

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)
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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 TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA
Amphetamines			DYANAVEL XR SUER	4	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	DYANAVEL XR TBCR	4	4 max fill(s) per 30 day(s) retail
ADDERALL TABS (Use amphetamine-dextroamphetamine)	4	4 max fill(s) per 30 day(s) retail; PA	EVEKEO TABS (Use amphetamine sulfate)	9	4 max fill(s) per 30 day(s) retail
ADZENYS XR-ODT TBED	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	EVEKEO TABS (Use amphetamine sulfate)	4	4 max fill(s) per 30 day(s) retail; PA
<i>amphetamine sulfate TABS</i>	4	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
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	<i>methamphetamine hcl</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>amphetamine-dextroamphetamine TABS</i>	1	4 max fill(s) per 30 day(s) retail	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	4	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; PA	VYVANSE CAPS	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA	VYVANSE CHEW	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>dextroamphetamine sulfate CP24 5 MG, 10 MG</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	XELSTRYM	4	4 max fill(s) per 30 day(s) retail; PA
<i>dextroamphetamine sulfate CP24 15 MG</i>	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail	Analeptics		
<i>dextroamphetamine sulfate SOLN</i>	4	4 max fill(s) per 30 day(s) retail	<i>caffeine citrate SOLN PO</i>	1	QL(45 ML per fill retail)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	4	4 max fill(s) per 30 day(s) retail	Anti-Obesity Agents		
			IMCIVREE	CO	2 max fill(s) per 30 day(s) retail
			SAXENDA	CO	
			WEGOVY	CO	2 max fill(s) per 30 day(s) retail
			ZEPBOUND SOAJ	CO	2 max fill(s) per 30 day(s) retail

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

Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR CP24 (Use <i>methylphenidate hcl</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>armodafinil</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AZSTARYS	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
CONCERTA TBCR (Use <i>methylphenidate hcl</i>)	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
COTEMPLA XR-ODT TBED	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
DAYTRANA PTCH (Use <i>methylphenidate</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
<i>dexmethylphenidate hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
JORNAY PM CP24	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
METHYLIN SOLN (Use <i>methylphenidate hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CHEW</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CP24</i>	4	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>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	QUILLICHEW ER CHER	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	QUILLIVANT XR SRER	4	QL(12 ML daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl SOLN</i>	1	4 max fill(s) per 30 day(s) retail	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
<i>methylphenidate hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail	RELEXXII TBCR 72 MG	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl TB24</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	RELEXXII TBCR 45 MG, 63 MG (<i>Use methylphenidate hcl</i>)	4	2 max fill(s) per 30 day(s) retail
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	RITALIN LA CP24 (<i>Use methylphenidate hcl</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl TBCR 72 MG</i>	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail	RITALIN TABS (<i>Use methylphenidate hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	4	2 max fill(s) per 30 day(s) retail	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail	Allergenic Extracts		
<i>methylphenidate PTCH</i>	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	GRASTEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>modafinil 200 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ODACTRA SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>modafinil 100 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ORALAIR SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUVIGIL (<i>Use armodafinil</i>)	4	QL(2 EA daily); 2 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
PROVIGIL 100 MG (<i>Use modafinil</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	PALFORZIA (120 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PROVIGIL 200 MG (<i>Use modafinil</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	PALFORZIA (160 MG DAILY DOSE) CSPK	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 (20 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
PALFORZIA (200 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	ARIKAYCE	4	QL(8.4 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	BETHKIS NEBU (<i>Use tobramycin</i>)	2	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	<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	
PALFORZIA (300 MG MAINTENANCE) PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>gentamicin sulfate IJ</i>	1	
PALFORZIA (300 MG TITRATION) PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA	HUMATIN	8	4 max fill(s) per 30 day(s) retail
PALFORZIA (40 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
PALFORZIA (6 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 (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	4	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>Use tobramycin</i>)	4	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
ALTERNATIVE MEDICINES			<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	1	
Alternative Medicine - C's			<i>tobramycin sulfate SOLR</i>	1	
GENNAMD CAPS 130 MG	8	4 max fill(s) per 30 day(s) retail	<i>tobramycin NEBU</i>	1	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
AMEBICIDES					
Amebicides					
SOLOSEC	2	2 max fill(s) per 30 day(s) retail; PA			
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections					
Aminoglycosides					

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	2	2 max fill(s) per 30 day(s) retail; SP; PA	CYLTEZO (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADAZ SOSY	4	2 max fill(s) per 30 day(s) retail; PA	CYLTEZO (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	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
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; SP; PA	HADLIMA PUSHTOUCH SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	HADLIMA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA	HULIO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	2 max fill(s) per 30 day(s) retail; SP; PA	HULIO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	HUMIRA-PSORIASIS/VEIT STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMJEVITA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMJEVITA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYENNE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac potassium TABS</i>	1	2 max fill(s) per 30 day(s) retail
TYENNE SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac sodium TB24</i>	1	2 max fill(s) per 30 day(s) retail
TYENNE SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>diclofenac sodium TBEC</i>	1	2 max fill(s) per 30 day(s) retail
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>diclofenac w/ misoprostol TBEC</i>	4	2 max fill(s) per 30 day(s) retail; PA
ADVIL TABS (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail	DUEXIS (<i>Use ibuprofen-famotidine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ALEVE ALL DAY STRONG TABS 220 MG (<i>Use naproxen sodium</i>)	9	2 max fill(s) per 30 day(s) retail	<i>etodolac CAPS</i>	4	2 max fill(s) per 30 day(s) retail
ALEVE TABS (<i>Use naproxen sodium</i>)	9	2 max fill(s) per 30 day(s) retail	<i>etodolac TABS</i>	4	2 max fill(s) per 30 day(s) retail
ANJESO INJ	NP	PA	<i>etodolac TB24</i>	4	2 max fill(s) per 30 day(s) retail
ARTHROTEC TBEC (<i>Use diclofenac w/ misoprostol</i>)	4	2 max fill(s) per 30 day(s) retail; PA	FELDENE CAPS (<i>Use piroxicam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
CELEBREX 200 MG (<i>Use celecoxib</i>)	9	2 max fill(s) per 30 day(s) retail	<i>fenoprofen calcium CAPS 400 MG</i>	4	2 max fill(s) per 30 day(s) retail
CELEBREX (<i>Use celecoxib</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>fenoprofen calcium TABS</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>celecoxib</i>	4	2 max fill(s) per 30 day(s) retail	FENOPRON CAPS	4	2 max fill(s) per 30 day(s) retail
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC	<i>flurbiprofen TABS 100 MG</i>	1	2 max fill(s) per 30 day(s) retail
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	9	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
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	2	2 max fill(s) per 30 day(s) retail; RX/OTC	<i>ibuprofen-famotidine</i>	4	2 max fill(s) per 30 day(s) retail; PA
DAYPRO TABS (<i>Use oxaprozin</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>diclofenac potassium CAPS</i>	4	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
<i>diclofenac potassium TABS 25 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	2 max fill(s) per 30 day(s) retail
			<i>indomethacin CPCR</i>	4	2 max fill(s) per 30 day(s) retail
			<i>indomethacin SUPP</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA	NAPROSYN SUSP (<i>Use naproxen</i>)	4	2 max fill(s) per 30 day(s) retail; PA
INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TABS 275 MG, 550 MG</i>	4	2 max fill(s) per 30 day(s) retail
<i>ketoprofen CAPS 25 MG</i>	4	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TABS 220 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>ketoprofen CP24</i>	4	2 max fill(s) per 30 day(s) retail	<i>naproxen sodium TB24 750 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen sodium TB24 375 MG, 500 MG</i>	4	2 max fill(s) per 30 day(s) retail
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	4	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen-esomeprazole magnesium</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>ketorolac tromethamine TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>naproxen SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>meclofenamate sodium CAPS</i>	4	2 max fill(s) per 30 day(s) retail	<i>naproxen TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>mefenamic acid CAPS</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>naproxen TBEC</i>	1	2 max fill(s) per 30 day(s) retail
<i>meloxicam CAPS</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>oxaprozin TABS</i>	4	2 max fill(s) per 30 day(s) retail
<i>meloxicam TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>piroxicam CAPS</i>	4	2 max fill(s) per 30 day(s) retail
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail	RELAFEN DS	4	2 max fill(s) per 30 day(s) retail
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	9	2 max fill(s) per 30 day(s) retail	<i>sulindac TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>nabumetone</i>	1	2 max fill(s) per 30 day(s) retail	<i>tolmetin sodium CAPS</i>	4	2 max fill(s) per 30 day(s) retail
NALFON CAPS (<i>Use fenoprofen calcium</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>tolmetin sodium TABS 600 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
NALFON TABS 600 MG	4	2 max fill(s) per 30 day(s) retail; PA	<i>tolmetin sodium TABS 600 MG</i>	4	2 max fill(s) per 30 day(s) retail
NAPRELAN TB24 (<i>Use naproxen sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA	VIMOVO (<i>Use naproxen-esomeprazole magnesium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	9	2 max fill(s) per 30 day(s) retail	Phosphodiesterase 4 (PDE4) Inhibitors		
			OTEZLA TABS	2	2 max fill(s) per 30 day(s) retail; SP; PA
			OTEZLA TBPK	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Pyrimidine Synthesis Inhibitors			FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ARAVA (<i>Use leflunomide</i>)	4	2 max fill(s) per 30 day(s) retail; PA	Analgesics - Sodium Channel Pain Signal Inhibitors		
<i>leflunomide</i>	1	2 max fill(s) per 30 day(s) retail	JOURNAVX	4	2 max fill(s) per 30 day(s) retail; PA
Selective Costimulation Modulators			Analgesics Other		
ORENCIA CLICKJECT SOAJ	4	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 SOLR	4	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
ORENCIA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<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
Soluble Tumor Necrosis Factor Receptor Agents			<i>acetaminophen SUPP 120 MG, 650 MG</i>	1	2 max fill(s) per 30 day(s) retail
ENBREL MINI SOCT	4	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 SURECLICK SOAJ	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 SOLN	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
ENBREL SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>acetaminophen TBCR</i>	1	2 max fill(s) per 30 day(s) retail
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			FEVERALL JUNIOR STRENGTH SUPP	1	2 max fill(s) per 30 day(s) retail
Analgesic Combinations			TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	4	2 max fill(s) per 30 day(s) retail	TYLENOL 8 HOUR TBCR (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	2 max fill(s) per 30 day(s) retail	TYLENOL CHILDRENS CHEWABLES CHEW (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail
<i>butalbital-aspirin-caffeine CAPS</i>	4	2 max fill(s) per 30 day(s) retail	TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>Use acetaminophen</i>)	9	2 max fill(s) per 30 day(s) retail
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYLENOL CHILDRENS SUSP (Use acetaminophen)	9	2 max fill(s) per 30 day(s) retail	DILAUDID LIQD (Use hydromorphone hcl)	4	4 max fill(s) per 30 day(s) retail; PA
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	9	2 max fill(s) per 30 day(s) retail	DILAUDID TABS (Use hydromorphone hcl)	4	4 max fill(s) per 30 day(s) retail; PA
TYLENOL FOR CHILDREN + ADULTS SUSP (Use acetaminophen)	9	2 max fill(s) per 30 day(s) retail	fentanyl citrate LPOP	4	4 max fill(s) per 30 day(s) retail; PA
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	9	2 max fill(s) per 30 day(s) retail	fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	NP	
Salicylates			fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	4 max fill(s) per 30 day(s) retail; PA
aspirin CHEW	1	2 max fill(s) per 30 day(s) retail	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	4 max fill(s) per 30 day(s) retail
aspirin TABS 325 MG	1	2 max fill(s) per 30 day(s) retail	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	4	4 max fill(s) per 30 day(s) retail
aspirin TBEC 81 MG, 325 MG	1	2 max fill(s) per 30 day(s) retail	FENTORA TABS (Use fentanyl citrate)	4	4 max fill(s) per 30 day(s) retail; PA
diflunisal TABS	4	2 max fill(s) per 30 day(s) retail	hydrocodone bitartrate CP12	4	4 max fill(s) per 30 day(s) retail
DOLOBID TABS	4	2 max fill(s) per 30 day(s) retail; PA	hydrocodone bitartrate T24A	4	4 max fill(s) per 30 day(s) retail
ECOTRIN TBEC (Use aspirin)	9	2 max fill(s) per 30 day(s) retail	hydromorphone hcl LIQD	4	4 max fill(s) per 30 day(s) retail
salsalate	4	2 max fill(s) per 30 day(s) retail	HYDROMORPHONE HCL SUPP	1	4 max fill(s) per 30 day(s) retail
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			hydromorphone hcl TABS	1	4 max fill(s) per 30 day(s) retail
Opioid Agonists			hydromorphone hcl TB24	4	4 max fill(s) per 30 day(s) retail
ACTIQ LPOP (Use fentanyl citrate)	9	4 max fill(s) per 30 day(s) retail	HYSINGLA ER T24A	4	4 max fill(s) per 30 day(s) retail; PA
