX TABS69
MEDROL TABS93	meloxicam TABS9	MESTINON SOLN PO (pyridostigmine bromide)59
MEDROL TBPk (methylprednisolone)93	memantine hcl CP24187	MESTINON TABS (pyridostigmine bromide)59
medroxyprogesterone acetate (contraceptive) SUSP IM91	memantine hcl SOLN 2 MG/ML ..187	MESTINON TBCR (pyridostigmine bromide)59
medroxyprogesterone acetate (contraceptive) SUSY IM91	memantine hcl TABS187	metaxalone174
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG186	memantine hcl-donepezil hcl CP24 187	METAXALONE 640 MG174
mefenamic acid CAPS9	MENACTRA202	metformin hcl SOLN39
mefloquine hcl59	MENEST116	metformin hcl TABS 500 MG, 850 MG, 1000 MG39
megestrol acetate (appetite)186	MENOSTAR PTWK116	metformin hcl TABS 625 MG39
megestrol acetate SUSP63	MENQUADFI202	metformin hcl TABS 750 MG39
MEIJER GLUCOSE40	MENVEO SOLN202	metformin hcl TB24 500 MG, 1000 MG39
MEIJER LANCETS142	MENVEO SOLR202	metformin hcl TB24 500 MG, 750 MG39
MEIJER LANCETS THIN142	meperidine hcl SOLN PO 50 MG/5ML12	metformin hcl TB24 500 MG39
MEIJER LANCETS UNIVERSAL 21G142	meperidine hcl TABS 50 MG12	methadone hcl CONC12
MEIJER LANCETS UNIVERSAL 30G142	meprobamate18	METHADONE HCL POWD12
MEIJER LANCETS UNIVERSAL 33G142	MEPRON (atovaquone)57	METHADONE HCL SOLN IJ (methadone hcl)12
MEIJER PEN NEEDLES151	MEPSEVII113	methadone hcl SOLN IJ 10 MG/ML 12
MEIJER SUPER THIN LANCETS	mercaptopurine SUSP 2000 MG/100ML60	methadone hcl SOLN PO12
	mercaptopurine TABS60	methadone hcl TABS12
	mesalamine CP24118	methadone hcl TBSO12
	mesalamine CPCR119	
	mesalamine CPDR119	
	mesalamine ENEM119	

METHADOSE CONC (methadone hcl)	12	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	metoprolol succinate TB24	83
METHADOSE SUGAR-FREE CONC (methadone hcl)	12	methylphenidate hcl CP24 10 MG, 40 MG	3	metoprolol tartrate SOLN IV 5 MG/5ML	83
methamphetamine hcl	1	methylphenidate hcl CP24 20 MG ..	3	metoprolol tartrate TABS	83
methazolamide TABS	108	methylphenidate hcl CP24	3	metronidazole (topical) CREA	105
methenamine hippurate	58	methylphenidate hcl CPCR	3	metronidazole (topical) GEL 0.75 %	105
methenamine mandelate	58	methylphenidate hcl SOLN	3	metronidazole (topical) GEL	105
methenamine-hyoscamine-methylene blue-sodium phosphate TABS	57	methylphenidate hcl TABS	3	metronidazole (topical) LOTN	105
methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	57	methylphenidate hcl TB24	3	metronidazole CAPS	57
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG	57	methylphenidate hcl TBCR 10 MG, 20 MG	3	metronidazole TABS 125 MG	57
methimazole TABS	193	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	metronidazole TABS 250 MG, 500 MG	57
methocarbamol SOLN	174	methylphenidate hcl TBCR 45 MG, 63 MG	3	metronidazole vaginal	205
methocarbamol TABS 1000 MG .	174	methylphenidate hcl TBCR 72 MG ..	3	metyrosine	54
methocarbamol TABS 500 MG ...	174	methylphenidate PTCH	3	mexiletine hcl	19
methocarbamol TABS 750 MG ...	174	methylprednisolone acetate SUSP	93	MIACALCIN IJ (calcitonin (salmon))	110
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	60	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	93	micafungin sodium	47
methotrexate sodium SOLR	60	methylprednisolone TABS	93	MICAFUNGIN SODIUM	47
methotrexate sodium TABS 2.5 MG	60	methylprednisolone TBPk	93	MICAFUNGIN SODIUM-NACL ...	48
methotrexate sodium TABS 2.5 MG	60	methyltestosterone CAPS	15	MICARDIS (telmisartan)	54
methoxsalen rapid	99	methyltestosterone TABS	15	MICARDIS HCT (telmisartan-hydrochlorothiazide)	55
methscopolamine bromide	195	metoclopramide hcl SOLN IJ 5 MG/ML	117	miconazole nitrate (topical) CREA	97
methsuximide	32	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	117	miconazole nitrate vaginal CREA 2 %	205
methyldopa TABS	54	metoclopramide hcl TABS	117	miconazole nitrate vaginal SUPP 200 MG	205
methylergonovine maleate TABS	184	metolazone	109	miconazole-zinc oxide-white	
METHYLIN SOLN (methylphenidate hcl)	3	metoprolol & hydrochlorothiazide TABS	55	petrolatum	97
methylphenidate hcl CHEW	3			MICROCHAMBER DEVI	158
				MICROCHAMBER MISC	158

MICRODOT PEN NEEDLE151	MIPLYFFA 191	SUSP204
MICROLET LANCETS142	mirabegron TB24202	MODERNA COVID-19 VACCINE SUSP 204
MICROLET NEXT LANCING DEVICE MISC 142	MIRALAX POWD (polyethylene glycol 3350)132	moexipril hcl53
MICROSPACER MISC 158	MIRASORB SPONGES MISC ... 134	molindone hcl 5 MG, 25 MG75
midazolam hcl SOLN IJ 2 MG/2ML 131	MIRCERA127	mometasone furoate (nasal) SUSP 176
midazolam hcl SOLN IJ131	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))90	mometasone furoate CREA 103
midazolam hcl SYRP 131	MIRENA (52 MG)91	mometasone furoate OINT 103
midodrine hcl206	mirtazapine TABS33	mometasone furoate SOLN 103
MIEBO 183	mirtazapine TBDP33	MONOFERRIC129
MIFEPREX (mifepristone) 114	misoprostol200	MONOJECT BLUNTIP SYR/CANNULA151
mifepristone (hyperglycemia) 40	MITIGARE CAPS (colchicine)123	MONOJECT HYPODERMIC NEEDLE151
mifepristone114	MM INSULIN SYRINGE/NEEDLE 151	MONOJECT INSULIN SYRINGE 151
miglitol37	MM LANCING DEVICE MISC142	MONOJECT MAGELLAN SAFETY NDL 151
miglustat126	MM PEN NEEDLES 151	MONOJECT PHARMACY TRAY 151
MIGRANAL SOLN NA (dihydroergotamine mesylate)163	MM TWIST LANCETS142	MONOJECT SYRINGE151
milrinone lactate86	M-M-R II SOLR203	MONOJECT SYRINGE REG LUER . 151
milrinone lactate in dextrose 86	M-NATAL PLUS TABS172	MONOJECT SYRINGE REGULAR TIP151
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) 90	modafinil 100 MG4	MONOJECT ULTRA COMFORT SYRINGE 151
MINI LANCING DEVICE MISC ...142	modafinil 200 MG4	MONOLET LANCETS 142
MINIELITE FILTER REPLACEMENTS MISC 158	MODERNA COVID-19 BIVAL 6M-5Y203	MONOLET OPD LANCETS 142
MINIPRESS CAPS (prazosin hcl) . 54	MODERNA COVID-19 BIVALENT 203	MONOLETTOR SAFETY LANCETS 143
MINIVELLE PTTW (estradiol)116	MODERNA COVID-19 VAC (BOOSTER) SUSP204	montelukast sodium CHEW 21
MINOCIN SOLR193	MODERNA COVID-19 VAC 6M-11Y SUSP204	montelukast sodium PACK 21
minocycline hcl CAPS193	MODERNA COVID-19 VAC 6M-11Y SUSY204	
minocycline hcl TABS 193	MODERNA COVID-19 VACC 6M-5Y	
minocycline hcl TB24193		
minoxidil 2.5 MG, 10 MG56		

montelukast sodium TABS	21	MS CONTIN TBCR (morphine sulfate)	12	MYALEPT	113
MONUROL (fosfomycin tromethamine)	58	MS INSULIN SYRINGE	151	MYCAMINE	48
morphine sulfate beads	12	MUCINEX MAXIMUM STRENGTH TB12 (guaifenesin)	94	MYCAPSSA CPDR	114
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	12	MULPLETA	128	MYCOBUTIN (rifabutin)	60
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	12	MULTAQ	20	mycophenolate mofetil CAPS	167
morphine sulfate SUPP	12	MULTI PRENATAL TABS	172	mycophenolate mofetil hcl	167
morphine sulfate TABS	12	MULTI-LANCET DEVICE MISC ..	143	mycophenolate mofetil SUSR	168
morphine sulfate TBCR	12	multiple vitamins w/ minerals TABS 170		mycophenolate mofetil TABS	168
MOTEGRITY (prucalopride succinate)	117	MULTIVITAMIN DROPS/IRON SOLN	171	mycophenolate sodium	168
MOTOFEN	45	MULTIVITAMIN INFANT & TODDLER SOLN PO	172	MYDAYIS CP24 (amphetamine-dextroamphetamine)	1
MOTPOLY XR CP24	29	MULTIVITAMIN INFANT & TODDLER SOLN	171	MYDRIACYL SOLN (tropicamide) 180	
MOTRIN CHILDRENS CHEW (ibuprofen)	9	MULTIVITAMIN/FLUORIDE CHEW 171		MYFEMBREE	115
MOTRIN INFANTS DROPS SUSP (ibuprofen)	9	MULTIVITAMIN/FLUORIDE SOLN 171		MYFORTIC (mycophenolate sodium)	168
MOUNJARO	41	MULTIVITAMINS PLUS IRON CHILD CHEW	171	MYGLUCOHEALTH LANCETS 30G 143	
MOVANTIK	120	MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	171	MYHIBBIN SUSP	168
MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 132		MULTIVIT-MIN GUMMIES CHILDRENS CHEW	171	MYLICON INFANTS GAS RELIEF SUSP (simethicone)	117
moxifloxacin hcl (ophth) SOLN OP 181		mupirocin calcium (topical)	96	MYRBETRIQ SRER	202
moxifloxacin hcl TABS	116	mupirocin OINT	96	MYRBETRIQ TB24 (mirabegron) 202	
MPD SAFETY LANCET 21G	143	MVW COMPLETE FORMULATION CHEW	171	MYSOLINE (primidone)	29
MPD SAFETY LANCET 23G	143	MVW COMPLETE FORMULATION D3000 CHEW	171	MYTESI	45
MPD SAFETY LANCET 28G	143	MVW COMPLETE FORMULATION D5000 CHEW	171	nabumetone	9
MPD SAFETY LANCET 30G	143			nadolol TABS 20 MG, 40 MG, 80 MG	84
MRESVIA	204			naftifine hcl CREA	97
				naftifine hcl GEL 2 %	97
				NAFTIN GEL (naftifine hcl)	97
				NAFTIN GEL	97

NAGLAZYME	113	naproxen TABS	9	MG, 250 MG	35
NALFON CAPS (fenoprofen calcium)	9	naproxen TBEC	9	NEMBUTAL SOLN (pentobarbital sodium)	130
NALFON TABS 600 MG	9	naproxen-esomeprazole magnesium	9	neomycin sulfate TABS	5
NALOCET TABS	13	naratriptan hcl	164	neomycin-bacitracin zn-polymyxin 181	
naloxone hcl LIQD	46	NARCAN LIQD (naloxone hcl)	46	neomycin-polymy-dexameth OINT 183	
naloxone hcl SOCT	46	NARDIL (phenelzine sulfate)	33	neomycin-polymy-dexameth SUSP 183	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	46	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	176	neomycin-polymyxin-gramicidin .	181
naloxone hcl SOSY	46	NASONEX 24HR SUSP (mometasone furoate (nasal))	176	neomycin-polymyxin-hc (ophth) .	183
naltrexone hcl	46	NATACYN	181	neomycin-polymyxin-hc (otic) SOLN .	184
NAMENDA TABS (memantine hcl) 187		NATAZIA	90	neomycin-polymyxin-hc (otic) SUSP .	184
NAMENDA TITRATION PAK TABS (memantine hcl)	187	nateglinide	44	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 172	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)	187	NATESTO GEL NA	15	NEONATAL PLUS TABS	172
NAMENDA XR CP24 14 MG, 28 MG (memantine hcl)	187	NATROBA (spinosad)	106	NEORAL CAPS (cyclosporine modified (for microemulsion))	168
NAMZARIC C4PK	187	NAYZILAM	25	NEORAL SOLN (cyclosporine modified (for microemulsion))	168
NAMZARIC CP24 (memantine hcl- donepezil hcl)	187	nebivolol hcl	83	NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate)	59
NAMZARIC CP24	187	NEBULIZER AIR TUBE/PLUGS MISC	158	neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	59
NAPRELAN TB24 (naproxen sodium)	9	NEBULIZER MASK ADULT MISC 159		NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML 59	
NAPRELAN TB24 500 MG (naproxen sodium)	9	NEBULIZER MASK ADULT/TUBING MISC	159	NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate)	59
naproxen sodium TABS 220 MG ...	9	NEBULIZER MASK CHILD MISC 159			
naproxen sodium TABS 275 MG, 550 MG	9	NEBULIZER MASK PED/TUBING MISC	159		
naproxen sodium TB24 375 MG, 500 MG	9	NEBUPENT IN (pentamidine isethionate)	57		
naproxen sodium TB24 750 MG	9	nefazodone hcl 200 MG	35		
naproxen SUSP	9	nefazodone hcl 50 MG, 100 MG, 150			