codeine sulfate TABS 30 MG	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	levorphanol tartrate TABS	4	4 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)	meperidine hcl SOLN PO 50 MG/5ML	4	4 max fill(s) per 30 day(s) retail
CONZIP CP24 (Use tramadol hcl)	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl TABS 50 MG</i>	4	4 max fill(s) per 30 day(s) retail	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	4	4 max fill(s) per 30 day(s) retail
<i>methadone hcl CONC</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>oxycodone hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
METHADONE HCL POWD	NP		OXYCONTIN T12A	4	4 max fill(s) per 30 day(s) retail; PA
<i>methadone hcl SOLN PO</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>oxymorphone hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail
<i>methadone hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>oxymorphone hcl TB12</i>	4	4 max fill(s) per 30 day(s) retail
<i>methadone hcl TBSO</i>	4	4 max fill(s) per 30 day(s) retail; PA	QDOLO SOLN (Use tramadol hcl)	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	4	4 max fill(s) per 30 day(s) retail; PA	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	4	4 max fill(s) per 30 day(s) retail; PA
METHADOSE CONC (Use methadone hcl)	4	4 max fill(s) per 30 day(s) retail; PA	ROXYBOND TABA	4	4 max fill(s) per 30 day(s) retail; PA
<i>morphine sulfate beads</i>	4	4 max fill(s) per 30 day(s) retail	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	4	4 max fill(s) per 30 day(s) retail
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	4	4 max fill(s) per 30 day(s) retail	<i>tramadol hcl SOLN</i>	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	4	4 max fill(s) per 30 day(s) retail	TRAMADOL HCL SOLN (Use tramadol hcl)	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
<i>morphine sulfate SUPP</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)
<i>morphine sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>tramadol hcl TABS 25 MG</i>	4	2 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
<i>morphine sulfate TBCR</i>	1	4 max fill(s) per 30 day(s) retail	<i>tramadol hcl TABS 100 MG</i>	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
MS CONTIN TBCR (Use morphine sulfate)	4	4 max fill(s) per 30 day(s) retail; PA	<i>tramadol hcl TABS 50 MG</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<i>oxycodone hcl CAPS</i>	4	4 max fill(s) per 30 day(s) retail	<i>tramadol hcl TB24</i>	1	4 max fill(s) per 30 day(s) retail
<i>oxycodone hcl CONC 100 MG/5ML</i>	4	4 max fill(s) per 30 day(s) retail			
<i>oxycodone hcl SOLN</i>	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TB24</i>	4	4 max fill(s) per 30 day(s) retail	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	4 max fill(s) per 30 day(s) retail
Opioid Combinations			<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>acetaminophen w/ codeine SOLN</i>	1	4 max fill(s) per 30 day(s) retail	NALOCET TABS	4	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>oxycodone w/ acetaminophen SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	4	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>	4	4 max fill(s) per 30 day(s) retail; PA
APADAZ	4	4 max fill(s) per 30 day(s) retail; PA	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	4 max fill(s) per 30 day(s) retail
BENZHYDROCODONE-ACETAMINOPHEN	4	4 max fill(s) per 30 day(s) retail	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	4 max fill(s) per 30 day(s) retail	PROLATE SOLN	4	4 max fill(s) per 30 day(s) retail; PA
<i>butalbital-aspirin-caffeine w/cod</i>	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA	PROLATE TABS	4	4 max fill(s) per 30 day(s) retail; PA
<i>butalbital-aspirin-caffeine w/cod</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)	SEGLENTIS	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>tramadol-acetaminophen</i>	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
<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	Opioid Partial Agonists		
<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			
HYDROCODONE-ACETAMINOPHEN SOLN	1	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM	4	2 max fill(s) per 30 day(s) retail; PA	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BRIXADI (WEEKLY) SOSY	2	4 max fill(s) per 30 day(s) retail	Androgens		
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	2	1 max fill(s) per 30 day(s) retail	ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	4	QL(150 GM per 28 day(s) retail; 450 GM per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NP		AVEED SOLN	4	2 max fill(s) per 30 day(s) retail; ST; MP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	4	5 max fill(s) per 30 day(s) retail; PA	AZMIRO SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	4	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail; PA	<i>danazol CAPS</i>	1	2 max fill(s) per 30 day(s) retail
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail	FORTESTA GEL TD (<i>Use testosterone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>buprenorphine hcl SOLN</i>	NP		JATENZO CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>buprenorphine hcl SUBL</i>	1	5 max fill(s) per 30 day(s) retail	<i>methyltestosterone CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>buprenorphine PTWK</i>	1	2 max fill(s) per 30 day(s) retail	<i>methyltestosterone TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>butorphanol tartrate NA 10 MG/ML</i>	4	4 max fill(s) per 30 day(s) retail	NATESTO GEL NA	4	2 max fill(s) per 30 day(s) retail; MP; PA
BUTRANS PTWK (<i>Use buprenorphine</i>)	2	2 max fill(s) per 30 day(s) retail	TESTIM GEL TD (<i>Use testosterone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail	<i>testosterone cypionate SOLN IM</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
SUBOXONE FILM SL (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	2	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail	<i>testosterone cypionate SOLN IM</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
ZUBSOLV SUBL	4	5 max fill(s) per 30 day(s) retail; PA	<i>testosterone enanthate SOLN IM</i>	4	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 1.62 %</i> , 1.62 %	1	QL(150 GM per 28 day(s) retail; 450 GM per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %</i>	1	4 max fill(s) per 30 day(s) retail
<i>testosterone GEL TD 1 %</i> , 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	4	2 max fill(s) per 30 day(s) retail; ST; MP	PROCTOFOAM HC FOAM EX	2	4 max fill(s) per 30 day(s) retail
<i>testosterone SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	Rectal Steroids		
TLANDO CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA	ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	4	4 max fill(s) per 30 day(s) retail; PA
UNDECATREX CAPS	4	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 PUMP GEL TD (<i>Use testosterone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydrocortisone (rectal) EX 2.5 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
VOGELXO GEL TD (<i>Use testosterone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>hydrocortisone acetate (rectal)</i>	1	4 max fill(s) per 30 day(s) retail
XYOSTED SOAJ	4	2 max fill(s) per 30 day(s) retail; ST; MP	Vasodilating Agents		
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			<i>nitroglycerin (intra-anal)</i>	1	2 max fill(s) per 30 day(s) retail; PA
Intrarectal Steroids			RECTIV (<i>Use nitroglycerin (intra-anal)</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>budesonide (intrarectal)</i>	1	4 max fill(s) per 30 day(s) retail	ANTACIDS		
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Antacid Combinations		
CORTIFOAM EX 10 %	4	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; MP
<i>hydrocortisone (intrarectal)</i>	1	4 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; MP
UCERIS (<i>Use budesonide (intrarectal)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	MAG-AL LIQD	2	2 max fill(s) per 30 day(s) retail; MP
Rectal Combinations			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
			CALCIUM CARBONATE ANTACID SUSP	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CARBONATE ANTACID TABS	1	2 max fill(s) per 30 day(s) retail; MP	STROMEKTOL (<i>Use ivermectin</i>)	4	2 max fill(s) per 30 day(s) retail; PA
TUMS E-X 750 CHEW (<i>Use calcium carbonate (antacid)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
TUMS EXTRA STRENGTH 750 CHEW (<i>Use calcium carbonate (antacid)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	Antianginals-Other		
TUMS EXTRA STRENGTH CHEW (<i>Use calcium carbonate (antacid)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	ASPRUZYO SPRINKLE PACK	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>ranolazine TB12 500 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TUMS SMOOTHIES CHEW (<i>Use calcium carbonate (antacid)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>ranolazine TB12 1000 MG</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	Nitrates		
ANTHELMINTICS - Drugs to Treat Worm Infections			GONITRO PACK	4	2 max fill(s) per 30 day(s) retail; MP
Anthelmintics			ISORDIL TITRADOSE TABS (<i>Use isosorbide dinitrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>albendazole</i>	1	2 max fill(s) per 30 day(s) retail	<i>isosorbide dinitrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
BENZNIDAZOLE	4	2 max fill(s) per 30 day(s) retail; PA	<i>isosorbide mononitrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
BILTRICIDE (<i>Use praziquantel</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ISOSORBIDE MONONITRATE TABS	1	2 max fill(s) per 30 day(s) retail; MP
EMVERM CHEW	4	2 max fill(s) per 30 day(s) retail; PA	<i>isosorbide mononitrate TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ivermectin</i>	1	2 max fill(s) per 30 day(s) retail	NITRO-BID OINT	1	2 max fill(s) per 30 day(s) retail; MP
<i>ivermectin</i>	4	2 max fill(s) per 30 day(s) retail; PA	NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>praziquantel</i>	4	2 max fill(s) per 30 day(s) retail; PA	NITRO-DUR PT24	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin CPR</i>	1	2 max fill(s) per 30 day(s) retail; MP	VISTARIL CAPS 50 MG (Use <i>hydroxyzine pamoate</i>)	9	2 max fill(s) per 30 day(s) retail
<i>nitroglycerin PT24</i>	1	2 max fill(s) per 30 day(s) retail; MP	VISTARIL CAPS 25 MG (Use <i>hydroxyzine pamoate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	Benzodiazepines		
NITROGLYCERIN SOLN IV	4	2 max fill(s) per 30 day(s) retail; MP; PA	ALPRAZOLAM INTENSOL CONC	4	2 max fill(s) per 30 day(s) retail
<i>nitroglycerin SUBL</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>alprazolam TABS</i>	1	2 max fill(s) per 30 day(s) retail
NITROLINGUAL SOLN TL (Use <i>nitroglycerin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>alprazolam TB24</i>	4	2 max fill(s) per 30 day(s) retail
NITROSTAT SUBL 0.3 MG (Use <i>nitroglycerin</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>alprazolam TBDP</i>	4	2 max fill(s) per 30 day(s) retail
NITROSTAT SUBL (Use <i>nitroglycerin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ATIVAN SOLN (Use <i>lorazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			ATIVAN TABS (Use <i>lorazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Antianxiety Agents - Misc.			<i>chlordiazepoxide hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	4	2 max fill(s) per 30 day(s) retail; PA	<i>clorazepate dipotassium TABS</i>	4	2 max fill(s) per 30 day(s) retail
<i>buspirone hcl</i>	1	2 max fill(s) per 30 day(s) retail	<i>diazepam CONC</i>	1	2 max fill(s) per 30 day(s) retail
<i>droperidol SOLN 2.5 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>diazepam SOLN PO 5 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>hydroxyzine hcl SYRP</i>	1	2 max fill(s) per 30 day(s) retail	<i>diazepam TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>hydroxyzine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>lorazepam CONC</i>	1	2 max fill(s) per 30 day(s) retail
<i>hydroxyzine pamoate CAPS</i>	1	2 max fill(s) per 30 day(s) retail	<i>lorazepam CONC</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>meprobamate</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>lorazepam SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
			<i>lorazepam TABS</i>	1	2 max fill(s) per 30 day(s) retail
			LOREEV XR CS24	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>oxazepam CAPS</i>	4	2 max fill(s) per 30 day(s) retail
<i>XANAX XR TB24 (Use alprazolam)</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>XANAX XR TB24 0.5 MG (Use alprazolam)</i>	9	2 max fill(s) per 30 day(s) retail
<i>XANAX TABS (Use alprazolam)</i>	4	2 max fill(s) per 30 day(s) retail; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
<i>adenosine SOLN</i>	1	PA
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>NORPACE CR CP12</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>NORPACE CAPS (Use disopyramide phosphate)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>quinidine gluconate TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>quinidine sulfate TABS</i>	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
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
<i>RYTHMOL SR CP12 (Use propafenone hcl)</i>	9	2 max fill(s) per 30 day(s) retail; MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amiodarone hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>CORVERT (Use ibutilide fumarate)</i>	2	PA
<i>dofetilide</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>ibutilide fumarate</i>	1	PA
<i>MULTAQ</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>TIKOSYN (Use dofetilide)</i>	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>TIKOSYN (Use dofetilide)</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
<i>CINQAIR</i>	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>FASENRA PEN SOAJ</i>	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>FASENRA SOSY</i>	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>NUCALA SOAJ</i>	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>NUCALA SOLR</i>	4	2 max fill(s) per 30 day(s) retail; SP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>roflumilast</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	QVAR REDIHALER	4	2 max fill(s) per 30 day(s) retail; MP
Steroid Inhalants			Sympathomimetics		
ALVESCO	4	2 max fill(s) per 30 day(s) retail; MP	ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ARNUITY ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP	ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX (120 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP	AIRDUO RESPICLIK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX (14 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP	AIRDUO RESPICLIK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX (30 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP	AIRDUO RESPICLIK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX (60 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP	AIRSUPRA	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX HFA AERO	4	2 max fill(s) per 30 day(s) retail; MP	<i>albuterol sulfate</i> AERS	1	4 max fill(s) per 30 day(s) retail; MP
<i>budesonide (inhalation) SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>albuterol sulfate</i> AERS	2	4 max fill(s) per 30 day(s) retail; MP
FLOVENT DISKUS AEPB (Use <i>fluticasone propionate (inhalation)</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>albuterol sulfate</i> NEBU	1	4 max fill(s) per 30 day(s) retail; MP
FLOVENT HFA (Use <i>fluticasone propionate hfa</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>albuterol sulfate</i> SYRP	1	4 max fill(s) per 30 day(s) retail; MP