neostigmine methylsulfate SOSY ..59	NEXTSTELLIS90	NINLARO66
NEO-SYNALAR96	NEXVIAZYME113	NIPRIDE RTU (nitroprusside sodium-sodium chloride)56
NEO-VITAL RX TABS172	NGENLA111	nisoldipine85
NEPHRONEX LIQD170	niacin (antihyperlipidemic) TBCR ..52	nitazoxanide TABS57
NERLYNX66	niacin TABS 500 MG207	nitisinone CAPS 2 MG, 5 MG, 10 MG113
NESINA (alogliptin benzoate)41	niacin TBCR 500 MG, 750 MG ...207	nitisinone CAPS 20 MG113
NEULASTA ONPRO PSKT128	niacinamide TABS 500 MG207	NITRO-BID OINT17
NEULASTA SOSY128	niacinamide TBCR 500 MG207	NITRO-DUR PT24 (nitroglycerin) ..17
NEUPOGEN SOLN128	nicardipine hcl CAPS85	NITRO-DUR PT2417
NEUPOGEN SOSY128	NICARDIPINE HCL IN NACL SOLN (nicardipine hcl in sodium chloride) 85	nitrofurantoin58
NEUPRO71	nicardipine hcl in sodium chloride SOLN85	NITROFURANTOIN58
NEURONTIN CAPS 100 MG, 400 MG (gabapentin)29	NICARDIPINE HCL SOLN (nicardipine hcl)85	nitrofurantoin macrocrystal 25 MG .58
NEURONTIN CAPS 300 MG (gabapentin)29	nicardipine hcl SOLN85	nitrofurantoin macrocrystal 50 MG, 100 MG58
NEURONTIN SOLN (gabapentin) .29	NICORETTE GUM (nicotine polacrilex)191	nitrofurantoin monohyd macro58
NEURONTIN TABS 600 MG (gabapentin)29	NICORETTE STARTER KIT GUM (nicotine polacrilex)191	nitroglycerin (intra-anal)16
NEURONTIN TABS 800 MG (gabapentin)29	nicotine polacrilex GUM191	nitroglycerin PT2418
NEVANAC183	nicotine polacrilex LOZG191	NITROGLYCERIN SOLN IV18
nevirapine SUSP78	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR191	nitroglycerin SOLN TL 0.4 MG/SPRAY18
nevirapine TABS78	NICOTROL NS SOLN191	nitroglycerin SUBL18
nevirapine TB24 400 MG79	nifedipine CAPS85	NITROLINGUAL SOLN TL (nitroglycerin)18
NEXAVAR (sorafenib tosylate) ...66	nifedipine TB2485	nitroprusside sodium56
NEXIUM CPDR (esomeprazole magnesium)197	NIKTIMVO167	nitroprusside sodium-sodium chloride56
NEXIUM PACK (esomeprazole magnesium)197	nilutamide63	NITROSTAT SUBL (nitroglycerin) .18
NEXLETOL50	nimodipine CAPS85	NITYR TABS113
NEXLIZET50	nimodipine SOLN85	NIVA THYROID TABS194
NEXPLANON91		NIVA-PLUS TABS173

NIVESTYM SOLN	128	MCG-0.3 MG	90	NOVOLIN 70/30 RELION SUSP ..	43
NIVESTYM SOSY	128	NORITATE CREA	105	NOVOLIN 70/30 SUSP	43
NIX LICE KILLING SPRAY LIQD XX .		NORLIQVA SOLN	85	NOVOLIN N FLEXPEN RELION	
106		NORPACE CAPS (disopyramide		SUPN	43
nizatidine CAPS	195	phosphate)	19	NOVOLIN N FLEXPEN SUPN	43
NOC DURNA SUBL	114	NORPACE CR CP12	19	NOVOLIN N RELION SUSP	43
NORDITROPIN FLEXPEN SOPN		NORTHERA (droxidopa)	206	NOVOLIN N SUSP	43
111		nortriptyline hcl CAPS	37	NOVOLIN R FLEXPEN RELION	
norelgestromin-ethinyl estradiol ...	91	nortriptyline hcl SOLN	37	SOPN IJ	43
NOREPINEPHRINE BITARTRATE		NORVASC TABS (amlodipine		NOVOLIN R FLEXPEN SOPN IJ ..	43
IV 1 MG/ML	206	besylate)	85	NOVOLIN R RELION SOLN IJ	43
norepinephrine bitartrate IV	206	NORVIR PACK	79	NOVOLIN R SOLN IJ	43
norethin acet & estrad-fe CAPS ...	90	NORVIR TABS (ritonavir)	79	NOVOLOG 70/30 FLEXPEN RELION	
norethin acet & estrad-fe CHEW ...	90	NOSE CLIP MISC	159	SUPN	43
norethin acet & estrad-fe TABS 1		NOURIANZ	69	NOVOLOG FLEXPEN RELION	
MG-20 MCG-75 MG, 1.5 MG-30		NOVA SAFETY LANCETS 23G .	143	SOPN	43
MCG-75 MG	90	NOVA SAFETY LANCETS 28G .	143	NOVOLOG FLEXPEN SOPN	43
norethindrone & eth estradiol	90	NOVA SUREFLEX LANCETS ...	143	NOVOLOG MIX 70/30 FLEXPEN	
norethindrone & ethinyl estradiol-fe		NOVA SUREFLEX LANCING		SUPN	43
90		DEVICE MISC	143	NOVOLOG MIX 70/30 RELION	
norethindrone (contraceptive)	91	NOVAVAX COVID-19 VACCINE		SUSP	43
norethindrone acet & eth estra TABS		SUSP	204	NOVOLOG MIX 70/30 SUSP	44
90		NOVAVAX COVID-19 VACCINE		NOVOLOG PENFILL SOCT	44
norethindrone acetate TABS	186	SUSY	204	NOVOLOG RELION SOLN IJ	44
norethindrone acetate-ethinyl		NOVOEIGHT	124	NOVOLOG SOLN IJ	44
estradiol	115	NOVOFINE AUTOCOVER PEN		NOVOSEVEN RT	124
norethindrone acetate-ethinyl		NEEDLE	151	NOXAFIL PACK	48
estradiol-fe	90	NOVOFINE PEN NEEDLE	151	NOXAFIL SOLN (posaconazole) ..	48
norethindrone-eth estradiol (triphasic)		NOVOFINE PLUS PEN NEEDLE		NOXAFIL SUSP (posaconazole) ..	48
.....	90	151		NOXAFIL TBEC (posaconazole) ..	48
norgestimate-ethinyl estradiol		NOVOLIN 70/30 FLEXPEN RELION		NP THYROID TABS	194
(triphasic)	90	SUPN	43	NPLATE	128
norgestimate-ethinyl estradiol	90	NOVOLIN 70/30 FLEXPEN SUPN	43		
norgestrel & ethinyl estradiol 30					

NU GAUZE 4PLY PADS	134	nystatin (topical) CREA	97	olanzapine SOLR	74
NU GAUZE GENERAL-USE SPONGES MISC	134	nystatin (topical) OINT	97	olanzapine TABS	75
NUBEQA	63	nystatin (topical) POWD EX	98	olanzapine TBDP	75
NUCALA SOAJ	20	nystatin TABS	48	olanzapine-fluoxetine hcl	187
NUCALA SOLR	20	nystatin-triamcinolone CREA	98	olmesartan medoxomil	54
NUCALA SOSY	20	nystatin-triamcinolone OINT	98	olmesartan medoxomil-amlodipine- hydrochlorothiazide	56
NUEDEXTA	190	NYVEPRIA	128	olmesartan medoxomil- hydrochlorothiazide	56
NULIBRY	113	OBIZUR	124	olopatadine hcl (nasal)	176
NULOJIX	168	OCALIVA	117	OLPRUVA (2 GM DOSE) THPK .	113
NUPLAZID CAPS	73	OCEAN NASAL SPRAY SOLN (saline)	175	OLPRUVA (3 GM DOSE) THPK .	113
NUPLAZID TABS 10 MG	73	OCREVUS	189	OLPRUVA (4 GM DOSE) THPK .	113
NURTEC	163	OCREVUS ZUNOVO	189	OLPRUVA (5 GM DOSE) THPK .	113
NUTRIVIT	170	octreotide acetate KIT	114	OLPRUVA (6 GM DOSE) THPK .	113
NUTROPIN AQ NUSPIN 10 SOPN 111		octreotide acetate SOLN	114	OLPRUVA (6.67 GM DOSE) THPK 113	
NUTROPIN AQ NUSPIN 20 SOPN 111		octreotide acetate SOSY	114	OLUMIANT	5
NUTROPIN AQ NUSPIN 5 SOPN 111		OCUFLOX (ofloxacin (ophth)) ...	181	OMBRA COMPRESSOR AIR FILTERS MISC	159
NUVARING (etonogestrel-ethinyl estradiol)	91	ODACTRA SUBL	4	OMBRA TABLE TOP COMPRESSOR DEVI	159
NUVESSA	205	ODEFSEY	79	omega-3-acid ethyl esters	50
NUVIGIL (armodafinil)	4	ODOMZO	62	omeprazole CPDR 10 MG	198
NUWIQ KIT	124	OFEV	192	omeprazole CPDR 20 MG, 40 MG 198	
NUWIQ SOLR	124	ofloxacin (ophth)	181	omeprazole TBEC	198
NUZYRA SOLR	193	ofloxacin (otic)	184	omeprazole-sodium bicarbonate CAPS	200
NUZYRA TABS	193	ofloxacin 300 MG, 400 MG	116	omeprazole-sodium bicarbonate PACK	200
NYMALIZE SOLN 6 MG/ML	85	OGSIVEO 100 MG, 150 MG	67	OMISIRGE	61
NYSTATIN (nystatin (mouth-throat)) . 169		OGSIVEO 50 MG	67	OMNARIS SUSP	176
nystatin (mouth-throat)	169	OHC COVID-19 ANTIGEN SELF TEST KIT	107		
		OJEMDA SUSR	67		
		OJEMDA TABS	67		
		OJJAARA	67		

OMNITROPE SOCT	111	ONETOUCH DELICA PLUS LANCING MISC	143	OPTICHAMBER DIAMOND-SM MASK MISC	159
OMNITROPE SOLR SC	111	ONETOUCH DELICA SAFETY LANCING	143	OPTIMAL D3 M CAPS	207
OMVOH (300 MG DOSE) SOAJ .	119	ONETOUCH FINEPOINT LANCETS	143	OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	170
OMVOH (300 MG DOSE) SOSY .	119	ONETOUCH ULTRASOFT 2 LANCETS	143	OPVEE NA	46
OMVOH SOAJ	119	ONETOUCH ULTRASOFT LANCETS	143	OPZELURA	104
OMVOH SOLN	119	ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)	95	ORACIT	121
OMVOH SOSY	119	ONFI SUSP (clobazam)	25	ORAL CITRATE	121
ON/GO COVID-19 ANTIGEN TEST KIT	107	ONFI TABS (clobazam)	25	ORALAIR SUBL	4
ON/GO ONE COVID-19 HOME TEST KIT	107	ONGENTYS	70	ORAVIG	169
ONAPGO SOCT 98 MG/20ML	71	ONGLYZA (saxagliptin hcl)	41	ORENCIA CLICKJECT SOAJ	10
ondansetron hcl SOLN IJ	46	ONPATRO	191	ORENCIA SOLR	10
ondansetron hcl SOSY	46	ONUREG TABS	60	ORENCIA SOSY	10
ondansetron hcl TABS 4 MG, 8 MG 46		ONYDA XR SUEP	2	ORENCIA TBCR	86
ondansetron TDBP 16 MG	46	OPFOLDA	113	ORFADIN CAPS 2 MG, 5 MG, 10 MG (nitisinone)	113
ondansetron TDBP 4 MG, 8 MG ..	46	OPILL	91	ORFADIN CAPS 20 MG (nitisinone) .	113
ONE FLOW SPIROMETER DEVI 159		OPIPZA FILM	77	ORFADIN SUSP	113
ONE-A-DAY WOMENS 50 PLUS TABS (multiple vitamins w/ minerals) 170		opium tincture	45	ORGOVYX	63
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	170	OPSUMIT	87	ORIAHNN	115
ONETOUCH CLUB LANCETS FINE PT	143	OPSYNVI	86	ORILISSA	111
ONETOUCH DELICA LANCETS 33G	143	OPTICHAMBER DIAMOND DEVI 159		ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	192
ONETOUCH DELICA PLUS LANCET30G	143	OPTICHAMBER DIAMOND MISC 159		ORKAMBI PACK 94 MG-75 MG .	192
ONETOUCH DELICA PLUS LANCET30G	143	OPTICHAMBER DIAMOND-LG MASK DEVI	159	ORKAMBI TABS	192
ONETOUCH DELICA PLUS LANCET33G	143	OPTICHAMBER DIAMOND-MD MASK MISC	159	ORLADEYO	125
				orphenadrine citrate SOLN 30 MG/ML	174
				orphenadrine citrate TB12	174
				orphenadrine w/ aspirin & caff ...	175

ORSERDU	63	OXERVATE	182	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	41
oseltamivir phosphate CAPS 30 MG, 45 MG	82	oxiconazole nitrate CREA	98	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	41
oseltamivir phosphate CAPS 75 MG . 82		OXISTAT CREA (oxiconazole nitrate)	98	OZEMPIC (2 MG/DOSE) SOPN ...	41
oseltamivir phosphate SUSR	82	OXISTAT LOTN	98	PALFORZIA (12 MG DAILY DOSE) CSPK	4
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)	38	OXLUMO	121	PALFORZIA (120 MG DAILY DOSE) CSPK	4
OSMOLEX ER TB24 129 MG	71	OXTELLAR XR TB24 (oxcarbazepine)	29	PALFORZIA (160 MG DAILY DOSE) CSPK	4
OSPHENA	111	oxybutynin chloride SOLN	201	PALFORZIA (200 MG DAILY DOSE) CSPK	4
OTEZLA TABS 30 MG	10	oxybutynin chloride TABS 2.5 MG 201		PALFORZIA (240 MG DAILY DOSE) CSPK	4
OTEZLA TBPk	10	oxybutynin chloride TABS 5 MG .	201	PALFORZIA (3 MG DAILY DOSE) CSPK	4
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	oxybutynin chloride TB24	201	PALFORZIA (300 MG MAINTENANCE) PACK	4
OTULFI SOLN IV 130 MG/26ML .	119	oxycodone hcl CAPS	12	PALFORZIA (300 MG TITRATION) PACK	4
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	99	oxycodone hcl CONC 100 MG/5ML 12		PALFORZIA (40 MG DAILY DOSE) CSPK	5
OVACE PLUS WASH GEL (sulfacetamide sodium)	100	oxycodone hcl SOLN	12	PALFORZIA (6 MG DAILY DOSE) CSPK	5
OVACE PLUS WASH LIQD (sulfacetamide sodium)	100	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	12	PALFORZIA (80 MG DAILY DOSE) CSPK	5
OVACE WASH LIQD (sulfacetamide sodium)	100	oxycodone hcl TABS	12	PALFORZIA INITIAL ESCALATION CSPK	5
oxaprozin TABS	9	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ...	13	paliperidone	73
oxazepam CAPS	19	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	13	palonosetron hcl SOLN	46
OXBRYTA TABS 300 MG	127	OXYCONTIN T12A	12	palonosetron hcl SOSY	46
OXBRYTA TABS 500 MG	127	oxymorphone hcl TABS	12	PALYNZIQ 10 MG/0.5ML	113
OXBRYTA TBSO	127	oxymorphone hcl TB12	12		
oxcarbazepine SUSP	29	OXYTROL PTTW	201		
oxcarbazepine TABS	29	oyster shell	165		
oxcarbazepine TB24	29	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	165		