<i>fluticasone propionate (inhalation) AEPB</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>albuterol sulfate</i> TABS	1	4 max fill(s) per 30 day(s) retail; MP
<i>fluticasone propionate hfa</i>	2	2 max fill(s) per 30 day(s) retail; MP	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use <i>umeclidinium- vilanterol</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA
PULMICORT FLEXHALER AEPB	2	2 max fill(s) per 30 day(s) retail; MP	<i>arformoterol tartrate</i>	4	4 max fill(s) per 30 day(s) retail; MP
PULMICORT SUSP (Use <i>budesonide (inhalation)</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	BEVESPI AEROSPHERE	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levalbuterol tartrate</i>	4	4 max fill(s) per 30 day(s) retail; MP
BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	PERFOROMIST NEBU (<i>Use formoterol fumarate</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
BREZTRI AEROSPHERE	4	2 max fill(s) per 30 day(s) retail; MP	PROAIR RESPICLIK AEPB	4	4 max fill(s) per 30 day(s) retail; MP
BROVANA (<i>Use arformoterol tartrate</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA	PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	9	Limit 2 Inhalers per month; 4 max fill(s) per 30 day(s) retail; MP
<i>budesonide-formoterol fumarate dihydrate</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
COMBIVENT RESPIMAT AERS	2	4 max fill(s) per 30 day(s) retail; MP	STIOLTO RESPIMAT	2	2 max fill(s) per 30 day(s) retail; MP
DUAKLIR PRESSAIR	4	2 max fill(s) per 30 day(s) retail; MP; PA	STRIVERDI RESPIMAT	4	4 max fill(s) per 30 day(s) retail; MP
DULERA	2	2 max fill(s) per 30 day(s) retail; MP	SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>fluticasone furoate-vilanterol</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>terbutaline sulfate SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP; PA
<i>fluticasone-salmeterol AEPB</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>terbutaline sulfate TABS</i>	4	4 max fill(s) per 30 day(s) retail; MP
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	2 max fill(s) per 30 day(s) retail; MP	TRELEGY ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP
<i>fluticasone-salmeterol AERO</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>umeclidinium-vilanterol</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>formoterol fumarate NEBU</i>	4	4 max fill(s) per 30 day(s) retail; MP	VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
<i>ipratropium-albuterol SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	9	4 max fill(s) per 30 day(s) retail; MP
<i>levalbuterol hcl</i>	4	4 max fill(s) per 30 day(s) retail; MP	XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
			Xanthines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aminophylline SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use rivaroxaban)	2	2 max fill(s) per 30 day(s) retail; MP
THEO-24 CP24	2	2 max fill(s) per 30 day(s) retail; MP	Heparins And Heparinoid-Like Agents		
<i>theophylline ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP	ARIXTRA (Use fondaparinux sodium)	4	2 max fill(s) per 30 day(s) retail; PA
<i>theophylline SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>theophylline TB12</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>enoxaparin sodium SOSY</i>	1	2 max fill(s) per 30 day(s) retail
<i>theophylline TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>fondaparinux sodium</i>	4	2 max fill(s) per 30 day(s) retail
ANTICOAGULANTS - Blood Thinners			FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	4	2 max fill(s) per 30 day(s) retail
Coumarin Anticoagulants			FRAGMIN SOSY	4	2 max fill(s) per 30 day(s) retail
<i>warfarin sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	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
Direct Factor Xa Inhibitors			HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	2	2 max fill(s) per 30 day(s) retail; PA
ELIQUIS DVT/PE STARTER PACK TBPK	2	2 max fill(s) per 30 day(s) retail; MP	<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	2 max fill(s) per 30 day(s) retail; PA
ELIQUIS TABS	2	2 max fill(s) per 30 day(s) retail; MP	<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
<i>rivaroxaban TABS 2.5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	HEPARIN SOD (PORCINE) IN D5W	1	2 max fill(s) per 30 day(s) retail; PA
SAVAYSA	4	2 max fill(s) per 30 day(s) retail; MP	<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
XARELTO STARTER PACK TBPK	2	2 max fill(s) per 30 day(s) retail; MP	HEPARIN SODIUM (PORCINE) PF SOLN IJ	2	2 max fill(s) per 30 day(s) retail; PA
XARELTO SUSR	4	2 max fill(s) per 30 day(s) retail; MP; PA	<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	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	<i>clobazam SUSP</i>	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail
HEPARIN SODIUM (PORCINE) SOSY IJ	2	2 max fill(s) per 30 day(s) retail; PA	<i>clobazam TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>clonazepam TABS</i>	1	2 max fill(s) per 30 day(s) retail
LOVENOX SOSY (<i>Use enoxaparin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>clonazepam TBDP</i>	4	2 max fill(s) per 30 day(s) retail; PA
Thrombin Inhibitors			DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>dabigatran etexilate mesylate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	9	2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	2	2 max fill(s) per 30 day(s) retail; MP	<i>diazepam (anticonvulsant) GEL</i>	1	2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS 75 MG (<i>Use dabigatran etexilate mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	KLONOPIN TABS (<i>Use clonazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
PRADAXA PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA	KLONOPIN TABS 1 MG (<i>Use clonazepam</i>)	9	2 max fill(s) per 30 day(s) retail
ANTICONVULSANTS - Drugs to Treat Seizures			LIBERVANT FILM	4	2 max fill(s) per 30 day(s) retail; 10 day(s) max supply per 28 day(s) retail; 10 day(s) max supply per 28 day(s) mail; MP
AMPA Glutamate Receptor Antagonists			NAYZILAM	4	2 max fill(s) per 30 day(s) retail; MP
FYCOMPA SUSP	2	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ONFI SUSP (<i>Use clobazam</i>)	4	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ONFI TABS (<i>Use clobazam</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA			
Anticonvulsants - Benzodiazepines					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYMPAZAN FILM	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>carbamazepine SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 10 MG DOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	2 max fill(s) per 30 day(s) retail; MP	<i>carbamazepine TB12</i>	1	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	2 max fill(s) per 30 day(s) retail; MP	CARBATROL CP12 (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 5 MG DOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP	DIACOMIT CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
Anticonvulsants - Misc.			DIACOMIT PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ELEPSIA XR TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
BANZEL SUSP (<i>Use rufinamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPIDIOLEX	4	2 max fill(s) per 30 day(s) retail; MP; PA
BANZEL TABS (<i>Use rufinamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPRONTIA SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT SOLN PO 10 MG/ML	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	2 max fill(s) per 30 day(s) retail; MP; PA	FINTEPLA	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>gabapentin CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbamazepine CHEW 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>gabapentin SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbamazepine CHEW 200 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>gabapentin TABS 600 MG, 800 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbamazepine CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP	GABARONE TABS 100 MG, 400 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
			KEPPRA XR TB24 (<i>Use levetiracetam</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lamotrigine TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA TABS (<i>Use levetiracetam</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lamotrigine TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lacosamide SOLN IV 200 MG/20ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lamotrigine TBDP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<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	LEVETIRACETAM IN NACL	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lacosamide TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	LEVETIRACETAM IN NACL (<i>Use levetiracetam in sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam in sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
LAMICTAL STARTER KIT 25 MG (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL XR KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS 500 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
LAMICTAL CHEW (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>levetiracetam TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
LAMICTAL TABS (<i>Use lamotrigine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LEVETIRACETAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP	LYRICA CAPS (<i>Use pregabalin</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>lamotrigine KIT 25 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	LYRICA CAPS 75 MG (<i>Use pregabalin</i>)	9	
<i>lamotrigine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	LYRICA SOLN (<i>Use pregabalin</i>)	4	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOTPOLY XR CP24	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>rufinamide SUSP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
MYSOLINE (<i>Use primidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>rufinamide TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN CAPS (<i>Use gabapentin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	SPRITAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN SOLN (<i>Use gabapentin</i>)	9	2 max fill(s) per 30 day(s) retail; MP	SPRITAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN SOLN (<i>Use gabapentin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP
NEURONTIN TABS (<i>Use gabapentin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	TEGRETOL TABS (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>oxcarbazepine SUSP</i>	1	2 max fill(s) per 30 day(s) retail; MP	TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>oxcarbazepine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>oxcarbazepine TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TOPAMAX TABS (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>topiramate CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>pregabalin CAPS</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>topiramate CPSP 50 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>pregabalin SOLN</i>	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>topiramate CPSP 15 MG, 25 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>primidone 125 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	<i>topiramate CS24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>primidone 50 MG, 250 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>topiramate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
QUDEXY XR CS24 (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
			TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	9	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	FELBATOL TABS 600 MG (<i>Use felbamate</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TROKENDI XR CP24 (<i>Use topiramate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	FELBATOL TABS 400 MG (<i>Use felbamate</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TROKENDI XR CP24 25 MG (<i>Use topiramate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	XCOPRI (250 MG DAILY DOSE) TBPk	4	2 max fill(s) per 30 day(s) retail; MP
VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	4	QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XCOPRI (350 MG DAILY DOSE) TBPk	4	2 max fill(s) per 30 day(s) retail; MP
VIMPAT SOLN IV 200 MG/20ML (<i>Use lacosamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	XCOPRI TABS	4	2 max fill(s) per 30 day(s) retail; MP
VIMPAT TABS (<i>Use lacosamide</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XCOPRI TBPk	4	2 max fill(s) per 30 day(s) retail; MP
ZONISADE SUSP	2	2 max fill(s) per 30 day(s) retail; MP	GABA Modulators		
<i>zonisamide CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	GABITRIL 2 MG, 4 MG, 12 MG (<i>Use tiagabine hcl</i>)	9	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZTALMY	CO		GABITRIL 16 MG (<i>Use tiagabine hcl</i>)	9	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Carbamates			SABRIL PACK (<i>Use vigabatrin</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>felbamate SUSP</i>	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	SABRIL TABS (<i>Use vigabatrin</i>)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>felbamate TABS 600 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>tiagabine hcl 2 MG, 4 MG, 12 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>felbamate TABS 400 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>tiagabine hcl 16 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FELBATOL SUSP (<i>Use felbamate</i>)	9	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP	<i>vigabatrin PACK</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vigabatrin TABS</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	CELONTIN (<i>Use methsuximide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
VIGAFYDE SOLN	4	2 max fill(s) per 30 day(s) retail; MP	<i>ethosuximide CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Hydantoins			<i>ethosuximide SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
CEREBYX (<i>Use fosphenytoin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>methsuximide</i>	4	2 max fill(s) per 30 day(s) retail; MP
DILANTIN 30 MG	2	2 max fill(s) per 30 day(s) retail; MP	ZARONTIN CAPS (<i>Use ethosuximide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN (<i>Use phenytoin sodium extended</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZARONTIN SOLN (<i>Use ethosuximide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Valproic Acid		
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN SUSP (<i>Use phenytoin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>fosphenytoin sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>phenytoin sodium extended 200 MG, 300 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	DEPAKOTE TBEC 250 MG, 500 MG (<i>Use divalproex sodium</i>)	9	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 CSDR</i>	1	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>divalproex sodium TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>phenytoin SUSP 125 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>divalproex sodium TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP
Succinimides			<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>valproic acid CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>mirtazapine TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidepressant Combinations		
AUVELITY	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidepressants - Misc.		