PALYNZIQ 2.5 MG/0.5ML113	PARI MANUAL INTERRUPTER DEVI 159	DROP SOLN171
PALYNZIQ 20 MG/ML113	PARI MASK SET MISC160	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO 172
PAMELOR CAPS (nortriptyline hcl) 37	PARI SMARTMASK BABY/ELBOW MISC160	PC UNIFINE PENTIPS 151
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML110	PARI SOFT PLASTIC ADULT MASK MISC160	ped multivitamins w/fl & iron SOLN 170
PAMIDRONATE DISODIUM SOLN 110	PARI SOFT PLASTIC PED MASK MISC160	PEDIARIX SUSY 194
PANDA MASK LARGE 159	PARI TREK S COMBO PACK DEVI . 160	PEDIATRIC MOUTHPIECE MISC 160
PANDA MASK MEDIUM159	PARI VORTEX ADULT MASK ...160	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 MG172
PANDA MASK SMALL159	PARI VORTEX PEDIATRIC MASK 160	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 UNIT172
PANDEL103	paricalcitol CAPS 113	pediatric multiple vitamins w/ iron CHEW 18 MG171
PANHEMATIN 350 MG125	paromomycin sulfate 5	pediatric multivitamins w/fl CHEW 171
pantoprazole sodium PACK 198	paroxetine hcl SUSP34	pediatric multivitamins w/fl SOLN 171
pantoprazole sodium SOLR 199	paroxetine hcl TABS34	PEDIATRIC PANDA MASK160
pantoprazole sodium TBEC 199	paroxetine hcl TB2434	pediatric vitamins acd w/ fluoride SOLN 171
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML 198	paroxetine mesylate (vasomotor) 192	pediatric vitamins adc 400 UNIT/ML- 750 UNIT/ML-35 MG/ML 172
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML198	PATANASE (olopatadine hcl (nasal))176	PEDVAX HIB SUSP202
PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML 198	PATIENT SAFE SYRINGE 151	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid132
PARAGARD INTRAUTERINE COPPER 91	PAXIL CR TB24 (paroxetine hcl) ..35	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR132
PARI ALTERA NEBULIZER HANDSET MISC159	PAXIL SUSP (paroxetine hcl)35	peg 3350-potassium chloride-sod bicarbonate-sod chloride132
PARI BABY CONVERSION KIT MISC159	PAXIL TABS (paroxetine hcl)35	PEGASYS SOLN 81
PARI BUBBLES PEDIATRIC MASK MISC159	PAXLOVID (150/100) 80	
PARI ERAPID NEBULIZER HANDSET MISC159	PAXLOVID (300/100) 80	
PARI EXPIRATORY FILTER SET DEVI 159	pazopanib hcl67	
	PC LANCETS SUPER THIN 30G 143	
	PC PEDIATRIC POLY-VITA/FE	

PEGASYS SOSY	81	PEPCID TABS (famotidine)	196	VACC SUSP	204
PEMAZYRE	67	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	13	PFLEX MISC	160
PEN NEEDLE/5-BEVEL TIP	151	PERFECT LANCETS 28G	143	PHARMACIST CHOICE LANCETS . 143	
PEN NEEDLES	151	PERFECT LANCETS 30G	143	PHARMACIST CHOICE MASK WIPES MISC	160
PEN NEEDLES 5/16"	151	PERFECT POINT SAFETY LANCETS	143	PHARMACY COUNTER LANCETS . 143	
PENBRAYA	202	PERFOROMIST NEBU (formoterol fumarate)	23	PHAZYME MAXIMUM STRENGTH CAPS (simethicone)	117
peniclovir	100	PERIDEX (chlorhexidine gluconate (mouth-throat))	169	PHAZYME ULTRA STRENGTH CAPS (simethicone)	117
penicillamine CAPS	166	perindopril erbumine	53	PHEBURANE PLLT	113
penicillamine TABS	166	permethrin AERO	106	phenazopyridine hcl TABS 100 MG, 200 MG	122
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	185	permethrin CREA	106	phenelzine sulfate	34
penicillin g potassium 5000000 UNIT, 20000000 UNIT	185	permethrin LIQD EX	106	PHENERGAN SOLN IJ (promethazine hcl)	50
penicillin g sodium	185	perphenazine TABS	76	phenobarbital ELIX	130
penicillin v potassium SOLR	185	perphenazine-amitriptyline	187	phenobarbital sodium SOLN	130
penicillin v potassium TABS	185	PERSERIS PRSY	73	phenobarbital TABS	130
PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	98	PERTZYE CPEP	107	phenobarbital-hyoscyamine-atropine- scopolamine TABS	195
PENTACEL	194	PFIZER COVID-19 BIVAL 6MO-4YR	204	phenoxybenzamine hcl	54
PENTAM IJ (pentamidine isethionate)	57	PFIZER COVID-19 VAC BIVAL 5-11	204	phenylephrine hcl (mydriatic) SOLN 180	
pentamidine isethionate IN	57	PFIZER COVID-19 VAC BIVALENT . 204		phenylephrine hcl (oral) TABS ...	176
PENTASA CPCR 250 MG	119	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	204	PHENYLEPHRINE HCL (PRESSORS) SOLN IV (phenylephrine hcl (pressors)) ...	206
PENTASA CPCR 500 MG	119	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	204	phenylephrine hcl (pressors) SOLN IV	206
PENTIPS	151	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	204	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ...	180
PENTIPS GENERIC PEN NEEDLES	151	PFIZER-BIONTECH COVID-19			
pentobarbital sodium SOLN	130				
pentoxifylline	125				
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	195				
PEPCID AC TABS (famotidine) ..	196				

phenytoin CHEW	32	piperacillin sodium-tazobactam sodium	185	POCKET CHAMBER DEVI	160
phenytoin sodium extended 100 MG, 200 MG, 300 MG	32	piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	185	POCKET SPACER DEVI	160
phenytoin sodium extended 200 MG, 300 MG	32	PIQRAY (200 MG DAILY DOSE) ..	67	podofilox SOLN	104
phenytoin sodium SOLN	32	PIQRAY (250 MG DAILY DOSE) ..	67	POKONZA PACK PO	166
phenytoin SUSP	32	PIQRAY (300 MG DAILY DOSE) ..	67	POLY HUB NEEDLE	151
PHEXXI	205	pirfenidone CAPS	192	polyethylene glycol 3350 POWD ..	132
PHOSPHOLINE IODIDE	180	pirfenidone TABS 267 MG	192	polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	179
PIASKY	125	pirfenidone TABS 534 MG	192	POLYMEM NON-ADHESIVE PADS .	135
PIFELTRO	79	pirfenidone TABS 801 MG	192	polymyxin b-trimethoprim	181
PILLOW MASK/ADULT MISC	160	piroxicam CAPS	9	POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (bacitracin-polymyxin b)	97
PILLOW MASK/CHILD MISC	160	pitavastatin calcium	52	POLYTRIM (polymyxin b-trimethoprim)	181
PILLOW MASK/PEDIATRIC MISC 160		PIXEL COVID-19 PCR HOME TEST	107	POLY-VI-FLOR CHEW 0.25 MG, 1 MG	171
pilocarpine hcl (oral)	169	PLAVIX 75 MG (clopidogrel bisulfate)	126	POLY-VI-FLOR SUSP	171
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	181	PLEGRIDY SOAJ	189	polyvinyl alcohol 1.4 %	179
PILOT COVID-19 AT-HOME TEST KIT	107	PLEGRIDY SOSY IM	189	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %	179
pimecrolimus	104	PLEGRIDY STARTER PACK SOAJ .	189	POLY-VI-SOL SOLN PO	172
pimozide	191	PLEGRIDY STARTER PACK SOSY SC	189	POLY-VITA SOLN PO	172
pindolol TABS	84	PLENVU	132	POLY-VITA/IRON SOLN	171
pioglitazone hcl	44	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	95	POLY-VITE PEDIATRIC SOLN PO	172
pioglitazone hcl-glimepiride	38	PLEXION CREA (sulfacetamide sodium w/ sulfur)	95	POLY-VITE/IRON SOLN	171
pioglitazone hcl-metformin hcl TABS .	38	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	95	POMALYST	63
PIP LANCETS 28G	143	PLUVICTO	69	POMBILITI	113
PIP LANCETS 30G	143	PNEUMOVAX 23 SOLN	202	PONVORY STARTER PACK TBPK	189
PIP PEN NEEDLES 31G X 5MM 151		PNEUMOVAX 23 SOSY	202	PONVORY TABS	190
PIP PEN NEEDLES 32G X 4MM 151					

posaconazole SOLN	48	potassium chloride TBCR 8 MEQ, 10 MEQ	166	prednisolone SOLN	93
posaconazole SUSP	48	potassium citrate (alkalinizer) TBCR .	121	prednisolone TABS	93
posaconazole TBEC	48	potassium citrate-citric acid SOLN	121	PREDNISONE INTENSOL CONC	93
POSFREA SOLN	46	potassium phosphate monobasic		prednisone SOLN	93
pot & sod citrates w/citric ac SOLN	121	TABS	166	prednisone TABS	93
pot phosphate monobasic w/ sod		PRADAXA CAPS (dabigatran		prednisone TBPk	93
phosphate dibasic & monobasic	166	etexilate mesylate)	24	PREFERRED PLUS GLUCOSE ..	40
POTASSIUM ACETATE SOLN		PRADAXA CAPS 75 MG (dabigatran		PREFERRED PLUS INSULIN	
(potassium acetate)	166	etexilate mesylate)	24	SYRINGE	151
potassium acetate SOLN 2 MEQ/ML	166	PRADAXA PACK	24	PREFERRED PLUS LANCETS	
POTASSIUM ACETATE SOLN 2		PRALUENT SOAJ	53	COLORED	143
MEQ/ML	166	pramipexole dihydrochloride TABS		PREFERRED PLUS LANCETS THIN	
potassium bicarbonate TBEF	166	71			143
potassium chloride CPCR	166	pramipexole dihydrochloride TB24	71	PREFERRED PLUS UNIFINE	
potassium chloride		prasugrel hcl	126	PENTIPS	151
microencapsulated crystals er	166	pravastatin sodium	52	pregabalin (once-daily) 330 MG	190
potassium chloride		praziquantel	17	pregabalin (once-daily) 82.5 MG,	165
microencapsulated crystals er 10		prazosin hcl CAPS	55	MG	190
MEQ, 20 MEQ	166	PRECISION SURE-DOSE SYRINGE		pregabalin CAPS	29
potassium chloride PACK PO 20			151	pregabalin SOLN	29
MEQ	166	PRECISION THINS GP LANCETS		PREHEVBRIO	204
POTASSIUM CHLORIDE SOLN IV		143		PREMARIN	205
(potassium chloride)	166	PRED FORTE (prednisolone acetate		PREMARIN SOLR	116
potassium chloride SOLN IV 2		(ophth))	183	PREMARIN TABS	116
MEQ/ML	166	PRED MILD	183	PREMPHASE	115
potassium chloride SOLN PO 10 %,		prednisolone acetate (ophth)	183	PREMPRO	115
10 %	166	PREDNISOLONE SODIUM		PRENATABS FA TABS	173
potassium chloride SOLN PO 20 %		PHOSPHATE	183	PRENATAL (W/IRON & FA) TABS	
166		prednisolone sodium phosphate		173	
potassium chloride TBCR 15 MEQ		SOLN 5 MG/5ML, 10 MG/5ML, 15		PRENATAL MULTIVITAMIN + DHA	
166		MG/5ML, 20 MG/5ML, 25 MG/5ML		MISC	173
potassium chloride TBCR 8 MEQ, 10		93		PRENATAL ONE DAILY TABS ..	173
MEQ, 20 MEQ	166				

PRENATAL PLUS	(lansoprazole)199	151
VITAMIN/MINERAL TABS173		
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 173	PREVENT DROPSAFE PEN NEEDLES151	PRO COMFORT SAFETY LANCETS 30G143
PRENATAL TABS173	PREVENT SAFETY PEN NEEDLES151	PRO COMFORT SPACER ADULT MISC160
prenatal vit w/ docusate-fe fumarate-folic acid TABS 173	PREVNAR 13202	PRO COMFORT SPACER CHILD MISC160
prenatal vit w/ ferrous fumarate-folic acid CHEW 173	PREVNAR 20202	PRO COMFORT SPACER INFANT DEVI 160
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 173	PREVYMIS PACK80	PROAIR DIGIHALER23
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 173	PREVYMIS SOLN80	PROAIR RESPICLICK AEPB23
PRENATAL VITAMIN AND MINERAL TABS173	PREVYMIS TABS80	probenecid123
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 173	PREZCOBIX79	PROCARDIA XL TB24 (nifedipine) 85
PRENATAL/IRON TABS173	PREZISTA SUSP79	PROCARE SPACER/ADULT MASK DEVI 160
PRETOMANID60	PREZISTA TABS (darunavir)79	PROCARE SPACER/CHILD MASK DEVI 160
PREVACID 24HR CPDR (lansoprazole)199	PREZISTA TABS 75 MG, 150 MG 79	PROCHAMBER VHC DEVI 161
PREVACID CPDR 30 MG (lansoprazole)199	PRIFTIN60	prochlorperazine76
PREVACID SOLUTAB TBDD	PRILOSEC PACK199	prochlorperazine edisylate 10 MG/2ML76
Index 59	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)59	prochlorperazine maleate TABS ...76
	primaquine phosphate TABS59	PROCRIT128
	primidone 125 MG29	PROCTOFOAM HC FOAM EX16
	primidone 50 MG, 250 MG29	PROCYSBI CPDR121
	PRIORIX SUSR204	PROCYSBI PACK121
	PRISTIQ (desvenlafaxine succinate) 36	PRODIGY INSULIN SYRINGE ..151
	PRISTIQ 50 MG (desvenlafaxine succinate)36	PRODIGY LANCETS 28G143
	PRO COMFORT INSULIN SYRINGE151	PRODIGY LANCING DEVICE MISC . 143
	PRO COMFORT LANCETS 30G 143	PRODIGY SAFETY LANCETS 26G . 143
	PRO COMFORT LANCETS 31G 143	
	PRO COMFORT PEN NEEDLES	

PRODIGY TWIST TOP LANCETS 28G	143	propafenone hcl TABS	19	PSS SELECT GP LANCETS	143
PROFILNINE	124	proparacaine hcl	182	PSS SELECT SAFETY LANCETS 143	
progesterone CAPS	186	propranolol hcl CP24	84	psyllium POWD 28.3 %, 43 %, 51.7 %	132
progesterone OIL	186	propranolol hcl SOLN IV 1 MG/ML	84	psyllium POWD 43 %	132
PROGLYCEM (diazoxide)	40	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	84	PULMICORT FLEXHALER AEPB	21
PROGRAF CAPS (tacrolimus) ...	168	propranolol hcl TABS	84	PULMICORT SUSP (budesonide (inhalation))	22
PROGRAF PACK	168	propylene glycol (ophth)	179	PULMOZYME	192
PROGRAF SOLN	168	propylthiouracil	193	PURE COMFORT 3-BALL BREATHE EX DEVI	161
PROLASTIN-C SOLN	192	PROQUAD SUSR	204	PURE COMFORT LANCETS 30G 143	
PROLATE SOLN	13	PROSCAR (finasteride)	122	PURE COMFORT PEN NEEDLE 152	
PROLATE TABS	14	protamine sulfate	126	PURE COMFORT SAFETY PEN NEEDLE	152
PROLENSA (bromfenac sodium (ophth))	183	PROTONIX PACK (pantoprazole sodium)	199	PURE COMFORT SPACER CHAMBER DEVI	161
PROLIA SOSY	110	PROTONIX SOLR (pantoprazole sodium)	200	PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	60
PROMACTA PACK	128	PROTONIX TBEC (pantoprazole sodium)	200	PX ADVANCED LANCING DEVICE MISC	143
PROMACTA TABS 12.5 MG, 25 MG . 128		PROTONIX TBEC (pantoprazole sodium)	200	PX EXTRA SHORT PEN NEEDLES 152	
PROMACTA TABS 50 MG, 75 MG 128		PROTOPIC OINT (tacrolimus (topical))	104	PX GLUCOSE	40
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	50	PROTRIPTYLINE hcl	37	PX INSULIN SYRINGE	152
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	50	PROVENGE	61	PX LANCET AUTO INJECTOR MISC	144
promethazine hcl SUPP 12.5 MG, 25 MG	50	PROVENTIL HFA AERS (albuterol sulfate)	23	PX LANCETS MICROTHIN 33G	144
promethazine hcl SUPP	50	PROVERA 5 MG, 10 MG (medroxyprogesterone acetate) ..	186	PX LANCETS ULTRA THIN	144
promethazine hcl TABS	50	PROVIGIL 100 MG (modafinil)	4	PX LANCETS ULTRA THIN 28G 144	
PROMETRIUM CAPS (progesterone)	186	PROVIGIL 200 MG (modafinil)	4		
PRONEB ULTRA FILTER SET MISC	161	PROZAC CAPS (fluoxetine hcl) ...	35		
propafenone hcl CP12	19	prucalopride succinate	117		
		PRUDOXIN (doxepin hcl (antipruritic))	99		
		pseudoephedrine hcl TABS	176		

PX MINI PEN NEEDLES	152	QC LANCETS SUPER THIN 30G	MG	75
PX PEN NEEDLE	152	144	quetiapine fumarate TABS 300 MG	
PX SHORTLENGTH PEN NEEDLES		QC LANCETS ULTRA THIN	75	
.....	152	QC PEN NEEDLES	quetiapine fumarate TB24	75
PYLERA (bismuth subcitrate		QC STERILE PADS PADS	QUFLORA FE PEDIATRIC LIQD	170
potassium-metronidazole-		QC UNIFINE PENTIPS	QUICK TOUCH INSULIN PEN	
tetracycline)	200	QC UNILET LANCETS 28G	NEEDLE	152
pyrazinamide	60	QC UNILET LANCETS MICRO THIN	QUICKVUE AT-HOME COVID-19	
pyrethrins-piperonyl butoxide SHAM			TEST KIT	107
4 %-0.33 %	106	144	QUILLICHEW ER CHER	4
PYRIDIDIUM TABS (phenazopyridine		QELBREE	QUILLIVANT XR SRER	4
hcl)	122	QINLOCK	quinapril hcl	53
pyridostigmine bromide SOLN PO	.59	QNASL	quinapril-hydrochlorothiazide	56
pyridostigmine bromide TABS 30 MG		QNASL CHILDRENS	quinidine gluconate TBCR	19
.....	59	QTERN	quinidine sulfate TABS	19
pyridostigmine bromide TABS 60 MG		QUADRACEL SUSP	quinine sulfate CAPS 324 MG	59
.....	60	QUADRACEL SUSY	QULIPTA	163
pyridostigmine bromide TBCR	60	QUAKE DEVI	QUTENZA (2 PATCH)	105
pyridoxine hcl SOLN	207	QUALAQUIN CAPS (quinine sulfate)	QUTENZA (4 PATCH)	105
pyridoxine hcl TABS 25 MG, 50 MG,		59	QUTENZA	105
100 MG, 250 MG	207	QUARTETTE (levonorgestrel-ethinyl	QUVIVIQ	131
pyrimethamine	59	estradiol (91-day))	QVAR REDIHALER	22
PYRUKYND TABS	126	quazepam	RA E-ZJECT LANCETS 28G	144
PYRUKYND TAPER PACK TBPk		QUDEXY XR CS24 (topiramate) ..	RA E-ZJECT LANCETS THIN 26G	
126		29	144	
PYZCHIVA 130 MG/26ML	119	QUESTRAN LIGHT POWD	RA E-ZJECT LANCETS THIN 28G	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML		(cholestyramine light)	144	
.....	99	QUESTRAN PACK (cholestyramine)	RA E-ZJECT LANCETS ULTRA	
QALSODY	176	51	THIN	144
QBRELIS SOLN	53	QUESTRAN POWD (cholestyramine)	RA GLUCOSE	40
QC ADVANCED LANCING DEVICE			RA INSULIN SYRINGE	152
MISC	144	51	RA PEN NEEDLES	152
QC ALL PURPOSE DRESSINGS		quetiapine fumarate TABS 150 MG		
PADS	135	75		
		quetiapine fumarate TABS 25 MG, 50		
		MG, 100 MG, 200 MG, 300 MG, 400		

RA PRENATAL TABS	173	hydrobromide)	187	RELEUKO SOSY	128
RA STERILE PADS	135	READYLANCE SAFETY LANCETS .		RELEXXII TBCR 18 MG, 27 MG, 36	
RABAVERT	204	144		MG, 54 MG	4
rabeprazole sodium TBEC	200	REALITY INSULIN SYRINGE ...	152	RELEXXII TBCR 45 MG, 63 MG	
RADICAVA ORS STARTER KIT		REALITY LANCETS	144	(methylphenidate hcl)	4
SUSP	176	REALITY LATEX CONDOMS MISC .		RELEXXII TBCR 72 MG	4
RADICAVA ORS SUSP	176	135		RELION GLUCOSE	40
RADICAVA SOLN (edaravone) ..	177	REALITY LATEX/ULTRA		RELION INSULIN SYRINGE	152
RAGWITEK SUBL	5	TEXTURED DEVI	135	RELION LANCET DEVICES 30G	
RALDESY SOLN PO 10 MG/ML ..	35	REALITY LATEX/ULTRA THIN DEVI		144	
raloxifene hcl	111	135		RELION LANCETS	144
ramelteon	131	REALITY TRIGGER LANCETS .	144	RELION LANCETS MICRO-THIN	
ramipril CAPS	53	REBIF REBIDOSE SOAJ	190	33G	144
ranolazine TB12 1000 MG	17	REBIF REBIDOSE TITRATION		RELION LANCETS THIN 26G ...	144
ranolazine TB12 500 MG	17	PACK SOAJ	190	RELION LANCETS ULTRA-THIN	
RAPAFLO (silodosin)	122	REBIF SOSY	190	30G	144
RAPAMUNE SOLN (sirolimus) ...	168	REBIF TITRATION PACK SOSY .	190	RELION LANCING DEVICE MISC	
RAPAMUNE TABS (sirolimus) ...	168	REBINYN	124	144	
RAPIVAB	82	REBLOZYL	128	RELION MINI PEN NEEDLES ...	152
rasagiline mesylate	72	RECLAST SOLN (zoledronic acid)		RELION PEN NEEDLES	152
RASUVO SOAJ 7.5 MG/0.15ML, 10		110		RELION SHORT PEN NEEDLES	
MG/0.2ML, 12.5 MG/0.25ML, 15		RECOMBINATE SOLR	124	152	
MG/0.3ML, 17.5 MG/0.35ML, 20		RECOMBIVAX HB SUSP	204	RELION TRUE METRIX TEST	
MG/0.4ML, 22.5 MG/0.45ML, 25		RECOMBIVAX HB SUSY	204	STRIPS STRP	107
MG/0.5ML, 30 MG/0.6ML	6	RECORLEV	109	RELION ULTRA THIN LANCETS	
RAVICTI	113	RECTIV (nitroglycerin (intra-anal))		30G	144
RAYA SURE PEN NEEDLE	152	16		RELION ULTRA THIN PLUS	
RAYALDEE	113	REGLAN TABS (metoclopramide hcl)		LANCETS	144
RAYOS TBEC	93		117	RELISTOR SOLN 12 MG/0.6ML .	120
RAY-TEC X-RAY DETECTABLE		REGONOL SOLN IV	60	RELISTOR SOLN 8 MG/0.4ML ..	120
SPNGE MISC	135	REGULOID POWD	132	RELISTOR TABS	120
RAZADYNE ER CP24 (galantamine		RELAFEN DS	9	RELPAK (eletriptan hydrobromide)	
		164		164	
		RELENZA DISKHALER	82	RELTONE CAPS	117

RELYVRIO	177	RETEVMO CAPS 40 MG	67	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	79
REMDESIVIR SOLR 100 MG	82	RETEVMO CAPS 80 MG	67	REYATAZ PACK	79
REMERON SOLTAB TBDP (mirtazapine)	33	RETEVMO TABS 120 MG, 160 MG 67		REYVOW	164
REMERON TABS 15 MG, 30 MG (mirtazapine)	33	RETEVMO TABS 40 MG	67	REZDIFFRA	118
REMICADE	119	RETEVMO TABS 80 MG	67	REZLIDHIA	67
RENAGEL (sevelamer hcl)	120	RETHYMIC	166	REZUROCK	167
RENAPLEX-D TABS	170	RETIN-A CREA (tretinoin)	95	REZVOGLAR KWIKPEN	44
RENFLEXIS	119	RETIN-A GEL (tretinoin)	96	REZZAYO	48
RENEVELA PACK (sevelamer carbonate)	120	RETIN-A MICRO (tretinoin microsphere)	95	RHOFADE	105
RENEVELA TABS (sevelamer carbonate)	120	RETIN-A MICRO PUMP (tretinoin microsphere)	95	RHOGAM ULTRA-FILTERED PLUS SOSY IM	185
repaglinide	44	RETIN-A MICRO PUMP	95	RHOPRESSA	182
REPATHA PUSHTRONEX SYSTEM SOCT	53	RETROVIR CAPS (zidovudine) ...	79	ribavirin (hepatitis c) CAPS	81
REPATHA SOSY	53	RETROVIR SOLN	79	ribavirin (hepatitis c) TABS 200 MG 81	
REPATHA SURECLICK SOAJ	53	RETROVIR SYRP (zidovudine) ...	79	ribavirin	82
REPLACEMENT AIR FILTER MISC . 161		REUSABLE COMFORTSEAL MASK- LRG MISC	161	RID AERO (permethrin)	106
REPLACEMENT FILTERS MISC 161		REUSABLE COMFORTSEAL MASK- MED MISC	161	RIDAURA	7
RESTASIS EMUL (cyclosporine (ophth))	182	REUSABLE COMFORTSEAL MASK- SML MISC	161	rifabutin	60
RESTASIS MULTIDOSE EMUL ..	182	REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	87	RIFADIN SOLR (rifampin)	60
RESTORE FOAM DRESSING PADS	135	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	87	rifampin CAPS	60
RESTORE ODOR ABSORBING DRESS PADS	135	REVCIVI	113	rifampin SOLR	60
RESTORIL 15 MG, 30 MG (temazepam)	131	REVLIMID	167	RIGHTEST GD500 LANCING DEVICE MISC	144
RESTORIL 7.5 MG, 22.5 MG (temazepam)	131	REXALL LANCETS ULTRA THIN 30G	144	RIGHTEST GL300 LANCETS ...	144
RETACRIT	128	REXTOVY LIQD	46	RILUTEK TABS (riluzole)	177
		REXULTI	77	riluzole TABS	177
				rimantadine hydrochloride TABS ..	82
				RIMSO-50	121
				ringer's irrigation	168