APLENZIN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>bupropion hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>bupropion hcl TB12</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>bupropion hcl TB24 450 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
WELLBUTRIN XL TB24 (<i>Use bupropion hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE 20 MG, 25 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZURZUVAE 30 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	2	2 max fill(s) per 30 day(s) retail; MP
MARPLAN	2	2 max fill(s) per 30 day(s) retail; MP
NARDIL (<i>Use phenelzine sulfate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>phenelzine sulfate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>tranylcypromine sulfate</i>	1	2 max fill(s) per 30 day(s) retail; MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>Use citalopram hydrobromide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
CITALOPRAM HYDROBROMIDE CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>citalopram hydrobromide SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>citalopram hydrobromide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>escitalopram oxalate SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>escitalopram oxalate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>fluoxetine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl CPDR</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>sertraline hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>fluoxetine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	ZOLOFT CONC (<i>Use sertraline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluoxetine hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZOLOFT TABS (<i>Use sertraline hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
FLUOXETINE HCL TABS (<i>Use fluoxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Serotonin Modulators		
<i>fluvoxamine maleate CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nefazodone hcl 200 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluvoxamine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nefazodone hcl 50 MG, 100 MG, 150 MG, 250 MG</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LEXAPRO TABS (<i>Use escitalopram oxalate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	RALDESY SOLN PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>paroxetine hcl SUSP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>trazodone hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>paroxetine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	TRINTELLIX	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>paroxetine hcl TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>vilazodone hcl TABS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL SUSP (<i>Use paroxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL TABS (<i>Use paroxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PROZAC CAPS (<i>Use fluoxetine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	DESVENLAFAXINE ER	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SERTRALINE HCL CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA			
<i>sertraline hcl CONC</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Alpha-Glucosidase Inhibitors			<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
<i>acarbose</i>	1	2 max fill(s) per 30 day(s) retail; MP	DUETACT (Use <i>pioglitazone hcl-glimepiride</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>miglitol</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>glipizide-metformin hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
Antidiabetic - Amylin Analogs			<i>glyburide-metformin</i>	1	2 max fill(s) per 30 day(s) retail; MP
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	GLYXAMBI	4	QL(1 EA daily); 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	INVOKAMET XR TB24 500 MG-50 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antidiabetic - Cellular Therapy			INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LANTIDRA	CO	2 max fill(s) per 30 day(s) retail; SP	INVOKAMET TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antidiabetic Combinations			JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ACTOPLUS MET TABS 850 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JANUMET XR TB24 1000 MG-50 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>alogliptin-metformin hcl</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JANUMET TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	JENTADUETO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	JENTADUETO TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KAZANO (Use alogliptin-metformin hcl)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SYNJARDY TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG, 1000 MG-5 MG-10 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl-glimepiride	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRIJARDY XR 1000 MG-5 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl-metformin hcl TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
QTERN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
saxagliptin-metformin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEGLUROMET	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SITAGLIPT BASE-METFORM HCL ER TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA	XULTOPHY	4	2 max fill(s) per 30 day(s) retail; PA
SITAGLIPTIN BASE-METFORMIN HCL TABS	2	2 max fill(s) per 30 day(s) retail; MP	ZITUVIMET XR TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
SOLIQUA	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZITUVIMET TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
STEGLUJAN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	Antidiabetic-Antibodies		
			TZIELD	CO	
			Biguanides		
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	GLUMETZA TB24 (Use metformin hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	GLUCAGON EMERGENCY (<i>Use glucagon (rdna)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>metformin hcl TABS 500 MG, 750 MG, 850 MG, 1000 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	GLUCAGON EMERGENCY	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>metformin hcl TABS 625 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	GLUCOSE LIQD	2	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	GNP GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
RIOMET SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	GVOKE HYOPEN 1-PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
Diabetic Other			GVOKE HYOPEN 2-PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
BAQSIMI ONE PACK POWD	2	2 max fill(s) per 30 day(s) retail; MP; PA	GVOKE KIT SOLN	4	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	GVOKE PFS SOSY 1 MG/0.2ML	4	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	KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CVS SOFT GLUCOSE CHEW	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; PA
DEX4	1	2 max fill(s) per 30 day(s) retail; MP	PROGLYCEM (<i>Use diazoxide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DEX4 NATURALS	1	2 max fill(s) per 30 day(s) retail; MP	PX GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
<i>diazoxide</i>	1	2 max fill(s) per 30 day(s) retail; MP	RA 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	TRUEPLUS GLUCOSE CHEW	2	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			

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; PA
ZEGALOGUE SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	2	2 max fill(s) per 30 day(s) retail; PA
ZEGALOGUE SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	2	2 max fill(s) per 30 day(s) retail; PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	1	2 max fill(s) per 30 day(s) retail; PA
alogliptin benzoate	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	liraglutide	1	2 max fill(s) per 30 day(s) retail; PA
JANUVIA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	MOUNJARO	4	2 max fill(s) per 30 day(s) retail; MP; PA
NESINA (Use alogliptin benzoate)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	2 max fill(s) per 30 day(s) retail; PA
ONGLYZA (Use saxagliptin hcl)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
saxagliptin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	OZEMPIC (2 MG/DOSE) SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
SITAGLIPTIN	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	RYBELSUS TABS	4	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	TRULICITY	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZITUVIO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	VICTOZA (Use liraglutide)	4	Limit 9ml per month; 2 max fill(s) per 30 day(s) retail; PA
Dopamine Receptor Agonists - Antidiabetic			Insulin		
CYCLOSET	4	2 max fill(s) per 30 day(s) retail; MP; PA	ADMELOG SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
Incretin Mimetic Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA	HUMULIN 70/30 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	4	2 max fill(s) per 30 day(s) retail; MP; PA	HUMULIN 70/30 SUSP	2	2 max fill(s) per 30 day(s) retail; MP
APIDRA SOLOSTAR SOPN	4	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	4	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	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	2 max fill(s) per 30 day(s) retail; MP
FIASP FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R U-500 KWIKPEN SOPN SC	2	2 max fill(s) per 30 day(s) retail; MP
FIASP PENFILL SOCT	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
FIASP SOLN	4	2 max fill(s) per 30 day(s) retail; MP	HUMULIN R SOLN IJ	4	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	4	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN ASPART FLEXPEN SOPN	4	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	4	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	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG TEMPO PEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN DEGLUDEC FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG SOCT	2	2 max fill(s) per 30 day(s) retail; MP	INSULIN DEGLUDEC SOLN	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA	INSULIN GLARGINE MAX SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	4	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 FLEXPEN SUPN	4	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 70/30 RELION SUSP	4	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 70/30 SUSP	4	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 FLEXPEN RELION SUPN	4	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 FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP
INSULIN LISPRO SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N RELION SUSP	4	2 max fill(s) per 30 day(s) retail; MP
LANTUS SOLOSTAR SOPN	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN N SUSP	4	2 max fill(s) per 30 day(s) retail; MP
LANTUS SOLN	2	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R FLEXPEN RELION SOPN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
LEVEMIR FLEXPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R FLEXPEN SOPN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
LEVEMIR SOLN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R RELION SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLIN R SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV TEMPO PEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
LYUMJEV SOLN	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG FLEXPEN RELION SOPN	4	2 max fill(s) per 30 day(s) retail; MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG FLEXPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
MERILOG SOLN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 RELION SUSP	2	2 max fill(s) per 30 day(s) retail; MP	<i>nateglinide</i>	1	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG MIX 70/30 SUSP	4	2 max fill(s) per 30 day(s) retail; MP	<i>repaglinide</i>	1	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG PENFILL SOCT	2	2 max fill(s) per 30 day(s) retail; MP	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLOG RELION SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP	<i>dapagliflozin propanediol</i>	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NOVOLOG SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP	FARXIGA (Use <i>dapagliflozin propanediol</i>)	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
REZVOGLAR KWIKPEN	4	2 max fill(s) per 30 day(s) retail; MP; PA	INVOKANA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEMGLEE (YFGN) SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	JARDIANCE	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEMGLEE (YFGN) SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA	STEGLATRO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TOUJEO MAX SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP	Sulfonylureas		
TOUJEO SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP	AMARYL (Use <i>glimepiride</i>)	9	2 max fill(s) per 30 day(s) retail; MP
TRESIBA FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRESIBA SOLN	4	2 max fill(s) per 30 day(s) retail; MP	<i>glimepiride 3 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Insulin Sensitizing Agents			<i>glipizide TABS 5 MG, 10 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
ACTOS (Use <i>pioglitazone hcl</i>)	4	QL(1 EA daily); 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>pioglitazone hcl</i>	1	QL(1 EA daily); 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
Meglitinide Analogues					

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 2.5 MG (<i>Use glipizide</i>)	9	2 max fill(s) per 30 day(s) retail; MP
GLUCOTROL XL TB24 5 MG, 10 MG (<i>Use glipizide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>glyburide micronized</i> 1.5 MG, 3 MG, 6 MG	1	2 max fill(s) per 30 day(s) retail; MP
<i>glyburide</i> TABS	1	2 max fill(s) per 30 day(s) retail; MP
GLYNASE (<i>Use glyburide micronized</i>)	9	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</i> CHEW 262 MG	1	2 max fill(s) per 30 day(s) retail
<i>bismuth subsalicylate</i> SUSP 525 MG/30ML	1	2 max fill(s) per 30 day(s) retail
<i>bismuth subsalicylate</i> TABS	1	2 max fill(s) per 30 day(s) retail
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i> LIQD	4	2 max fill(s) per 30 day(s) retail
<i>diphenoxylate w/ atropine</i> TABS	4	2 max fill(s) per 30 day(s) retail
IMODIUM A-D CAPS (<i>Use loperamide hcl</i>)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
IMODIUM A-D TABS (<i>Use loperamide hcl</i>)	9	2 max fill(s) per 30 day(s) retail
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>loperamide hcl</i> CAPS	4	2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>loperamide hcl</i> TABS	1	2 max fill(s) per 30 day(s) retail
MOTOFEN	4	2 max fill(s) per 30 day(s) retail
<i>opium tincture</i>	4	2 max fill(s) per 30 day(s) retail; PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	4	2 max fill(s) per 30 day(s) retail; PA
<i>deferasirox</i> PACK	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferasirox</i> TABS	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferasirox</i> TBSO	1	2 max fill(s) per 30 day(s) retail; SP
<i>deferiprone</i> TABS	4	2 max fill(s) per 30 day(s) retail; SP; PA
EXJADE TBSO (<i>Use deferasirox</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TWICE-A-DAY TABS	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TABS (<i>Use deferiprone</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU TABS (<i>Use deferasirox</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate</i>	1	SP
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NF	SP

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>posaconazole SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA	CHLOR-TRIMETON TABS (Use <i>chlorpheniramine maleate</i>)	9	2 max fill(s) per 30 day(s) retail
<i>posaconazole TBEC</i>	4	2 max fill(s) per 30 day(s) retail	<i>dexchlorpheniramine maleate SOLN</i>	4	2 max fill(s) per 30 day(s) retail; PA
SPORANOX CAPS (Use <i>itraconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA	Antihistamines - Ethanolamines		
SPORANOX SOLN (Use <i>itraconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA	BENADRYL ALLERGY CHILDRENS LIQD (Use <i>diphenhydramine hcl</i>)	9	2 max fill(s) per 30 day(s) retail
TOLSURA CAPS	4	2 max fill(s) per 30 day(s) retail; PA	BENADRYL ALLERGY ULTRATABS TABS (Use <i>diphenhydramine hcl</i>)	9	2 max fill(s) per 30 day(s) retail
VFEND IV SOLR (Use <i>voriconazole</i>)	4	4 max fill(s) per 30 day(s) retail; PA	BENADRYL ALLERGY TABS (Use <i>diphenhydramine hcl</i>)	9	2 max fill(s) per 30 day(s) retail
VFEND IV SOLR (Use <i>voriconazole</i>)	9	4 max fill(s) per 30 day(s) retail	<i>carbinoxamine maleate SOLN</i>	4	2 max fill(s) per 30 day(s) retail
VFEND SUSR (Use <i>voriconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>carbinoxamine maleate SUER</i>	4	2 max fill(s) per 30 day(s) retail
VFEND TABS (Use <i>voriconazole</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>carbinoxamine maleate TABS 4 MG</i>	4	2 max fill(s) per 30 day(s) retail
VIVJOA	4	2 max fill(s) per 30 day(s) retail; PA	CARBINOXAMINE MALEATE TABS	4	2 max fill(s) per 30 day(s) retail
<i>voriconazole SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>clemastine fumarate SYRP</i>	4	2 max fill(s) per 30 day(s) retail
VORICONAZOLE SOLR	2	4 max fill(s) per 30 day(s) retail; PA	<i>clemastine fumarate TABS 2.68 MG</i>	4	2 max fill(s) per 30 day(s) retail
VORICONAZOLE SOLR	1	4 max fill(s) per 30 day(s) retail; PA	<i>diphenhydramine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail
<i>voriconazole SUSR</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>voriconazole TABS</i>	4	2 max fill(s) per 30 day(s) retail	<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail
ANTIHISTAMINES - Drugs to Treat Allergies			<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
Antihistamines - Alkylamines			<i>diphenhydramine hcl TABS 25 MG</i>	1	2 max fill(s) per 30 day(s) retail
<i>chlorpheniramine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail	KARBINAL ER SUER (Use <i>carbinoxamine maleate</i>)	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYVENT TABS	4	2 max fill(s) per 30 day(s) retail; PA	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	9	2 max fill(s) per 30 day(s) retail; RX/OTC
Antihistamines - Non-Sedating			Antihistamines - Phenothiazines		
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	9		PHENERGAN SOLN IJ (Use promethazine hcl)	4	2 max fill(s) per 30 day(s) retail; PA
ALLEGRA ALLERGY TABS (Use fexofenadine hcl)	8		promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA
cetirizine hcl SOLN PO	1	2 max fill(s) per 30 day(s) retail; RX/OTC	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	2 max fill(s) per 30 day(s) retail
cetirizine hcl TABS	1	2 max fill(s) per 30 day(s) retail	promethazine hcl SUPP 12.5 MG, 25 MG	1	2 max fill(s) per 30 day(s) retail
CLARINEX TABS (Use desloratadine)	9	2 max fill(s) per 30 day(s) retail	promethazine hcl SUPP	4	2 max fill(s) per 30 day(s) retail; PA
CLARINEX TABS (Use desloratadine)	4	2 max fill(s) per 30 day(s) retail; PA	PROMETHAZINE HCL SYRP 6.25 MG/5ML	2	2 max fill(s) per 30 day(s) retail
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	9	2 max fill(s) per 30 day(s) retail	promethazine hcl TABS	1	2 max fill(s) per 30 day(s) retail
CLARITIN SOLN (Use loratadine)	9	2 max fill(s) per 30 day(s) retail	Antihistamines - Piperidines		
CLARITIN TABS (Use loratadine)	9	2 max fill(s) per 30 day(s) retail	cyproheptadine hcl SYRP	1	2 max fill(s) per 30 day(s) retail
desloratadine TABS	4	2 max fill(s) per 30 day(s) retail	cyproheptadine hcl TABS	1	2 max fill(s) per 30 day(s) retail
desloratadine TBDP	4	2 max fill(s) per 30 day(s) retail; PA	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
fexofenadine hcl TABS 60 MG, 180 MG	8		Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
levocetirizine dihydrochloride SOLN	4	2 max fill(s) per 30 day(s) retail; RX/OTC	NEXLETOL	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
levocetirizine dihydrochloride TABS	4	2 max fill(s) per 30 day(s) retail; RX/OTC	Angiopoietin-like Protein Inhibitors		
loratadine SOLN	1	2 max fill(s) per 30 day(s) retail	EVKEEZA	CO	SP
loratadine TABS	1	2 max fill(s) per 30 day(s) retail	Antihyperlipidemics - Combinations		
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	9	2 max fill(s) per 30 day(s) retail	ezetimibe-simvastatin	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXLIZET	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>colesevelam hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
Antihyperlipidemics - Misc.			COLESTID FLAVORED PACK (<i>Use colestipol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>icosapent ethyl 1 GM</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	COLESTID GRAN (<i>Use colestipol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>icosapent ethyl 0.5 GM</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	COLESTID PACK (<i>Use colestipol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
LOVAZA (<i>Use omega-3- acid ethyl esters</i>)	9	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	COLESTID TABS (<i>Use colestipol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>omega-3-acid ethyl esters</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>colestipol hcl GRAN</i>	1	2 max fill(s) per 30 day(s) retail; MP
Bile Acid Sequestrants			<i>colestipol hcl PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cholestyramine light PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>colestipol hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cholestyramine light PACK</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine light POWD</i>	1	2 max fill(s) per 30 day(s) retail; MP	QUESTRAN PACK (<i>Use cholestyramine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine light POWD</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	QUESTRAN POWD (<i>Use cholestyramine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine PACK</i>	1	2 max fill(s) per 30 day(s) retail; MP	WELCHOL PACK (<i>Use colesevelam hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>cholestyramine POWD</i>	1	2 max fill(s) per 30 day(s) retail; MP	WELCHOL TABS (<i>Use colesevelam hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>colesevelam hcl PACK</i>	4	2 max fill(s) per 30 day(s) retail; MP	Fibric Acid Derivatives		
			ANTARA 90 MG (<i>Use fenofibrate micronized</i>)	9	2 max fill(s) per 30 day(s) retail; MP
			<i>choline fenofibrate</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 43 MG, 67 MG, 90 MG, 130 MG, 134 MG, 200 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	EZALLOR SPRINKLE CPSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fenofibrate CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP	FLOLIPID SUSP	2	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	<i>fluvastatin sodium CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>fenofibric acid</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>fluvastatin sodium TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP
FENOGLIDE TABS (<i>Use fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
FIBRICOR (<i>Use fenofibric acid</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LIPITOR TABS (<i>Use atorvastatin calcium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>gemfibrozil TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	LIPITOR TABS (<i>Use atorvastatin calcium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LIPOFEN CAPS (<i>Use fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	LIVALO (<i>Use pitavastatin calcium</i>)	4	2 max fill(s) per 30 day(s) retail; MP
LOPID TABS (<i>Use gemfibrozil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>lovastatin TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
TRICOR TABS (<i>Use fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>pitavastatin calcium</i>	4	2 max fill(s) per 30 day(s) retail; MP
TRILIPIX (<i>Use choline fenofibrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>pravastatin sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP
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	4	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	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	4	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	4	2 max fill(s) per 30 day(s) retail; MP
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Intestinal Cholesterol Absorption Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ezetimibe</i>	1	QL(1 EA daily); 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 90 days mail); 2 max fill(s) per 30 day(s) retail; PA
ZETIA (<i>Use ezetimibe</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	REPATHA SOSY	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
JUXTAPID 5 MG, 10 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ACE Inhibitors		
JUXTAPID 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	ACCUPRIL (<i>Use quinapril hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Nicotinic Acid Derivatives			ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>niacin (antihyperlipidemic)</i> TBCR	1	2 max fill(s) per 30 day(s) retail; MP	<i>benazepril hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>captopril</i>	1	2 max fill(s) per 30 day(s) retail; MP
LEQVIO	4	QL(4.5 ML per 365 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	<i>enalapril maleate SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP
PRALUENT SOAJ	4	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	<i>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 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
			EPANED SOLN (<i>Use enalapril maleate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>fosinopril sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN 10 MG, 20 MG, 40 MG (<i>Use benazepril hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>candesartan cilexetil</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>moexipril hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP	COZAAR 50 MG, 100 MG (<i>Use losartan potassium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>perindopril erbumine</i>	4	2 max fill(s) per 30 day(s) retail; MP	COZAAR 25 MG (<i>Use losartan potassium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
QBRELIS SOLN	4	2 max fill(s) per 30 day(s) retail; MP	DIOVAN TABS (<i>Use valsartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>quinapril hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	EDARBI	4	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>irbesartan</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>trandolapril</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>losartan potassium 50 MG, 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
VASOTEC TABS (<i>Use enalapril maleate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>losartan potassium 25 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZESTRIL TABS (<i>Use lisinopril</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	MICARDIS (<i>Use telmisartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Agents for Pheochromocytoma			<i>olmesartan medoxomil</i>	1	2 max fill(s) per 30 day(s) retail; MP
DEMSEK (<i>Use metyrosine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>telmisartan</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>metyrosine</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>phenoxybenzamine hcl</i>	1	2 max fill(s) per 30 day(s) retail	<i>valsartan TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Angiotensin II Receptor Antagonists			Antiadrenergic Antihypertensives		
ATACAND (<i>Use candesartan cilexetil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	CARDURA 8 MG (<i>Use doxazosin mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	CARDURA (<i>Use doxazosin mesylate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BENICAR (<i>Use olmesartan medoxomil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>amlodipine-valsartan-hydrochlorothiazide</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>clonidine PTWK</i>	1	2 max fill(s) per 30 day(s) retail; MP	ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>clonidine TB24</i>	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>atenolol & chlorthalidone</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>doxazosin mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP	AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>guanfacine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>methyldopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>benazepril & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEXICLON XR TB24 (<i>Use clonidine</i>)	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>bisoprolol & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>prazosin hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>terazosin hcl</i>	1	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
TEZRULY PO 1 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA	DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antihypertensive Combinations			EDARBYCLOR	4	2 max fill(s) per 30 day(s) retail; MP; PA
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<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>Use amlodipine besylate-valsartan</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine besylate-olmesartan medoxomil</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	EXFORGE HCT (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amlodipine besylate-valsartan</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fosinopril sodium & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	TENORETIC 100 (<i>Use atenolol & chlorthalidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>HYZAAR (Use losartan potassium & hydrochlorothiazide)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TENORETIC 50 (<i>Use atenolol & chlorthalidone</i>)	4	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>trandolapril-verapamil hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>lisinopril & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	TRIBENZOR (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>losartan potassium & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>valsartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>Use benazepril & hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	VASERETIC 25 MG-10 MG (<i>Use enalapril maleate & hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>Use amlodipine besylate-benazepril hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ZESTORETIC (<i>Use lisinopril & hydrochlorothiazide</i>)	4	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	ZIAC (<i>Use bisoprolol & hydrochlorothiazide</i>)	9	2 max fill(s) per 30 day(s) retail; MP