RINVOQ LQ SOLN	6	rizatriptan benzoate TBDP 5 MG .164	RUBRACA	67
RINVOQ TB24	6	ROBAXIN SOLN (methocarbamol) 174	RUCONEST	125
risedronate sodium TABS	110	ROBINUL TABS (glycopyrrolate) .195	rufinamide SUSP	29
risedronate sodium TBEC	110	ROBINUL-FORTE TABS (glycopyrrolate)	rufinamide TABS	30
RISPERDAL CONSTA (risperidone microspheres)	73	ROBITUSSIN COUGH+CHEST CONG DM LIQD (dextromethorphan- guaifenesin)	RUKOBIA	79
RISPERDAL SOLN (risperidone) ..	74	ROBITUSSIN LONG-ACT COUGHGELS CAPS (dextromethorphan hbr)	RYALTRIS	175
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	74	ROCKLATAN	RYANODEX SUSR	175
risperidone microspheres	74	ROCTAVIAN	RYBELSUS TABS	41
risperidone SOLN	74	roflumilast	RYDAPT	67
risperidone TABS	74	ROLVEDON	RYKINDO SRER	74
risperidone TBDP	74	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	RYPLAZIM	126
RITALIN LA CP24 (methylphenidate hcl)	4	ropinirole hydrochloride TABS	RYSTIGGO	167
RITALIN TABS (methylphenidate hcl)	4	ropinirole hydrochloride TB24	RYTARY CPCR	71
RITEFLO DEVI	161	rosuvastatin calcium TABS	RYTHMOL SR CP12 (propafenone hcl)	20
ritonavir TABS	79	ROTARIX SUSP	RYVENT TABS	49
rivaroxaban TABS 2.5 MG	23	ROTARIX SUSR	SABRIL PACK (vigabatrin)	31
rivastigmine	187	ROTATEQ SOLN	SABRIL TABS (vigabatrin)	31
rivastigmine tartrate CAPS	187	ROWASA (mesalamine w/ cleanser) 119	SAFE-T-LANCE	144
RIVFLOZA SOLN	121	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	SAFE-T-LANCE PLUS	144
RIVFLOZA SOSY 128 MG/0.8ML 121		ROXYBOND TABA	SAFETY LANCET 30G/PRESSURE ACT	144
RIVFLOZA SOSY 160 MG/ML ...	121	ROZEREM (ramelteon)	SAFETY LANCETS	144
RIXUBIS SOLR	124	ROZLYTREK CAPS 100 MG	SAFETY LANCETS 21G	144
rizatriptan benzoate TABS 10 MG 164		ROZLYTREK CAPS 200 MG	SAFETY LANCETS 23G	144
rizatriptan benzoate TABS 5 MG .164		ROZLYTREK PACK	SAFETY LANCETS 28G	144
rizatriptan benzoate TBDP 10 MG 164			SAFETY PEN NEEDLES	152
			SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	90
			salicylic acid FOAM	104
			salicylic acid LIQD 27.5 %	104

SALICYLIC ACID OINT104	SAVELLA TABS187	(selenium sulfide)100
saline SOLN 0.65 %175	SAVELLA TITRATION PACK MISC 187	SELZENTRY SOLN79
salsalate11	saxagliptin hcl41	SELZENTRY TABS (maraviroc) ...79
SALYCIM CREA104	saxagliptin-metformin hcl38	SEMGLEE (YFGN) SOLN44
SAMI THE SEAL FILTERS MISC 161	SB INSULIN SYRINGE152	SEMGLEE (YFGN) SOPN44
SAMSCA TABS 15 MG (tolvaptan) 115	SB LANCETS THIN144	SE-NATAL 19 CHEW173
SAMSCA TABS 30 MG (tolvaptan) 115	SB LANCETS ULTRA THIN144	SE-NATAL 19 TABS173
SANCUSO PTCH46	SCEMBLIX 100 MG67	sennosides CAPS133
SANDIMMUNE CAPS (cyclosporine) 168	SCEMBLIX 20 MG, 40 MG67	sennosides CHEW133
SANDIMMUNE SOLN IV 50 MG/ML . 168	SCENESSE105	sennosides LIQD133
SANDIMMUNE SOLN PO 100 MG/ML168	scopolamine46	sennosides SYRP 8.8 MG/5ML ..133
SANDOSTATIN LAR DEPOT KIT (octreotide acetate)114	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))91	sennosides TABS 8.6 MG, 15 MG, 25 MG133
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)114	SECUADO75	SENOKOT TABS (sennosides) ..133
SAPHRIS (asenapine maleate) ...75	SECURESAFE INSULIN SYRINGE . 152	SENSIPAR (cinacalcet hcl)113
sapropterin dihydrochloride PACK 113	SECURESAFE SAFETY PEN NEEDLES152	SEREVENT DISKUS23
sapropterin dihydrochloride TABS 113	SEGLENTIS14	SEROQUEL TABS (quetiapine fumarate)75
SAPS HEALTH PLUS LANCETS 144	SEGLUROMET38	SEROQUEL XR TB24 (quetiapine fumarate)75
SAPS HEALTH TWIST TOP LANCETS144	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML99	SEROSTIM SC 4 MG, 5 MG, 6 MG 111
SAPS TWIST TOP LANCETS ...144	SELECT-LITE LANCING DEVICE MISC144	SERTRALINE HCL CAPS35
SAPSCARE TWIST TOP LANCETS 144	selegiline hcl CAPS72	sertraline hcl CONC35
SAVAYSA23	selegiline hcl TABS72	sertraline hcl TABS35
	selenium sulfide LOTN 2.5 %100	sevelamer carbonate PACK120
	SELSUN BLUE DAILY LOTN (selenium sulfide)100	sevelamer carbonate TABS121
	SELSUN BLUE LOTN (selenium sulfide)100	sevelamer hcl121
	SELSUN BLUE MEDICATED LOTN	SEVENFACT124
		SEZABY SOLR130
		SFROWASA ENEM119

SHINGRIX	204	silver sulfadiazine	100	sirolimus SOLN	168
SHOPKO AUTOLET LANCING DEVICE MISC	144	SIMBRINZA	181	sirolimus TABS	168
SHOPKO ON-THE-GO LANCETS 30G	144	simethicone CAPS 125 MG	117	SIRTURO	60
SHOPKO UNIFINE PENTIPS ...	152	simethicone CHEW	117	SITAGLIPTIN	41
SHOPKO UNIFINE PENTIPS PLUS 152		simethicone SUSP 20 MG/0.3ML	117	SITAGLIPTIN BASE-METFORMIN HCL TABS	38
SHOPKO UNILET LANCETS 28G 144		SIMLANDI (1 PEN) AJKT	7	SIVEXTRO SOLR	58
SHOPKO UNILET LANCETS 30G 145		SIMLANDI (1 SYRINGE) PSKT	7	SIVEXTRO TABS	58
SIDESTREAM ADULT FACE MASK MISC	161	SIMLANDI (2 PEN) AJKT	7	SKYCLARYS	177
SIDESTREAM PEDIATRIC FACE MASK MISC	161	SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	7	SKYLA	91
SIDESTREAM PLS ADULT FACE MASK MISC	161	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	7	SKYRIZI PEN SOAJ	99
SIGNIFOR	114	SIMPLE DIAGNOSTICS LANCING DEV MISC	145	SKYRIZI SOCT	119
SIGNIFOR LAR	114	SIMPLICITY COVID-19 AT-HOME 107		SKYRIZI SOLN	119
SIKLOS TABS	127	SIMPONON ARIA SOLN	7	SKYRIZI SOSY	99
sildenafil citrate (pulmonary hypertension) SUSR	87	SIMPONON SOAJ	7	SKYSONA	187
sildenafil citrate (pulmonary hypertension) TABS	87	SIMPONON SOSY	7	SKYTROFA	111
SILICONE MASK/ADULT MISC ..	161	SIMULECT	168	SLO-NIACIN TBCR 500 MG (niacin) . 207	
SILICONE MASK/INFANT MISC .	161	simvastatin TABS	52	SLO-NIACIN TBCR 750 MG (niacin) . 207	
SILICONE MASK/PEDIATRIC MISC . 161		SINEMET TABS (carbidopa- levodopa)	71	SLYND	91
SILIGENTLE FOAM DRESSING PADS	135	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	71	SM GAUZE PADS	135
SILIQ	99	SINGLE-LET	145	SM GLUCOSE	40
silodosin	122	SINGULAIR CHEW (montelukast sodium)	21	SM LANCETS 33G	145
SILVADENE (silver sulfadiazine) 100		SINGULAIR PACK (montelukast sodium)	21	SM STERILE PADS	135
		SINGULAIR TABS (montelukast sodium)	21	SM TRUEDRAW LANCING DEVICE MISC	145
				SMART DIABETES VANTAGE LANCING MISC	145
				SMART SENSE COLOR LANCETS 33G	145
				SMART SENSE GLUCOSE	40

SMART SENSE STANDARD LANCETS	145	sodium phenylbutyrate TABS	113 145	SOLUVITA ACD WITH FLUORIDE SOLN	171
SMART SENSE SUPER THIN LANCETS	145	sodium phosphates ENEM 19 GM/118ML-7 GM/118ML	132	SOLUVITA SOLN	165
SMART SENSE THIN LANCETS 26G	145	sodium polystyrene sulfonate POWD 168		SOLUVITA WITH FLUORIDE SOLN .	171
SMARTEST LANCETS 28G	145	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	168	SOMA TABS (carisoprodol)	174
SOD FLUORIDE-POTASSIUM NITRATE GEL	169	sodium sulfate-potassium sulfate-magnesium sulfate	132	SOMATULINE DEPOT 120 MG/0.5ML	114
sodium chloride (gu irrigant) 0.9 % 121		SOFOSBUVIR-VELPATASVIR TABS	81	SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML	114
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %	94	SOF-WICK PADS	135	SOMAVERT	111
SODIUM CHLORIDE 0.9 %	121	SOGROYA	111	SOOTHENEB NBL 100 ADULT MASK MISC	161
sodium citrate & citric acid	121	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	175	SOOTHENEB NBL 100 CHILD MASK MISC	161
SODIUM DIURIL (chlorothiazide sodium)	109	solifenacin succinate TABS	201	SOOTHENEB NBL 100 MED CUP MISC	161
sodium ferric gluconate complex in sucrose	129	SOLQUA	38	SOOTHENEB NBL 100 MESH CAP MISC	162
sodium fluoride (dental) CREA ...	169	SOLIRIS	125	sorafenib tosylate	67
sodium fluoride (dental) GEL	169	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG (minocycline hcl) ...	193	SORILUX FOAM	99
sodium fluoride (dental) PSTE DT 169		SOLOSEC	5	sotalol hcl (afib/afib)	84
sodium fluoride (dental) SOLN 0.2 % 169		SOLTAMOX SOLN	63	sotalol hcl TABS	84
SODIUM FLUORIDE 5000 ENAMEL GEL	169	SOLU-CORTEF (hydrocortisone sod succinate)	93	SOTYKTU	99
SODIUM FLUORIDE 5000 SENSITIVE GEL	169	SOLU-CORTEF	93	SOTYLIZE SOLN PO	84
sodium fluoride CHEW	165	SOLU-MEDROL (PF)	93	SOVALDI PACK	81
sodium fluoride SOLN 0.5 MG/ML 165		SOLU-MEDROL	93	SOVALDI TABS	81
SODIUM OXYBATE SOLN	186	SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ)	93	SOVUNA 200 MG	59
sodium phenylbutyrate POWD ...	113	SOLUS V2 LANCETS 28G	145	SOVUNA 300 MG	59
		SOLUS V2 LANCING DEVICE MISC 145		SPEEDY SWAB COVID-19 ANTIGEN KIT	107
		SOLUS V2 TWIST LANCETS 30G		SPEVIGO SOLN	99

SPEVIGO SOSY	99	STEGLUJAN	38	SUDAFED SINUS CONGESTION TABS (pseudoephedrine hcl)	176
SPIKEVAX COVID-19 VACCINE SUSP	204	STELARA 130 MG/26ML	119	SUFLAVE	132
SPIKEVAX SUSP	204	STELARA SOSY	99	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	85
SPIKEVAX SUSY	204	STEQUEYMA	119	sulfacetamide sodium (acne)	96
spinosad	106	STEQUEYMA	99	sulfacetamide sodium (ophth) OINT 181	
SPINRAZA	178	STERILANCE TL	145	sulfacetamide sodium (ophth) SOLN . 181	
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) 20		STIMUFEND	128	sulfacetamide sodium GEL	100
SPIRIVA RESPIMAT AERS	20	STIOLTO RESPIMAT	23	sulfacetamide sodium LIQD	100
SPIRO PD DEVI	162	STIVARGA	68	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	96
spironolactone & hydrochlorothiazide	108	STRATTERA (atomoxetine hcl)	2	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	96
spironolactone SUSP	108	STRENSIQ	113	sulfacetamide sodium w/ sulfur FOAM	96
spironolactone TABS	108	streptomycin sulfate SOLR	5	sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	96
SPORANOX CAPS (itraconazole) .48		STRIBILD	79	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	96
SPORANOX SOLN (itraconazole) .49		STRIVERDI RESPIMAT	23	sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 % .	96
SPRITAM TB3D	30	STROMECTOL (ivermectin)	17	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	96
SPRYCEL (dasatinib)	67	SUBLOCADE SOSY	14	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	96
STALEVO 100 (carbidopa-levodopa- entacapone)	71	SUBOXONE FILM SL 0.5 MG-2 MG (buprenorphine hcl-naloxone hcl dihydrate)	15	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	96
STALEVO 125 (carbidopa-levodopa- entacapone)	71	SUBOXONE FILM SL 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate)	14	sulfacetamide sodium w/ sulfur SUSP	96
STALEVO 150 (carbidopa-levodopa- entacapone)	71	SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	15	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	96
STALEVO 200 (carbidopa-levodopa- entacapone)	71	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	15	SULFACETAMIDE SODIUM-	
STALEVO 50 (carbidopa-levodopa- entacapone)	71	sucralfate SUSP	196		
STALEVO 75 (carbidopa-levodopa- entacapone)	71	sucralfate TABS	196		
STAMARIL SUSR	204	SUDAFED PE SINUS CONGESTION TABS (phenylephrine hcl (oral))	176		
STEGLATRO	44				

SULFUR SUSP	96	SUNLENCA TBPK 300 MG	79	184	
sulfacetamide sod-prednisolone SOLN	183	SUNOSI	2	SYMBICORT (budesonide- formoterol fumarate dihydrate)	23
sulfadiazine TABS	192	SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	207	SYMDEKO	192
sulfamethoxazole-trimethoprim SOLN	57	SUPER THIN LANCETS	145	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	79
sulfamethoxazole-trimethoprim SUSP	57	SUPPRELIN LA	112	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	79
sulfamethoxazole-trimethoprim TABS	57	SUPRAX CAPS (cefixime)	89	SYMLINPEN 120 SOPN	37
SULFAMYLON CREA	100	SUPRAX SUSR 200 MG/5ML (cefixime)	89	SYMLINPEN 60 SOPN	37
SULFAMYLON PACK 5 % (mafenide acetate)	100	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	132	SYMPAZAN FILM	25
sulfasalazine TABS	119	SURE COMFORT INSULIN SYRINGE	152	SYMPROIC	120
sulfasalazine TBEC	119	SURE COMFORT LANCETS 18G 145		SYMTUZA	79
sulindac TABS	9	SURE COMFORT LANCETS 21G 145		SYNAGIS SOLN	185
SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur) ..	96	SURE COMFORT LANCETS 23G 145		SYNALAR (CREAM)	103
sumatriptan	164	SURE COMFORT LANCETS 28G 145		SYNALAR (OINTMENT)	103
sumatriptan succinate SOAJ 4 MG/0.5ML	164	SURE COMFORT LANCETS 30G 145		SYNALAR CREA (fluocinolone acetoneide)	103
sumatriptan succinate SOAJ 6 MG/0.5ML	164	SURE COMFORT LANCING PEN MISC	145	SYNALAR OINT (fluocinolone acetoneide)	103
sumatriptan succinate SOCT 4 MG/0.5ML	164	SURE COMFORT PEN NEEDLES 152		SYNALAR SOLN (fluocinolone acetoneide)	103
sumatriptan succinate SOLN 6 MG/0.5ML	164	SURELITE LANCETS	145	SYNALAR TS	103
sumatriptan succinate TABS	164	SUSTIVA CAPS (efavirenz)	79	SYNAREL	112
sumatriptan-naproxen sodium ...	163	SUSTOL PRSY	46	SYNJARDY TABS	38
SUMAXIN PADS	96	SUTAB	132	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	38
sunitinib malate	68	SUTENT (sunitinib malate)	68	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	38
SUNLENCA SOLN	79	SWIM EAR (isopropyl alcohol (otic))		SYNTHROID TABS (levothyroxine sodium)	194
				SYPRINE (trientine hcl)	166
				SYRINGE LUER LOCK	152

SYRINGE LUER SLIP	152	phosphate)	82	TECHLITE LANCETS 26G	145
SYSTANE ULTRA SOLN (polyethylene glycol-propylene glycol (ophth))	179	tamoxifen citrate TABS	63	TECHLITE LANCETS 30G	145
TABRECTA	68	tamsulosin hcl	122	TECHLITE PEN NEEDLES	152
TACLONEX OINT (calcipotriene- betamethasone dipropionate)	103	TARCEVA 100 MG (erlotinib hcl) ..	62	TECHLITE PLUS PEN NEEDLES	152
TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	103	TARGRETIN (bexarotene (topical))	98	TEGADERM FOAM PADS	135
tacrolimus (topical) OINT	104	TARGRETIN (bexarotene)	69	TEGLUTIK SUSP	177
tacrolimus CAPS	168	TARPEYO CPDR	93	TEGRETOL SUSP (carbamazepine) .	30
tadalafil (pulmonary hypertension)		TASCENSO ODT	190	TEGRETOL TABS (carbamazepine) .	30
TABS	87	TASIGNA	68	TEGRETOL-XR TB12 (carbamazepine)	30
tadalafil 5 MG	86	tasimelteon CAPS	132	TEGSED1	191
TADLIQ SUSP	88	TASMAR (tolcapone)	70	TEKTURNA (aliskiren fumarate) ..	56
TAFINLAR CAPS	68	tavaborole	98	telmisartan	54
TAFINLAR TBSO	68	TAVALISSE	125	telmisartan-amlodipine	56
tafluprost	184	TAVNEOS	125	telmisartan-hydrochlorothiazide ...	56
TAGRISSO	62	TAYTULLA CAPS (norethin acet & estradiol)	91	temazepam 15 MG, 30 MG	131
TAKHZYRO SOLN	125	tazarotene CREA	100	temazepam 7.5 MG, 22.5 MG	131
TAKHZYRO SOSY 150 MG/ML ..	126	TAZAROTENE FOAM	96	temozolomide CAPS	60
TAKHZYRO SOSY 300 MG/2ML	125	tazarotene GEL	100	TENIVAC INJ	194
TALICIA	201	TAZVERIK	68	tenofovir disoproxil fumarate TABS	79
TALTZ SOAJ	99	TDVAX SUSP	194	TENORETIC 100 (atenolol & chlorthalidone)	56
TALTZ SOSY 80 MG/ML	100	TECARTUS	61	TENORETIC 50 (atenolol & chlorthalidone)	56
TALZENNA 0.1 MG, 0.35 MG	68	TECELRA	61	TENORMIN TABS (atenolol)	83
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	68	TECFIDERA CDPK (dimethyl fumarate)	190	TEPEZZA	111
TAMIFLU CAPS 30 MG, 45 MG (oseltamivir phosphate)	82	TECFIDERA CPDR (dimethyl fumarate)	190	TEPMETKO	68
TAMIFLU CAPS 75 MG (oseltamivir phosphate)	82	TECHLITE AST LANCETS	145	terazosin hcl	55
TAMIFLU SUSR (oseltamivir		TECHLITE INSULIN SYRINGE ..	152		
		TECHLITE LANCETS	145		

terbinafine hcl TABS48	TGT LANCET ULTRA THIN 30G 145	THRIVITE RX TABS173
terbutaline sulfate SOLN23	TGT LANCING DEVICE MISC ...145	THYMOGLOBULIN168
terbutaline sulfate TABS23	THALITONE109	THYQUIDITY SOLN PO194
terconazole vaginal CREA205	THALOMID 50 MG, 100 MG, 200 MG167	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG194
terconazole vaginal SUPP205	THEO-24 CP2423	tiagabine hcl 16 MG31
teriflunomide190	theophylline ELIX23	tiagabine hcl 2 MG, 4 MG, 12 MG .31
teriparatide SOPN110	theophylline SOLN23	TIAZAC (diltiazem hcl extended release beads)85
TERIPARATIDE SOPN110	theophylline TB12 300 MG, 450 MG . 23	TIBSOVO68
TESTIM GEL TD (testosterone) ...15	theophylline TB2423	TICOVAC204
testosterone cypionate SOLN IM ..15	THERANATAL CORE NUTRITION TABS173	TIGAN SOLN46
testosterone enanthate SOLN IM ..15	THERATEARS EXTRA SOLN (carboxymethylcellulose sodium (ophth))179	tigecycline193
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM16	thiamine hcl SOLN207	TIGECYCLINE193
testosterone GEL TD 1 %16	thiamine hcl TABS207	TIGLUTIK SUSP177
testosterone GEL TD 1.62 %, 1.62 %16	thiamine mononitrate TABS 100 MG . 207	TIKOSYN (dofetilide)20
testosterone SOLN16	thiamine mononitrate TABS 250 MG . 207	timolol180
TETANUS-DIPHTHERIA TOXOIDS TD SUSP194	THINLETS GP LANCETS145	timolol maleate (ophth) SOLG180
tetrabenazine 12.5 MG188	THIOLA EC TBEC 100 MG (tiopronin)122	timolol maleate (ophth) SOLN180
tetrabenazine 25 MG188	THIOLA EC TBEC 300 MG (tiopronin)122	timolol maleate TABS84
tetracaine hcl (ophth)182	THIOLA TABS (tiopronin)122	TIMOPTIC OCUDOSE SOLN 0.25 % (timolol maleate (ophth))180
tetracycline hcl CAPS193	thioridazine hcl76	TIMOPTIC OCUDOSE SOLN 0.5 % (timolol maleate (ophth))180
TETRACYCLINE HCL TABS193	thiothixene77	TIMOPTIC SOLN (timolol maleate (ophth))180
TEZSPIRE SOAJ20	THRESHOLD IMT MISC162	TIMOPTIC-XE SOLG (timolol maleate (ophth))180
TEZSPIRE SOSY20	THRESHOLD PEP DEVI162	TINACTIN CREA (tolnaftate)98
TGT GLUCOSE40		tinidazole57
TGT LANCET MICRO THIN 33G 145		tiopronin TABS122
TGT LANCET THIN 26G145		tiopronin TBEC 100 MG122

tiopronin TBEC 300 MG	122	TODAYS HEALTH SHORT PEN NEEDLE	152	topiramate TABS	30
tiotropium bromide monohydrate CAPS	20	TODAYS HEALTH THIN LANCETS 28G	145	TOPPER DRESSING SPONGES MISC	135
TIVICAY PD TBSO	79	TODAYS HEALTH THIN LANCETS 30G	145	TOPROL XL TB24 (metoprolol succinate)	83
TIVICAY TABS 50 MG	79	TOFIDENCE	8	toremifene citrate	63
tizanidine hcl CAPS 2 MG	174	tolcapone	70	torsemide TABS	108
tizanidine hcl CAPS 4 MG	175	TOLECTIN 600 TABS	9	TOSYMRA	164
tizanidine hcl CAPS 6 MG	175	tolmetin sodium CAPS	9	TOUJEO MAX SOLOSTAR SOPN 44	
tizanidine hcl TABS 2 MG	175	tolnaftate CREA	98	TOUJEO SOLOSTAR SOPN	44
tizanidine hcl TABS 4 MG	175	TOLSURA CAPS	49	TOVET	103
TLANDO CAPS	16	tolterodine tartrate CP24	201	TOVIAZ (fesoterodine fumarate) 201	
TNKASE	126	tolterodine tartrate TABS	201	TRACLEER TABS (bosentan)	87
TOBI NEBU (tobramycin)	5	tolvaptan TABS 15 MG	115	TRACLEER TBSO	87
TOBI PODHALER CAPS	5	tolvaptan TABS 30 MG	115	TRADJENTA	41
TOBRADEX OINT	183	TOPAMAX SPRINKLE CPSP (topiramate)	30	tramadol hcl CP24 100 MG, 200 MG, 300 MG	12
TOBRADEX ST SUSP	183	TOPAMAX TABS (topiramate)	30	TRAMADOL HCL SOLN (tramadol hcl)	13
TOBRADEX SUSP (tobramycin- dexamethasone)	183	TOPCARE CLICKFINE PEN NEEDLES	152	tramadol hcl SOLN	13
tobramycin (ophth) SOLN	181	TOPCARE LANCETS MICRO-THIN 33G	145	tramadol hcl TABS 100 MG	13
tobramycin NEBU	5	TOPCARE ULTRA COMFORT INS SYR	152	tramadol hcl TABS 25 MG	13
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	5	TOPICORT CREA 0.25 % (desoximetasone)	103	tramadol hcl TABS 50 MG	13
tobramycin sulfate SOLR	5	TOPICORT GEL (desoximetasone) 103		tramadol hcl TABS 75 MG	13
tobramycin-dexamethasone SUSP 183		topiramate CP24	30	tramadol hcl TB24	13
TOBREX OINT	181	topiramate CPSP 15 MG, 25 MG	30	tramadol-acetaminophen	14
TODAYS HEALTH LANCING DEVICE MISC	145	topiramate CPSP 50 MG	30	trandolapril	53
TODAYS HEALTH MINI PEN NEEDLES	152	topiramate CS24	30	trandolapril-verapamil hcl	56
TODAYS HEALTH PEN NEEDLES 152				tranexamic acid SOLN 1000 MG/10ML	130
				tranexamic acid TABS	130

TRANEXAMIC ACID-NACL (tranexamic acid-sodium chloride) 130	triamcinolone acetonide (nasal) AERO 176	1000 MG-5 MG-10 MG 39
TRANEXAMIC ACID-NACL 129	triamcinolone acetonide (topical) AERS 103	TRIJARDY XR 1000 MG-5 MG-25 MG 39
tranexamic acid-sodium chloride 130	triamcinolone acetonide (topical) CREA 103	TRIKAFTA TBPk 192
TRANSDERM-SCOP (scopolamine) 46	triamcinolone acetonide (topical) LOTN 103	TRIKAFTA THPK 192
tranilcypromine sulfate 34	triamcinolone acetonide (topical) OINT 103	TRILEPTAL SUSP (oxcarbazepine) 30
TRAVATAN Z SOLN (travoprost) 184	triamcinolone acetonide SUSP 40 MG/ML 93	TRILEPTAL TABS (oxcarbazepine) 30
TRAVEL LANCETS 145	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 108	TRILIPIX (choline fenofibrate) 51
TRAVEL LANCETS ADVANCED 28G 145	triamterene & hydrochlorothiazide TABS 108	trimethobenzamide hcl CAPS 47
travoprost SOLN 184	triamterene CAPS 108	trimethoprim TABS 57
trazodone hcl TABS 300 MG 35	TRIASIL 103	trimipramine maleate CAPS 37
trazodone hcl TABS 50 MG, 100 MG, 150 MG 35	triazolam 131	TRINATAL RX 1 TABS 173
TRECATOR 60	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) 56	TRINTELLIX 35
TRELEGY ELLIPTA 23	TRICOR TABS (fenofibrate) 51	TRIPTODUR 112
TRELSTAR MIXJECT 63	TRIDESILON CREA 0.05 % (desonide) 103	TRIUMEQ PD TBSO 79
TREMFYA SOAJ 100 MG/ML 100	trientine hcl 250 MG 167	TRIUMEQ TABS 79
TREMFYA SOSY 100 MG/ML ... 100	trientine hcl 500 MG 166	TROGARZO 79
TRESIBA FLEXTOUCH SOPN 44	TRIESENCE 183	TROJAN ENZ MISC 135
TRESIBA SOLN 44	trifluoperazine hcl TABS 76	TROJAN MAGNUM MISC 135
tretinoin (chemotherapy) 69	trifluridine 181	TROJAN ULTRA THIN MISC 135
tretinoin CREA 0.025 %, 0.05 %, 0.1 % 96	trihexyphenidyl hcl SOLN 70	TROJAN ULTRA THIN/SPERMICIDAL MISC 135
tretinoin GEL 0.01 %, 0.025 %, 0.05 % 96	trihexyphenidyl hcl TABS 70	TROJAN-ENZ LUBRICATED MISC 135
tretinoin microsphere 96	TRIJDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG,	TROJAN-ENZ/SPERMICIDAL MISC . 135
TRETEN 124		TROKENDI XR CP24 (topiramate) 30
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 60		TROKENDI XR CP24 25 MG (topiramate) 30
triamcinolone acetonide (mouth) 169		tropicamide SOLN 0.5 % 180