MICARDIS HCT (<i>Use telmisartan-hydrochlorothiazide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Direct Renin Inhibitors		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>aliskiren fumarate</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	TEKTURNA (<i>Use aliskiren fumarate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>quinapril-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	Endothelin Receptor Antagonists		
<i>telmisartan-amlodipine</i>	1	2 max fill(s) per 30 day(s) retail; MP	TRYVIO	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>telmisartan-hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP	Selective Aldosterone Receptor Antagonists (SARAs)		
			<i>eplerenone</i>	1	2 max fill(s) per 30 day(s) retail; MP
			INSPIRA (<i>Use eplerenone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSPIRA (Use eplerenone)	9	2 max fill(s) per 30 day(s) retail; MP	pentamidine isethionate IN	1	4 max fill(s) per 30 day(s) retail; PA
Vasodilators			tinidazole	1	2 max fill(s) per 30 day(s) retail
hydralazine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA	trimethoprim TABS	1	4 max fill(s) per 30 day(s) retail
hydralazine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP	XIFAXAN	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
minoxidil 2.5 MG, 10 MG	1	2 max fill(s) per 30 day(s) retail; MP	Anti-infective Misc. - Combinations		
NIPRIDE RTU (Use nitroprusside sodium-sodium chloride)	2	2 max fill(s) per 30 day(s) retail; MP; PA	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	4	2 max fill(s) per 30 day(s) retail; PA
nitroprusside sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA	BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	4	2 max fill(s) per 30 day(s) retail; PA
nitroprusside sodium-sodium chloride	1	2 max fill(s) per 30 day(s) retail; MP; PA	methenamine-hyoscamine-methylene blue-sodium phosphate TABS	4	4 max fill(s) per 30 day(s) retail
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	4	4 max fill(s) per 30 day(s) retail
Anti-infective Agents - Misc.			methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG	4	4 max fill(s) per 30 day(s) retail
AEMCOLO	2	2 max fill(s) per 30 day(s) retail	sulfamethoxazole-trimethoprim SOLN	1	4 max fill(s) per 30 day(s) retail; PA
FLAGYL CAPS (Use metronidazole)	4	2 max fill(s) per 30 day(s) retail; PA	sulfamethoxazole-trimethoprim SUSP	1	2 max fill(s) per 30 day(s) retail
LIKMEZ SUSP	4	2 max fill(s) per 30 day(s) retail; PA	sulfamethoxazole-trimethoprim SUSP	4	2 max fill(s) per 30 day(s) retail; PA
metronidazole CAPS	4	2 max fill(s) per 30 day(s) retail; PA	sulfamethoxazole-trimethoprim TABS	1	2 max fill(s) per 30 day(s) retail
metronidazole TABS 125 MG	4	2 max fill(s) per 30 day(s) retail; PA	URIBEL	4	4 max fill(s) per 30 day(s) retail
metronidazole TABS 250 MG, 500 MG	1	2 max fill(s) per 30 day(s) retail	UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate)	4	4 max fill(s) per 30 day(s) retail; PA
NEBUPENT IN (Use pentamidine isethionate)	2	4 max fill(s) per 30 day(s) retail; PA	Antiprotozoal Agents		
PENTAM IJ (Use pentamidine isethionate)	NF	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone</i>	1	4 max fill(s) per 30 day(s) retail	<i>dapsone</i>	1	4 max fill(s) per 30 day(s) retail
LAMPIT	2	4 max fill(s) per 30 day(s) retail; PA	Lincosamides		
MEPRON (<i>Use atovaquone</i>)	4	4 max fill(s) per 30 day(s) retail; PA	CLEOCIN (<i>Use clindamycin palmitate hydrochloride</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>nitazoxanide</i> TABS	4	4 max fill(s) per 30 day(s) retail; PA	CLEOCIN (<i>Use clindamycin hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
Carbapenems			<i>clindamycin hcl</i>	1	4 max fill(s) per 30 day(s) retail
<i>ertapenem sodium</i> IJ	1	SP; PA	<i>clindamycin palmitate hydrochloride</i>	1	4 max fill(s) per 30 day(s) retail
INVANZ IJ (<i>Use ertapenem sodium</i>)	NF	SP; PA	LINCOCIN (<i>Use lincomycin hcl</i>)	NF	PA
Glycopeptides			<i>lincomycin hcl</i>	1	PA
FIRVANQ SOLR PO 25 MG/ML (<i>Use vancomycin hcl</i>)	2	2 max fill(s) per 30 day(s) retail	Monobactams		
FIRVANQ SOLR PO 50 MG/ML (<i>Use vancomycin hcl</i>)	9	2 max fill(s) per 30 day(s) retail	CAYSTON	2	QL(3 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA
FIRVANQ SOLR PO 50 MG/ML (<i>Use vancomycin hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	Oxazolidinones		
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	4	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
<i>vancomycin hcl</i> CAPS	1	2 max fill(s) per 30 day(s) retail	LINEZOLID IN SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA
<i>vancomycin hcl</i> SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	2 max fill(s) per 30 day(s) retail	<i>linezolid</i> SOLN	1	2 max fill(s) per 30 day(s) retail; PA
<i>vancomycin hcl</i> SOLR IV 500 MG	1	QL(14 EA per 30 day(s) retail)	<i>linezolid</i> SUSR	1	2 max fill(s) per 30 day(s) retail
<i>vancomycin hcl</i> SOLR PO 25 MG/ML	2	2 max fill(s) per 30 day(s) retail	<i>linezolid</i> TABS	1	2 max fill(s) per 30 day(s) retail
<i>vancomycin hcl</i> SOLR IV 1 GM	1	QL(14 EA per fill retail)	SIVEXTRO SOLR	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)	SIVEXTRO TABS	4	2 max fill(s) per 30 day(s) retail
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)	ZYVOX SOLN	2	2 max fill(s) per 30 day(s) retail; PA
Leprostatics			ZYVOX SOLN (<i>Use linezolid</i>)	2	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
ZYVOX SUSR (<i>Use linezolid</i>)	4	2 max fill(s) per 30 day(s) retail; PA
ZYVOX TABS (<i>Use linezolid</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	4	4 max fill(s) per 30 day(s) retail
HIPREX (<i>Use methenamine hippurate</i>)	9	4 max fill(s) per 30 day(s) retail
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	4	4 max fill(s) per 30 day(s) retail; PA
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	4	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>Use fosfomycin tromethamine</i>)	9	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 50 MG, 100 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>nitrofurantoin macrocrystal 25 MG</i>	4	4 max fill(s) per 30 day(s) retail
<i>nitrofurantoin monohyd macro</i>	1	4 max fill(s) per 30 day(s) retail
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	4 max fill(s) per 30 day(s) retail
COARTEM	2	4 max fill(s) per 30 day(s) retail
MALARONE (<i>Use atovaquone-proguanil hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA
Antimalarials		

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate TABS</i>	1	4 max fill(s) per 30 day(s) retail
DARAPRIM (<i>Use pyrimethamine</i>)	CO	4 max fill(s) per 30 day(s) retail; SP; MP
<i>hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG</i>	1	4 max fill(s) per 30 day(s) retail
<i>hydroxychloroquine sulfate 300 MG</i>	1	2 max fill(s) per 30 day(s) retail
KRINTAFEL	4	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>Use 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; MP
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	4	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	4	4 max fill(s) per 30 day(s) retail; PA
SOVUNA 300 MG	4	2 max fill(s) per 30 day(s) retail; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV (<i>Use neostigmine methylsulfate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
BLOXIVERZ SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FIRDAPSE	CO	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP	REGONOL SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA
MESTINON SOLN PO (Use pyridostigmine bromide)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
MESTINON TABS (Use pyridostigmine bromide)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Antimycobacterial Agents		
MESTINON TBCR (Use pyridostigmine bromide)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>cycloserine</i>	1	4 max fill(s) per 30 day(s) retail
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>ethambutol hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail
NEOSTIGMINE METHYLSULFATE RFID SOSY (Use neostigmine methylsulfate)	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>isoniazid SOLN</i>	1	2 max fill(s) per 30 day(s) retail; 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	<i>isoniazid SYRP</i>	1	4 max fill(s) per 30 day(s) retail
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA	<i>isoniazid TABS</i>	1	4 max fill(s) per 30 day(s) retail
<i>neostigmine methylsulfate SOSY</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	4	4 max fill(s) per 30 day(s) retail; PA
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)	1	2 max fill(s) per 30 day(s) retail; MP; PA	MYCOBUTIN (Use rifabutin)	4	4 max fill(s) per 30 day(s) retail; PA
<i>pyridostigmine bromide SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail; MP	PRETOMANID	2	4 max fill(s) per 30 day(s) retail
<i>pyridostigmine bromide TABS 30 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	PRIFTIN	2	4 max fill(s) per 30 day(s) retail
<i>pyridostigmine bromide TABS 60 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>pyrazinamide</i>	1	4 max fill(s) per 30 day(s) retail
<i>pyridostigmine bromide TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>rifabutin</i>	1	4 max fill(s) per 30 day(s) retail
			RIFADIN SOLR (Use rifampin)	2	2 max fill(s) per 30 day(s) retail; PA
			<i>rifampin CAPS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>rifampin SOLR</i>	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 THERAPIES - Drugs to Treat Cancer		
			Alkylating Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide CAPS</i>	1	4 max fill(s) per 30 day(s) retail	FRUZAQLA 1 MG	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
CYCLOPHOSPHAMIDE TABS	2	4 max fill(s) per 30 day(s) retail	FRUZAQLA 5 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
GLEOSTINE 10 MG, 40 MG, 100 MG	CO	4 max fill(s) per 30 day(s) retail; SP	INLYTA 1 MG	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>temozolomide CAPS</i>	1	4 max fill(s) per 30 day(s) retail; PA	INLYTA 5 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
Antimetabolites			LENVIMA (10 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>capecitabine</i>	CO	4 max fill(s) per 30 day(s) retail; SP	LENVIMA (12 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
JYLAMVO SOLN PO	4	2 max fill(s) per 30 day(s) retail; PA	LENVIMA (14 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	CO	4 max fill(s) per 30 day(s) retail	LENVIMA (18 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>mercaptopurine TABS</i>	CO	4 max fill(s) per 30 day(s) retail	LENVIMA (20 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	2 max fill(s) per 30 day(s) retail	LENVIMA (24 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>methotrexate sodium SOLR</i>	1	2 max fill(s) per 30 day(s) retail	LENVIMA (4 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>methotrexate sodium TABS 2.5 MG</i>	1	2 max fill(s) per 30 day(s) retail	LENVIMA (8 MG DAILY DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ONUREG TABS	CO	4 max fill(s) per 30 day(s) retail; SP	Antineoplastic - Anti-HER2 Agents		
PURIXAN SUSP 2000 MG/100ML (Use <i>mercaptopurine</i>)	CO	4 max fill(s) per 30 day(s) retail			
TABLOID	CO	4 max fill(s) per 30 day(s) retail; SP			
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 (Use <i>capecitabine</i>)	CO	4 max fill(s) per 30 day(s) retail; SP			
Antineoplastic - Angiogenesis Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TUKYSA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	LAZCLUZE 80 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Antineoplastic - BCL-2 Inhibitors			LAZCLUZE 240 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VENCLEXTA STARTING PACK TBPK	CO	4 max fill(s) per 30 day(s) retail; SP	TAGRISSO	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
VENCLEXTA TABS	CO	4 max fill(s) per 30 day(s) retail; SP	TARCEVA 100 MG, 150 MG (<i>Use erlotinib hcl</i>)	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
Antineoplastic - Cellular Immunotherapy			TARCEVA 25 MG (<i>Use erlotinib hcl</i>)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail
ABECMA	CO	SP	VIZIMPRO	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
AMTAGVI	CO	SP	Antineoplastic - Gene Therapy Agents		
AUCATZYL	CO	SP	ADSTILADRIN	CO	SP
BREYANZI	CO	SP	Antineoplastic - Hedgehog Pathway Inhibitors		
CARVYKTI	CO	SP	DAURISMO 25 MG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
KYMRIAH	CO	SP	DAURISMO 100 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
OMISIRGE	CO	SP	ERIVEDGE	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
PROVENGE	CO	SP	ODOMZO	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TECARTUS	CO	SP	Antineoplastic - Hormonal and Related Agents		
TECELRA	CO	SP	abiraterone acetate 500 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
YESCARTA	CO	SP			
Antineoplastic - EGFR Inhibitors					
<i>erlotinib hcl 100 MG, 150 MG</i>	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail			
<i>erlotinib hcl 25 MG</i>	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail			
EXKIVITY	CO	SP			
<i>gefitinib</i>	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP			
GILOTRIF	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP			
IRESSA (<i>Use gefitinib</i>)	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abiraterone acetate 250 MG</i>	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	2	4 max fill(s) per 30 day(s) retail; SP; PA
AKEEGA	CO	2 max fill(s) per 30 day(s) retail; SP	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	4 max fill(s) per 30 day(s) retail; SP; PA
<i>anastrozole</i>	CO	4 max fill(s) per 30 day(s) retail	LUPRON DEPOT (1-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
ARIMIDEX (<i>Use anastrozole</i>)	CO	4 max fill(s) per 30 day(s) retail	LUPRON DEPOT (3-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
AROMASIN (<i>Use exemestane</i>)	CO	4 max fill(s) per 30 day(s) retail	LUPRON DEPOT (4-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
<i>bicalutamide</i>	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	LUPRON DEPOT (6-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
CAMCEVI	2	4 max fill(s) per 30 day(s) retail; SP; PA	LUTRATE DEPOT INJ 22.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA
CASODEX (<i>Use bicalutamide</i>)	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail	LYSODREN	CO	4 max fill(s) per 30 day(s) retail; SP
ELIGARD SC	2	4 max fill(s) per 30 day(s) retail; SP; PA	<i>megestrol acetate SUSP</i>	1	4 max fill(s) per 30 day(s) retail
EMCYT	CO	4 max fill(s) per 30 day(s) retail	NILANDRON (<i>Use nilutamide</i>)	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
ERLEADA	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>nilutamide</i>	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
EULEXIN	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail	NUBEQA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>exemestane</i>	CO	4 max fill(s) per 30 day(s) retail	ORGOVYX	CO	4 max fill(s) per 30 day(s) retail; SP
FARESTON (<i>Use toremifene citrate</i>)	CO	4 max fill(s) per 30 day(s) retail; MP	ORSERDU	CO	2 max fill(s) per 30 day(s) retail
FEMARA (<i>Use letrozole</i>)	CO	4 max fill(s) per 30 day(s) retail	SOLTAMOX SOLN	CO	4 max fill(s) per 30 day(s) retail; MP
<i>hydroxyprogesterone caproate (antineoplastic)</i>	2	Limit 5ml per month; 2 max fill(s) per 30 day(s) retail; MP; PA	<i>tamoxifen citrate TABS</i>	CO	4 max fill(s) per 30 day(s) retail; MP