tropicamide SOLN 1 %	180	TRUEPLUS INSULIN SYRINGE	152	TRUSTEX RIA LUB/SPERMICIDE MISC	136
trospium chloride CP24	201	TRUEPLUS LANCETS 26G	146	TRUSTEX RIA LUBRICATED MISC .	136
trospium chloride TABS	202	TRUEPLUS LANCETS 28G	146	136	
TRUE COMFORT INSULIN SYRINGE	152	TRUEPLUS LANCETS 30G	146	TRUSTEX RIA NON-LUBRICATED MISC	136
TRUE COMFORT PEN NEEDLES	152	TRUEPLUS LANCETS 33G	146	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	136
TRUE COMFORT PRO INSULIN SYR	152	TRUEPLUS PEN NEEDLES	152	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)	80
TRUE COMFORT PRO PEN NEEDLES	152	TRUEPLUS SAFETY LANCETS 28G	146	TRYNGOLZA	114
TRUE COMFORT SAFETY LANCETS	145	TRUETRACK TEST STRP	107	TRYVIO	56
TRUE COMFORT SAFETY PEN NEEDLE	152	TRULANCE	117	TUBING/WING TIP MISC	162
TRUE COMFORT TWIST TOP LANCETS	145	TRULICITY	41	TUDORZA PRESSAIR	21
TRUE COVER DEVI	135	TRUMENBA	202	TUKYSA	61
TRUE METRIX BLOOD GLUCOSE TEST STRP	107	TRUQAP TABS	68	TUMS E-X 750 CHEW (calcium carbonate (antacid))	17
TRUE METRIX LEVEL 1 SOLN ..	145	TRUQAP TBPk	68	TUMS EXTRA STRENGTH CHEW (calcium carbonate (antacid))	17
TRUE METRIX LEVEL 2 SOLN ..	145	TRUSTEX COLOR CONDOMS + LUBE MISC	136	TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	17
TRUE METRIX LEVEL 3 SOLN ..	145	TRUSTEX LUB/RIBBED/STUDD MISC	136	TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	17
TRUE VITAMIN B1 TABS	207	TRUSTEX LUB/SPERMICIDE EX ST MISC	136	TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	17
TRUE VITAMIN B6 TABS	207	TRUSTEX LUB/SPERMICIDE XL MISC	136	TURALIO 125 MG	68
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	145	TRUSTEX LUBRICATED EX LARGE MISC	136	TWINRIX SUSY	204
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	146	TRUSTEX LUBRICATED EXTRA ST MISC	136	TWIRLA	91
TRUEDRAW LANCING DEVICE MISC	146	TRUSTEX LUBRICATED MISC ..	136	TWIST TOP LANCETS 30G	146
TRUEPLUS 5-BEVEL PEN NEEDLES	152	TRUSTEX LUBRICATED/SPERMICIDE MISC	136	TYBLUME CHEW	91
TRUEPLUS GLUCOSE CHEW ...	40	TRUSTEX NATURAL CONDOMS + LUBE MISC	136	TYBOST	80
		TRUSTEX NON-LUBRICATED MISC	136	TYENNE SOLN	8
				TYGACIL (tigecycline)	193

TYKERB (lapatinib ditosylate)	68	UCERIS (budesonide (intrarectal)) 16	ULTRA FLO INSULIN SYR 1/2 UNIT	153	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (acetaminophen)	11	UCERIS TB24 (budesonide)	93	ULTRA FLO INSULIN SYRINGE 153	
TYLENOL 8 HOUR TBCR (acetaminophen)	11	UDENYCA ONBODY SOSY	128	ULTRA NEB ACCESSORIES KIT MISC	162
TYLENOL CHILDRENS CHEWABLES CHEW (acetaminophen)	11	UDENYCA SOAJ	128	ULTRA THIN LANCETS 31G	146
TYLENOL CHILDRENS PAIN + FEVER SUSP (acetaminophen) ...	11	UDENYCA SOSY	128	ULTRA THIN PEN NEEDLES ...	153
TYLENOL CHILDRENS SUSP (acetaminophen)	11	ULORIC (febuxostat)	123	ULTRACARE INSULIN SYRINGE 153	
TYLENOL EXTRA STRENGTH TABS (acetaminophen)	11	ULTICARE INSULIN SAFETY SYR .	152	ULTRACARE INSULIN SYRINGE 153	
TYLENOL FOR CHILDREN + ADULTS SUSP (acetaminophen) .	11	ULTICARE INSULIN SYRINGE .	153	ULTRA-CARE LANCETS 30G ...	146
TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen)	11	ULTICARE MICRO PEN NEEDLES .	153	ULTRACARE PEN NEEDLES ...	153
TYMLOS	110	ULTICARE MINI PEN NEEDLES 153		ULTRA-THIN II AUTO LANCET .	146
TYPHIM VI SOLN	202	ULTICARE PEN NEEDLES	153	ULTRA-THIN II INS SYR SHORT 153	
TYPHIM VI SOSY	202	ULTICARE SHORT PEN NEEDLES 153		ULTRA-THIN II INSULIN SYRINGE .	153
TYRVAYA	180	ULTIGUARD SAFEPACK PEN NEEDLE	153	ULTRA-THIN II LANCETS	146
TYSABRI	190	ULTIGUARD SAFEPACK SYR/NEEDLE	153	ULTRA-THIN II MINI PEN NEEDLE .	153
TYVASO DPI INSTITUTIONAL KIT POWD	86	ULTI-LANCE AUTOMATIC MISC 146		ULTRA-THIN II PEN NEEDLE SHORT	153
TYVASO DPI MAINTENANCE KIT POWD	86	ULTILET CLASSIC LANCETS ...	146	ULTRA-THIN II PEN NEEDLES .	153
TYVASO DPI TITRATION KIT POWD	86	ULTILET LANCETS	146	ULTRAVATE LOTN	103
TYVASO REFILL KIT SOLN IN ...	87	ULTILET PEN NEEDLE	153	UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (ampicillin & sulbactam sodium) .	185
TYVASO SOLN IN	87	ULTILET SAFETY LANCETS ...	146	UNDECATREX CAPS	16
TYVASO STARTER KIT SOLN IN	87	ULTILET SAFETY LANCETS 23G 146		UNIFINE OTC PEN NEEDLES ..	153
TZIELD	39	ULTOMIRIS	125	UNIFINE PEN NEEDLES	153
UBRELVY	163	ULTRA COMFORT INSULIN SYRINGE	153	UNIFINE PENTIPS	153
		ULTRA FLO INSULIN PEN NEEDLES	153	UNIFINE PENTIPS PLUS	153
				UNIFINE PROTECT PEN NEEDLE .	153

UNIFINE SAFECONTROL PEN NEEDLE153	UNISTIK NORMAL146	UROGESIC-BLUE TABS (methenamine-hyoscamine- methylene blue-sodium phosphate) 57
UNIFINE ULTRA PEN NEEDLE .153	UNISTIK PRO SAFETY LANCET 146	URSO 250 TABS (ursodiol) 117
UNILET COMFORTOUCH LANCET 146	UNISTIK SAFETY LANCETS 28G 146	URSO FORTE TABS (ursodiol) .. 117
UNILET EXCELITE 146	UNISTIK SAFETY LANCETS 30G 146	ursodiol CAPS 117
UNILET EXCELITE II 146	UNISTIK TOUCH SAFETY LANC 21G146	ursodiol TABS 117
UNILET G.P. LANCET146	UNISTIK TOUCH SAFETY LANC 23G146	UZEDY SUSY74
UNILET G.P. SUPERLITE LANCET . 146	UNISTIK TOUCH SAFETY LANC 28G146	VAFSEO 150 MG128
UNILET GP 28 ULTRA THIN146	UNISTIK TOUCH SAFETY LANC 30G146	VAFSEO 300 MG128
UNILET LANCET 146	UNIVERSAL 1 LANCETS THIN 26G147	VAGIFEM TABS (estradiol vaginal) 205
UNILET MICRO-THIN 33G146	UNIVERSAL 1 LANCETS THIN 33G147	valacyclovir hcl 81
UNILET SUPERLITE LANCET .. 146	UNIVERSAL 1 LANCETS ULTRA THIN147	VALCHLOR 99
UNILET SUPER-THIN 30G146	UP & UP GLUCOSE 40	VALCYTE SOLR (valganciclovir hcl) . 80
UNILET ULTRA-THIN 28G 146	UPLIZNA168	VALCYTE TABS (valganciclovir hcl) . 80
UNISTIK 1146	UPTRAVI SOLR 88	valganciclovir hcl SOLR 80
UNISTIK 2146	UPTRAVI TABS88	valganciclovir hcl TABS80
UNISTIK 2 COMFORT146	UPTRAVI TITRATION TBPK 88	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML32
UNISTIK 2 EXTRA146	urea CREA 40 % 104	valproic acid CAPS 32
UNISTIK 2 NEONATAL146	URIBEL57	valsartan SOLN54
UNISTIK 2 NORMAL146	UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) 121	valsartan TABS 54
UNISTIK 2 SUPER146	UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) 121	valsartan-hydrochlorothiazide56
UNISTIK 3146	UROCIT-K 5 TBCR (potassium citrate (alkalinizer)) 121	VALTOCO 10 MG DOSE LIQD ...25
UNISTIK 3 COMFORT146		VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML25
UNISTIK 3 EXTRA146		VALTOCO 15 MG DOSE LQPK ...25
UNISTIK 3 GENTLE 146		VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML25
UNISTIK 3 NEONATAL146		
UNISTIK 3 NORMAL146		
UNISTIK CZT COMFORT 146		
UNISTIK CZT NORMAL 146		

VALTOCO 20 MG DOSE LQPK ...25	VANDAZOLE205	venlafaxine hcl TB24 225 MG36
VALTOCO 5 MG DOSE LIQD25	VANFLYTA68	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG36
VALTOCO 5 MG DOSE LIQD26	VANISHPOINT INSULIN SYRINGE . 153	VENOFER129
VALTREX (valacyclovir hcl)81	VANOS CREA (fluocinonide)104	VENTAVIS IN 10 MCG/ML87
VALUE HEALTH INSULIN SYRINGE153	VAQTA204	VENTAVIS IN 20 MCG/ML87
VALUE PLUS LANCET STANDARD 21G147	varenicline tartrate TABS191	VENTOLIN HFA AERS (albuterol sulfate)23
VALUE PLUS LANCETS SUPER THIN147	varenicline tartrate TBPK191	VEOPOZ125
VALUE PLUS LANCETS THIN 26G . 147	VARIVAX SUSR204	VEOZAH112
VALUE PLUS LANCING DEVICE MISC147	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...56	verapamil hcl CP2485
VALUMARK LANCET SUPER THIN 30G147	VASOTEC TABS (enalapril maleate) . 53	VERAPAMIL HCL ER CP24 (verapamil hcl)85
VALUMARK LANCET ULTRA THIN 28G147	VAXCHORA202	verapamil hcl SOLN 2.5 MG/ML ...85
VALUMARK PEN NEEDLES153	VAXELIS SUSP194	verapamil hcl TABS85
VANCOCIN CAPS (vancomycin hcl) . 57	VAXELIS SUSY194	verapamil hcl TBCR85
vancomycin hcl CAPS57	VAXNEUVANCE202	VEREGEN96
vancomycin hcl SOLR IV 1 GM ...58	VAZCULEP SOLN IV (phenylephrine hcl (pressors))206	VERELAN CP24 (verapamil hcl) ..85
VANCOMYCIN HCL SOLR IV 1 GM . 58	VEKLURY SOLR82	VERELAN PM CP24 (verapamil hcl) . 85
VANCOMYCIN HCL SOLR IV 1.75 GM, 2 GM58	VELPHORO121	VERIFINE INSULIN PEN NEEDLE 153
vancomycin hcl SOLR IV 500 MG .57	VELSIPITY119	VERIFINE INSULIN SYRINGE ..153
VANCOMYCIN HCL SOLR IV 500 MG58	VELTASSA 1 GM168	VERIFINE PLUS PEN NEEDLE .153
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .58	VELTASSA 8.4 GM, 16.8 GM, 25.2 GM168	VERIFINE SAFE LANCET MINI 21G147
vancomycin hcl SOLR PO 25 MG/ML58	VEMLIDY81	VERIFINE SAFE LANCET MINI 23G147
	VENCLEXTA STARTING PACK TBPK61	VERIFINE SAFE LANCET MINI 28G147
	VENCLEXTA TABS61	VERIFINE SAFE LANCET MINI 30G147
	VENLAFAXINE BESYLATE ER ..36	VERIFINE UNIVERSAL LANCETS
	venlafaxine hcl CP2436	
	venlafaxine hcl TABS36	

28G147	vigabatrin PACK 31	VITALIPID N INFANT EMUL172
VERIFINE UNIVERSAL LANCETS 30G147	vigabatrin TABS31	VITAMIN A/C/D/ INFANT/TODDLER172
VERIFINE UNIVERSAL LANCETS 33G147	VIGAFYDE SOLN31	VITAMIN A-C-D INFANT 172
VERKAZIA EMUL 182	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))181	VITAMIN D (ERGOCALCIFEROL) CAPS 207
VERQUVO 88	VIIBRYD TABS (vilazodone hcl) ...35	VITAMIN D2 TABS 2000 UNIT ...207
VERSACLOZ SUSP 75	VIJOICE PACK 168	VITAMIN D2 TABS 400 UNIT207
VERSAPAP DEVI 162	VIJOICE TBPk 168	VITAMIN D3 IMMUNE HEALTH LIQD PO207
VERSAPAP W/UNIVERSAL TUBING DEVI 162	vilazodone hcl TABS35	VITAMIN D3 LIQD PO 125 MCG/ML . 207
VERZENIO68	VILTEPSO 178	VITAMIN D3 LIQD PO 30 MCG/15ML, 125 MCG/0.5ML 207
VESICARE LS SUSP202	VIMIZIM114	VITAMIN D3 TABS (cholecalciferol) 207
VESICARE TABS (solifenacin succinate)202	VIMOVO (naproxen-esomeprazole magnesium)9	VITAMIN D3 TABS207
VEVYE SOLN182	VIMPAT SOLN IV 200 MG/20ML (lacosamide) 30	VITAMINS ACD-FLUORIDE SOLN 171
VFEND IV SOLR (voriconazole) ...49	VIMPAT SOLN PO 10 MG/ML (lacosamide) 30	vitamins w/ lipotropics TABS 173
VFEND SUSR (voriconazole)49	VIMPAT TABS (lacosamide)30	VITAROCA PLUS TABS (multiple vitamins w/ minerals) 170
VFEND TABS (voriconazole)49	VIOKACE TABS107	VITLIPID N INFANT EMUL172
VIBERZI120	VIRACEPT TABS80	VITRAKVI CAPS 100 MG68
VIBRAMYCIN CAPS (doxycycline hyclate) 193	VIRAZOLE (ribavirin)82	VITRAKVI CAPS 25 MG68
VIBRAMYCIN SUSR (doxycycline (monohydrate)) 193	VIREAD POWD80	VITRAKVI SOLN68
VICTOZA (liraglutide)41	VIREAD TABS (tenofovir disoproxil fumarate)80	VIVAGUARD LANCETS147
VIDA MIA AUTOLET LANCING DEV MISC147	VIREAD TABS 150 MG, 200 MG, 250 MG80	VIVAGUARD LANCETS 30G147
VIDA MIA UNIFINE PENTIPS ...153	VISTARIL CAPS 25 MG (hydroxyzine pamoate)18	VIVAGUARD LANCING DEVICE MISC147
VIDA MIA UNILET LANCETS 28G 147	VISTARIL CAPS 50 MG (hydroxyzine pamoate)18	VIVAGUARD SAFETY LANCETS 28G147
VIDA MIA UNILET LANCETS 30G 147	VISTOGARD45	VIVELLE-DOT PTTW (estradiol) .116
VIEKIRA PAK TBPk81	VITACHEW MULTIPLE VITAMIN CHEW171	