<i>letrozole</i>	CO	4 max fill(s) per 30 day(s) retail	<i>toremifene citrate</i>	CO	4 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRELSTAR MIXJECT	2	4 max fill(s) per 30 day(s) retail; SP; PA	Antineoplastic - XPO1 Inhibitors		
XTANDI CAPS	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XPOVIO (100 MG ONCE WEEKLY) 50 MG	CO	4 max fill(s) per 30 day(s) retail; SP
XTANDI TABS 80 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XPOVIO (40 MG ONCE WEEKLY)	CO	4 max fill(s) per 30 day(s) retail; SP
XTANDI TABS 40 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XPOVIO (40 MG TWICE WEEKLY) 40 MG	CO	4 max fill(s) per 30 day(s) retail; SP
YONSA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XPOVIO (60 MG ONCE WEEKLY) 60 MG	CO	4 max fill(s) per 30 day(s) retail; SP
ZYTIGA 500 MG (<i>Use abiraterone acetate</i>)	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XPOVIO (60 MG TWICE WEEKLY)	CO	4 max fill(s) per 30 day(s) retail; SP
ZYTIGA 250 MG (<i>Use abiraterone acetate</i>)	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XPOVIO (80 MG ONCE WEEKLY) 40 MG	CO	4 max fill(s) per 30 day(s) retail; SP
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			XPOVIO (80 MG TWICE WEEKLY)	CO	4 max fill(s) per 30 day(s) retail; SP
Antineoplastic - Immunomodulators			Antineoplastic Combinations		
WELIREG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	AVMAPKI FAKZYNJA CO-PACK THPK PO	CO	4 max fill(s) per 30 day(s) retail; SP
Antineoplastic - Menin Inhibitors			INQOVI	CO	4 max fill(s) per 30 day(s) retail; SP
POMALYST	CO	2 max fill(s) per 30 day(s) retail; SP; PA	KISQALI FEMARA (200 MG DOSE)	CO	4 max fill(s) per 30 day(s) retail; SP
Antineoplastic - PDGFR-alpha Inhibitors			KISQALI FEMARA (400 MG DOSE)	CO	4 max fill(s) per 30 day(s) retail; SP
AYVAKIT	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	KISQALI FEMARA (600 MG DOSE)	CO	4 max fill(s) per 30 day(s) retail; SP
			LONSURF	CO	4 max fill(s) per 30 day(s) retail; SP
			Antineoplastic Enzyme Inhibitors		
			AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	4	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
AFINITOR TABS (<i>Use everolimus</i>)	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	BRUKINSA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ALECENSA	CO	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP	CABOMETYX TABS	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ALUNBRIG TABS 30 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	CALQUENCE	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ALUNBRIG TABS 90 MG, 180 MG	CO	SP	CAPRELSA 300 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ALUNBRIG TBPK	CO	SP	CAPRELSA 100 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
AUGTYRO 40 MG	CO	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	COMETRIQ (100 MG DAILY DOSE) KIT	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
AUGTYRO 160 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	COMETRIQ (140 MG DAILY DOSE) KIT	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
BALVERSA 5 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	COMETRIQ (60 MG DAILY DOSE) KIT	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
BALVERSA 3 MG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	COPIKTRA	CO	4 max fill(s) per 30 day(s) retail; SP
BALVERSA 4 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	COTELLIC	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
BELEODAQ	CO	SP	DANZITEN	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
BOSULIF CAPS	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>dasatinib</i>	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
BOSULIF TABS 100 MG	CO	SP			
BOSULIF TABS 400 MG, 500 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP			
BRAFTOVI 75 MG	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENSACOVE CAPS PO 100 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	IDHIFA	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ENSACOVE CAPS PO 25 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>imatinib mesylate</i> TABS	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>everolimus</i> TABS	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	IMBRUVICA CAPS 140 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>everolimus</i> TBSO	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA	IMBRUVICA CAPS 70 MG	CO	SP
FOTIVDA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	IMBRUVICA SUSP	CO	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP
FYARRO	CO	SP	IMBRUVICA TABS	CO	SP
GAVRETO	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	IMKELDI SOLN	CO	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; SP
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	INREBIC	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
GOMEKLI CAPS PO 1 MG, 2 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	ISTODAX SOLR (<i>Use romidepsin</i>)	CO	SP
GOMEKLI TBSO PO 1 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	ITOVEBI 9 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
IBRANCE CAPS	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	ITOVEBI 3 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
IBRANCE TABS	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	JAKAFI	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ICLUSIG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	JAYPIRCA	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
			KISQALI (200 MG DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KISQALI (400 MG DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	LYTGOBI (20 MG DAILY DOSE)	CO	SP
KISQALI (600 MG DOSE)	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	MEKINIST SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
KOSELUGO	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	MEKINIST TABS 0.5 MG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
KRAZATI	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP	MEKINIST TABS 2 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
<i>lapatinib ditosylate</i>	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP	MEKTOVI	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP
LORBRENA 100 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	NERLYNX	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP
LORBRENA 25 MG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	NEXAVAR (Use <i>sorafenib tosylate</i>)	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
LUMAKRAS 240 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
LUMAKRAS 320 MG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	NINLARO	CO	4 max fill(s) per 30 day(s) retail; SP
LUMAKRAS 120 MG	CO	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP	OGSIVEO 50 MG	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP
LYNPARZA TABS	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	OGSIVEO 100 MG, 150 MG	CO	2 max fill(s) per 30 day(s) retail; SP
LYTGOBI (12 MG DAILY DOSE)	CO	SP	OJEMDA SUSR	CO	2 max fill(s) per 30 day(s) retail; SP
LYTGOBI (16 MG DAILY DOSE)	CO	SP	OJEMDA TABS	CO	2 max fill(s) per 30 day(s) retail; SP
			OJJAARA	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pazopanib hcl</i>	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	ROZLYTREK CAPS 100 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
PEMAZYRE	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	ROZLYTREK CAPS 200 MG	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
PIQRAY (200 MG DAILY DOSE)	CO	4 max fill(s) per 30 day(s) retail; SP	ROZLYTREK PACK	CO	2 max fill(s) per 30 day(s) retail; SP
PIQRAY (250 MG DAILY DOSE)	CO	4 max fill(s) per 30 day(s) retail; SP	RUBRACA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
PIQRAY (300 MG DAILY DOSE)	CO	4 max fill(s) per 30 day(s) retail; SP	RYDAPT	CO	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP
QINLOCK	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	SCEMBLIX 100 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
RETEVMO CAPS 80 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	SCEMBLIX 20 MG, 40 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
RETEVMO CAPS 40 MG	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>sorafenib tosylate</i>	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
RETEVMO TABS 80 MG	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	SPRYCEL (<i>Use dasatinib</i>)	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
RETEVMO TABS 120 MG, 160 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	STIVARGA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
RETEVMO TABS 40 MG	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>sunitinib malate</i>	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
REZLIDHIA	CO	2 max fill(s) per 30 day(s) retail; SP	SUTENT (<i>Use sunitinib malate</i>)	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP
ROMIDEPSIN SOLN	CO	SP			
<i>romidepsin SOLR</i>	CO	SP			
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	CO	4 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TABRECTA	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	VANFLYTA	CO	2 max fill(s) per 30 day(s) retail; SP
TAFINLAR CAPS	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	VERZENIO	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TAFINLAR TBSO	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	VITRAKVI CAPS 25 MG	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TALZENNA 0.1 MG, 0.35 MG	CO	2 max fill(s) per 30 day(s) retail; SP	VITRAKVI CAPS 100 MG	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP	VITRAKVI SOLN	CO	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP
TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	VONJO	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TAZVERIK	CO	4 max fill(s) per 30 day(s) retail	VORANIGO	CO	2 max fill(s) per 30 day(s) retail; SP
TEPMETKO	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	VOTRIENT (<i>Use pazopanib hcl</i>)	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TIBSOVO	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP	XALKORI CAPS	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TRUQAP TABS	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	XALKORI CPSP	CO	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TRUQAP TBPB	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP	XOSPATA	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP
TURALIO 125 MG	CO	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP	ZEJULA CAPS	CO	SP
TYKERB (<i>Use lapatinib ditosylate</i>)	CO	QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP	ZEJULA TABS	CO	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	CO	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>mesna TABS</i>	1	4 max fill(s) per 30 day(s) retail
ZOLINZA	CO	4 max fill(s) per 30 day(s) retail; SP; PA	MESNEX TABS	4	4 max fill(s) per 30 day(s) retail; PA
ZYDELIG	CO	4 max fill(s) per 30 day(s) retail; SP	Mitotic Inhibitors		
ZYKADIA TABS	CO	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP	<i>etoposide CAPS</i>	CO	4 max fill(s) per 30 day(s) retail
Antineoplastic Radiopharmaceuticals			Topoisomerase I Inhibitors		
LUTATHERA	CO	SP	HYCANTIN CAPS	CO	4 max fill(s) per 30 day(s) retail; SP
PLUVICTO	CO	SP	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antineoplastics Misc.			Antiparkinson Adjunctive Therapy		
ACTIMMUNE 100 MCG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP	<i>carbidopa</i>	1	2 max fill(s) per 30 day(s) retail; MP
BESREMI	2	SP; PA	LODOSYN (<i>Use carbidopa</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bexarotene</i>	CO	4 max fill(s) per 30 day(s) retail; SP	NOURIANZ	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
HYDREA (<i>Use hydroxyurea</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Antiparkinson Anticholinergics		
<i>hydroxyurea</i>	1	4 max fill(s) per 30 day(s) retail	<i>benztropine mesylate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
MATULANE	4	4 max fill(s) per 30 day(s) retail; PA	<i>benztropine mesylate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
TARGRETIN (<i>Use bexarotene</i>)	CO	4 max fill(s) per 30 day(s) retail; SP	<i>trihexyphenidyl hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>tretinoin (chemotherapy)</i>	CO	4 max fill(s) per 30 day(s) retail; SP	<i>trihexyphenidyl hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Chemotherapy Rescue/Antidote/Protective Agents			Antiparkinson COMT Inhibitors		
IWILFIN	CO	2 max fill(s) per 30 day(s) retail; SP	COMTAN (<i>Use entacapone</i>)	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>leucovorin calcium TABS</i>	1	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>entacapone</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>carbidopa-levodopa TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
ONGENTYS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	CREXONT CPR	4	2 max fill(s) per 30 day(s) retail; MP; PA
TASMAR (<i>Use tolcapone</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	DHIVY TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tolcapone</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP	DUOPA SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antiparkinson Dopaminergics			GOCOVRI CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amantadine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	INBRIJA CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>amantadine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	MIRAPEX ER TB24 (<i>Use pramipexole dihydrochloride</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>amantadine hcl TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	NEUPRO	4	2 max fill(s) per 30 day(s) retail; MP
APOKYN SOCT	4	2 max fill(s) per 30 day(s) retail; MP; PA	ONAPGO SOCT 98 MG/20ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>apomorphine hydrochloride SOCT</i>	4	2 max fill(s) per 30 day(s) retail; MP	OSMOLEX ER TB24 129 MG, 193 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>bromocriptine mesylate CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP	PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP	PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa- entacapone</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>pramipexole dihydrochloride TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>pramipexole dihydrochloride TB24</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>carbidopa-levodopa TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>ropinirole hydrochloride TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>ropinirole hydrochloride TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPR	4	2 max fill(s) per 30 day(s) retail; MP; PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i>)	9	2 max fill(s) per 30 day(s) retail; MP
VYALEV SOLN SC	4	2 max fill(s) per 30 day(s) retail; PA
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (Use <i>rasagiline mesylate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>rasagiline mesylate</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>selegiline hcl TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
XADAGO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZELAPAR TBDP	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lithium carbonate CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lithium carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>lithium carbonate TBCR</i>	1	2 max fill(s) per 30 day(s) retail; MP
LITHOBID TBCR (Use <i>lithium carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antipsychotics - Misc.		