VIVITROL	46	VRAYLAR CAPS	73	WEGMANS UNIFINE PENTIPS PLUS	153
VIVOTIF	202	VTAMA	100	WEGOVY	2
VIZIMPRO	62	VUITY SOLN	181	WELCHOL PACK (colesevelam hcl) .	51
VOGELXO GEL TD (testosterone) 16		VUMERITY	190	WELCHOL TABS (colesevelam hcl) .	51
VOGELXO PUMP GEL TD (testosterone)	16	VUSION (miconazole-zinc oxide-white petrolatum)	98	WELIREG	63
VONJO	68	VYALEV SOLN SC	72	WELLBUTRIN SR TB12 (bupropion hcl)	33
VONVENDI	124	VYEPTI	163	WELLBUTRIN XL TB24 (bupropion hcl)	33
VOQUEZNA	200	VYJUVEK	106	WESNATAL DHA COMPLETE ..	173
VOQUEZNA DUAL PAK	201	VYNDAMAX	88	WESTAB PLUS TABS	173
VOQUEZNA TRIPLE PAK	201	VYND AQEL	88	white petrolatum-mineral oil	179
VORANIGO	68	VYONDYS 53	178	WIDE-SEAL DIAPHRAGM 60 ...	136
voriconazole SOLR	49	VYTORIN (ezetimibe-simvastatin) 50		WIDE-SEAL DIAPHRAGM 65 ...	136
VORICONAZOLE SOLR	49	VYVANSE CAPS	2	WIDE-SEAL DIAPHRAGM 70 ...	136
voriconazole SUSR	49	VYVANSE CHEW	2	WIDE-SEAL DIAPHRAGM 75 ...	136
voriconazole TABS	49	VYVGART	167	WIDE-SEAL DIAPHRAGM 80 ...	136
VORTEX HOLD CHMBR/MASK/CHILD DEVI	162	VYVGART HYTRULO	167	WIDE-SEAL DIAPHRAGM 85 ...	136
VORTEX HOLD CHMBR/MASK/TODDLER DEVI .	162	VYZULTA	184	WIDE-SEAL DIAPHRAGM 90 ...	136
VORTEX VALVE CHAMBER-PEDI MASK DEVI	162	WAINUA	191	WIDE-SEAL DIAPHRAGM 95 ...	136
VORTEX VALVED HOLDING CHAMBER DEVI	162	WAKIX	2	WILATE KIT	124
VOSEVI	81	WALGREENS ADV TRAVEL LANCETS	147	WINDMILL TRAINER MISC	162
VOTRIENT (pazopanib hcl)	68	WALGREENS GLUCOSE	41	WINLEVI	96
VOWST	120	WALGREENS LANCETS	147	WINREVAIR	87
VOXZOGO	114	WALGREENS LANCETS MICRO THIN	147	XACIATO GEL	205
VOYDEYA TABS	125	WALGREENS LANCETS SUPER THIN	147	XADAGO	72
VOYDEYA TBPk	125	WALGREENS THIN LANCETS .	147	XALATAN SOLN (latanoprost) ...	184
VP INSULIN SYRINGE	153	WALGREENS ULTRA THIN LANCETS	147	XALKORI CAPS	68
VPRIV	126	warfarin sodium TABS	23	XALKORI CPSP	68

XANAX TABS (alprazolam)	19	XIFAXAN	57	40 MG	64
XANAX XR TB24 (alprazolam)	19	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	39	XPOVIO (80 MG TWICE WEEKLY) .	64
XARELTO STARTER PACK TBPB 23		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	39	XROMI SOLN PO 100 MG/ML ...	127
XARELTO SUSR	24	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	39	XTANDI CAPS	63
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	24	XIIDRA	182	XTANDI TABS 40 MG	63
XARELTO TABS	24	XOFLUZA (40 MG DOSE) 40 MG .	82	XTANDI TABS 80 MG	63
XATMEP SOLN PO	60	XOFLUZA (80 MG DOSE) 80 MG .	82	XULTOPHY	39
XCOPRI (250 MG DAILY DOSE) TBPB	31	XOLAIR SOAJ	20	XYLIDERM	105
XCOPRI (350 MG DAILY DOSE) TBPB	31	XOLAIR SOLR	20	XYLIGEL GEL	169
XCOPRI TABS	31	XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	20	XYNTHA	124
XCOPRI TBPB	31	XOLAIR SOSY	20	XYNTHA SOLOFUSE	124
XDEMVI	181	XOLREMDI	129	XYOSTED SOAJ	16
XELJANZ SOLN	6	XOPENEX (levalbuterol hcl)	23	XYREM SOLN	186
XELJANZ TABS	6	XOPENEX CONCENTRATE (levalbuterol hcl)	23	XYWAV	186
XELJANZ XR TB24	6	XOPENEX HFA (levalbuterol tartrate)	23	YASMIN 28 (drospirenone-ethinyl estradiol)	91
XELODA (capecitabine)	60	XOSPATA	69	YAZ (drospirenone-ethinyl estradiol) 91	
XELPROS EMUL	184	XPHOZAH	114	YCANTH SOLN	105
XELSTRYM	2	XPOVIO (100 MG ONCE WEEKLY) 50 MG	64	YESCARTA	61
XENAZINE 12.5 MG (tetrabenazine) .	188	XPOVIO (40 MG ONCE WEEKLY) 40 MG	64	YESINTEK 130 MG/26ML	119
XENAZINE 25 MG (tetrabenazine) 188		XPOVIO (40 MG TWICE WEEKLY) 40 MG	64	YESINTEK SOSY	100
XENPOZYME	114	XPOVIO (60 MG ONCE WEEKLY) 60 MG	64	YF-VAX INJ	204
XEPI	97	XPOVIO (60 MG TWICE WEEKLY) .	64	YONSA	63
XERAVA	193	XPOVIO (80 MG ONCE WEEKLY)		YORVIPATH	114
XERESE	100			YUFLYMA (1 PEN) AJKT	7
XGEVA SOLN	110			YUFLYMA (2 PEN) AJKT	7
XHANCE EXHU	176			YUFLYMA (2 SYRINGE) PSKT	7
				YUFLYMA-CD/UC/HS STARTER AJKT	7

YUPELRI	21	UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000	ZILBRYSQ	125	
YUSIMRY	7		zileuton TB12	21	
zafirlukast	21	UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000	ZILRETTA SRER	93	
zaleplon	131	UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	ZIMHI SOSY	46	
ZANAFLEX CAPS 2 MG (tizanidine hcl)	175	107	ZIOPTAN (tafluprost)	184	
ZANAFLEX CAPS 4 MG (tizanidine hcl)	175	ZEPATIER	81	ziprasidone hcl	73
ZANAFLEX CAPS 6 MG (tizanidine hcl)	175	ZEPBOUND SOAJ	2	ziprasidone mesylate	73
ZANAFLEX TABS 4 MG (tizanidine hcl)	175	ZEPBOUND SOLN	2	ZIRGAN GEL	181
ZARONTIN CAPS (ethosuximide) .	32	ZEPOSIA 7-DAY STARTER PACK CPPK	190	ZITHROMAX PACK	133
ZARONTIN SOLN (ethosuximide) .	32	ZEPOSIA CAPS	190	ZITHROMAX SUSR (azithromycin) 133	
ZARXIO	128	ZEPOSIA STARTER KIT CPPK .	190	ZITHROMAX TABS 250 MG, 500 MG (azithromycin)	133
ZAVESCA (miglustat)	126	ZERVIAE	184	ZITHROMAX TABS 500 MG (azithromycin)	133
ZAVZPRET	163	ZESTORETIC (lisinopril & hydrochlorothiazide)	56	ZITHROMAX TRI-PAK TABS (azithromycin)	133
ZEGALOGUE SOAJ	41	ZESTRIL TABS (lisinopril)	53	ZITHROMAX Z-PAK TABS (azithromycin)	133
ZEGALOGUE SOSY	41	ZETIA (ezetimibe)	52	ZITUVIMET TABS	39
ZEGERID CAPS (omeprazole- sodium bicarbonate)	201	ZETONNA AERS	176	ZITUVIMET XR TB24	39
ZEGERID OTC CAPS (omeprazole- sodium bicarbonate)	201	ZEVRX INSULIN SYRINGE	153	ZITUVIO	41
ZEGERID PACK (omeprazole- sodium bicarbonate)	201	ZEVRX PEN NEEDLES	153	ZMA CLEAR SUSP	96
ZEJULA TABS	69	ZEVRX TWIST TOP LANCETS 30G 147		ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	52
ZELAPAR TBDP	72	ZIAC (bisoprolol & hydrochlorothiazide)	56	ZOKINVY	168
ZELBORAF	69	ZIAGEN SOLN (abacavir sulfate) .	80	zoledronic acid CONC	110
ZEMAIRA SOLR	192	ZIAGEN TABS (abacavir sulfate) .	80	zoledronic acid SOLN	110
ZEMBRACE SYMTOUCH SOAJ .	165	ZIANA (clindamycin phosphate- tretinoin)	96	ZOLEDRONIC ACID SOLN	110
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000		zidovudine CAPS	80	ZOLGENSMA 20.6-21.0 KG	178
		zidovudine SYRP	80	ZOLGENSMA 10.1-10.5 KG	178
		zidovudine TABS	80	ZOLGENSMA 10.6-11.0 KG	178
		ZIEXTENZO	128		

ZOLGENSMA 11.1-11.5 KG178	ZOLGENSMA 8.1-8.5 KG179	ZUBSOLV SUBL 0.18 MG-0.7 MG 15
ZOLGENSMA 11.6-12.0 KG178	ZOLGENSMA 8.6-9.0 KG179	ZUBSOLV SUBL 0.36 MG-1.4 MG 15
ZOLGENSMA 12.1-12.5 KG178	ZOLGENSMA 9.1-9.5 KG179	ZUBSOLV SUBL 0.71 MG-2.9 MG 15
ZOLGENSMA 12.6-13.0 KG178	ZOLGENSMA 9.6-10.0 KG179	ZUBSOLV SUBL 1.4 MG-5.7 MG . 15
ZOLGENSMA 13.1-13.5 KG178	ZOLINZA69	ZUBSOLV SUBL 2.1 MG-8.6 MG . 15
ZOLGENSMA 13.6-14.0 KG178	zolmitriptan SOLN165	ZUBSOLV SUBL 2.9 MG-11.4 MG 15
ZOLGENSMA 14.1-14.5 KG178	zolmitriptan TABS165	ZURZUVAE 20 MG, 25 MG33
ZOLGENSMA 14.6-15.0 KG178	zolmitriptan TBDP165	ZURZUVAE 30 MG33
ZOLGENSMA 15.1-15.5 KG178	ZOLOFT CONC (sertraline hcl)35	ZYCLARA (imiquimod)104
ZOLGENSMA 15.6-16.0 KG178	ZOLOFT TABS (sertraline hcl)35	ZYCLARA PUMP (imiquimod) ...104
ZOLGENSMA 16.1-16.5 KG178	ZOLPIDEM TARTRATE CAPS ...131	ZYCLARA PUMP104
ZOLGENSMA 16.6-17.0 KG178	zolpidem tartrate SUBL131	ZYDELIG69
ZOLGENSMA 17.1-17.5 KG178	zolpidem tartrate TABS131	ZYFLO TABS21
ZOLGENSMA 17.6-18.0 KG178	zolpidem tartrate TBCR131	ZYKADIA TABS69
ZOLGENSMA 18.1-18.5 KG178	ZOMACTON SOLR SC111	ZYLET183
ZOLGENSMA 18.6-19.0 KG178	ZOMIG SOLN (zolmitriptan)165	ZYLOPRIM 300 MG (allopurinol) .123
ZOLGENSMA 19.1-19.5 KG178	ZONALON (doxepin hcl (antipruritic))99	ZYMAXID (gatifloxacin (ophth)) ..181
ZOLGENSMA 19.6-20.0 KG178	ZONISADE SUSP31	ZYMFENTRA (1 PEN) AJKT119
ZOLGENSMA 2.6-3.0 KG178	zonisamide CAPS31	ZYMFENTRA (2 PEN) AJKT119
ZOLGENSMA 20.1-20.5 KG178	ZORTRESS (everolimus (immunosuppressant))168	ZYMFENTRA (2 SYRINGE) PSKT 119
ZOLGENSMA 3.1-3.5 KG178	ZORYVE CREA EX105	ZYNTEGLO127
ZOLGENSMA 3.6-4.0 KG178	ZORYVE FOAM EX105	ZYPITAMAG 2 MG, 4 MG52
ZOLGENSMA 4.1-4.5 KG178	ZOSYN186	ZYPREXA RELPREVV75
ZOLGENSMA 4.6-5.0 KG178	ZOVIRAX CREA (acyclovir topical) 100	ZYPREXA SOLR (olanzapine)75
ZOLGENSMA 5.1-5.5 KG178	ZOVIRAX OINT (acyclovir topical) 100	ZYPREXA TABS (olanzapine)75
ZOLGENSMA 5.6-6.0 KG179	ZTALMY31	ZYPREXA ZYDIS TBDP (olanzapine)75
ZOLGENSMA 6.1-6.5 KG179	ZTLIDO PTCH105	ZYRTEC ALLERGY TABS (cetirizine hcl)50
ZOLGENSMA 6.6-7.0 KG179		ZYRTEC CHILDRENS ALLERGY
ZOLGENSMA 7.1-7.5 KG179		
ZOLGENSMA 7.6-8.0 KG179		

SOLN PO (cetirizine hcl)	50
ZYTIGA 250 MG (abiraterone acetate)	63
ZYTIGA 500 MG (abiraterone acetate)	63
ZYVOX SOLN (linezolid)	58
ZYVOX SOLN	58
ZYVOX SUSR (linezolid)	58
ZYVOX TABS (linezolid)	58