CAPLYTA	4	2 max fill(s) per 30 day(s) retail; MP
EQUETRO	2	2 max fill(s) per 30 day(s) retail; MP; PA
GEODON (Use <i>ziprasidone hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
GEODON (Use <i>ziprasidone mesylate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
GEODON 40 MG, 60 MG, 80 MG (Use <i>ziprasidone hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
GEODON (Use <i>ziprasidone mesylate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LATUDA (Use <i>lurasidone hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	INVEGA TRINZA	2	2 max fill(s) per 30 day(s) retail; MP
LATUDA 80 MG (Use <i>lurasidone hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>paliperidone</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>lurasidone hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	PERSERIS PRSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
NUPLAZID CAPS	2	2 max fill(s) per 30 day(s) retail; SP; PA	RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	2	3 max fill(s) per 30 day(s) retail; MP
NUPLAZID TABS 10 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA	RISPERDAL SOLN (Use <i>risperidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
VRAYLAR CAPS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>ziprasidone hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>risperidone microspheres</i>	1	3 max fill(s) per 30 day(s) retail; MP
<i>ziprasidone mesylate</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>risperidone SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
Benzisoxazoles			<i>risperidone TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
ERZOFRI	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>risperidone TBDP</i>	1	2 max fill(s) per 30 day(s) retail; MP
FANAPT	4	2 max fill(s) per 30 day(s) retail; MP	RYKINDO SRER	2	3 max fill(s) per 30 day(s) retail; MP
FANAPT TITRATION PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA	UZEDY SUSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA 1.5 MG (Use <i>paliperidone</i>)	9	2 max fill(s) per 30 day(s) retail; MP	Butyrophenones		
INVEGA 3 MG, 6 MG, 9 MG (Use <i>paliperidone</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	HALDOL DECANOATE (Use <i>haloperidol decanoate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA HAFYERA	2	2 max fill(s) per 30 day(s) retail; MP; PA	<i>haloperidol decanoate</i>	1	2 max fill(s) per 30 day(s) retail; MP
INVEGA SUSTENNA	2	2 max fill(s) per 30 day(s) retail; MP	<i>haloperidol lactate CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	ABILIFY MYCITE MAINTENANCE KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>chlorpromazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ABILIFY MYCITE STARTER KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluphenazine decanoate</i>	1	2 max fill(s) per 30 day(s) retail; MP	ABILIFY TABS (<i>Use aripiprazole</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluphenazine hcl CONC</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aripiprazole SOLN PO</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluphenazine hcl ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aripiprazole TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>fluphenazine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aripiprazole TBDP</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>fluphenazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ARISTADA	2	2 max fill(s) per 30 day(s) retail; MP
<i>perphenazine TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ARISTADA INITIO	4	2 max fill(s) per 30 day(s) retail; MP
<i>prochlorperazine</i>	4	2 max fill(s) per 30 day(s) retail; PA	OPIPZA FILM	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>prochlorperazine edisylate 10 MG/2ML</i>	1	2 max fill(s) per 30 day(s) retail; PA	REXULTI	4	2 max fill(s) per 30 day(s) retail; MP
<i>prochlorperazine maleate TABS</i>	1	2 max fill(s) per 30 day(s) retail	Thioxanthenes		
<i>thioridazine hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>thiothixene</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>trifluoperazine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ANTISEPTICS & DISINFECTANTS		
Quinolinone Derivatives			Antiseptics & Disinfectants		
ABILIFY ASIMTUFII PRSY	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>formaldehyde SOLN 10 %</i>	1	QL(90 ML per fill retail)
ABILIFY MAINTENA PRSY	2	2 max fill(s) per 30 day(s) retail; MP	ANTIVIRALS - Drugs to Treat Viral Infections		
ABILIFY MAINTENA SRER	2	2 max fill(s) per 30 day(s) retail; MP	Antiretrovirals		
			<i>abacavir sulfate-lamivudine</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
			<i>abacavir sulfate SOLN</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
APRETUDE	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
APTIVUS CAPS	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>efavirenz TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
<i>atazanavir sulfate CAPS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>emtricitabine CAPS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
BIKTARVY	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
CABENUVA	2	4 max fill(s) per 30 day(s) retail	<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
CIMDUO	2	4 max fill(s) per 30 day(s) retail; SP; MP	EMTRIVA CAPS (<i>Use emtricitabine</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	9	4 max fill(s) per 30 day(s) retail; SP; MP	EMTRIVA SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP
COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA	EPIVIR SOLN (<i>Use lamivudine</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>darunavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	EPIVIR TABS (<i>Use lamivudine</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
DELSTRIGO	2	4 max fill(s) per 30 day(s) retail; SP; MP	EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	9	4 max fill(s) per 30 day(s) retail; SP; MP
DESCOVY	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>etravirine</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
DOVATO	2	4 max fill(s) per 30 day(s) retail; SP; MP	EVOTAZ	2	4 max fill(s) per 30 day(s) retail; SP; MP
EDURANT	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>fosamprenavir calcium TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
EDURANT PED PO 2.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	FUZEON SOLR	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>efavirenz CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	GENVOYA	2	4 max fill(s) per 30 day(s) retail; SP; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 25 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>nevirapine SUSP</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
INTELENCE (<i>Use etravirine</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>nevirapine TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS HD TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>nevirapine TB24</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS CHEW	2	4 max fill(s) per 30 day(s) retail; SP; MP	NORVIR CAPS	2	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS PACK	2	4 max fill(s) per 30 day(s) retail; SP; MP	NORVIR PACK	2	4 max fill(s) per 30 day(s) retail; SP; MP
ISENTRESS TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP	NORVIR TABS (<i>Use ritonavir</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
JULUCA	2	4 max fill(s) per 30 day(s) retail; SP; MP	ODEFSEY	2	4 max fill(s) per 30 day(s) retail; SP; MP
KALETRA SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP	PIFELTRO	2	4 max fill(s) per 30 day(s) retail; SP; MP
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA	PREZCOBIX	2	4 max fill(s) per 30 day(s) retail; SP; MP
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	9	4 max fill(s) per 30 day(s) retail; SP; MP	PREZISTA SUSP	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>lamivudine SOLN</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	PREZISTA TABS (<i>Use darunavir</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>lamivudine TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	PREZISTA TABS 75 MG, 150 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>lamivudine-zidovudine</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	RETROVIR CAPS (<i>Use zidovudine</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	9	4 max fill(s) per 30 day(s) retail; SP; MP	RETROVIR SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>lopinavir-ritonavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	RETROVIR SYRP (<i>Use zidovudine</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>maraviroc TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REYATAZ PACK	2	4 max fill(s) per 30 day(s) retail; SP; MP	TRIUMEQ TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP
<i>ritonavir TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	TROGARZO	2	4 max fill(s) per 30 day(s) retail; SP; MP
RUKOBIA	2	4 max fill(s) per 30 day(s) retail; SP; MP	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
SELZENTRY SOLN	2	4 max fill(s) per 30 day(s) retail; SP; MP	TYBOST	2	4 max fill(s) per 30 day(s) retail; SP; MP
SELZENTRY TABS (<i>Use maraviroc</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA	VIRACEPT TABS	2	4 max fill(s) per 30 day(s) retail; SP; MP
STRIBILD	2	4 max fill(s) per 30 day(s) retail; SP; MP	VIREAD POWD	2	4 max fill(s) per 30 day(s) retail; SP; MP
SUNLENCA SOLN	2	2 max fill(s) per 30 day(s) retail; SP; MP	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
SUNLENCA TABS PO 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	VIREAD TABS 150 MG, 200 MG, 250 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP
SUNLENCA TBPk 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA	ZIAGEN TABS (<i>Use abacavir sulfate</i>)	9	4 max fill(s) per 30 day(s) retail; SP; MP
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	4	4 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>zidovudine CAPS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
SYMTUZA	2	4 max fill(s) per 30 day(s) retail; SP; MP	<i>zidovudine SYRP</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
<i>tenofovir disoproxil fumarate TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP	<i>zidovudine TABS</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP
TIVICAY PD TBSO	2	4 max fill(s) per 30 day(s) retail; SP; MP	Antiviral Combinations		
TIVICAY TABS 50 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP	PAXLOVID (150/100)	2	2 max fill(s) per 30 day(s) retail
TRIUMEQ PD TBSO	2	4 max fill(s) per 30 day(s) retail; SP; MP	PAXLOVID (300/100 & 150/100)	2	2 max fill(s) per 30 day(s) retail
			PAXLOVID (300/100)	2	2 max fill(s) per 30 day(s) retail
			CMV Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cidofovir</i>	1	4 max fill(s) per 30 day(s) retail; PA	BARACLUDE TABS (<i>Use entecavir</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>foscarnet sodium 6000 MG/250ML</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>entecavir TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
GANCICLOVIR SODIUM SOLN	4	4 max fill(s) per 30 day(s) retail; PA	EPCLUSA PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>ganciclovir sodium SOLR</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
GANCICLOVIR SOLN	2	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
LIVTENCITY	4	4 max fill(s) per 30 day(s) retail; PA	HARVONI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
PREVYMIS PACK	2	4 max fill(s) per 30 day(s) retail; PA	HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
PREVYMIS SOLN	2	4 max fill(s) per 30 day(s) retail; PA	HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
PREVYMIS TABS	2	4 max fill(s) per 30 day(s) retail; PA	<i>lamivudine (hbv) TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	LEDIPASVIR-SOFOSBUVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	MAVYRET PACK	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>valganciclovir hcl SOLR</i>	1	4 max fill(s) per 30 day(s) retail	MAVYRET TABS	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>valganciclovir hcl TABS</i>	1	4 max fill(s) per 30 day(s) retail			
Hepatitis Agents					
<i>adefovir dipivoxil</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP			
BARACLUDE SOLN	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>famciclovir</i>	1	2 max fill(s) per 30 day(s) retail
PEGASYS SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>valacyclovir hcl</i>	1	2 max fill(s) per 30 day(s) retail
<i>ribavirin (hepatitis c) CAPS</i>	1	2 max fill(s) per 30 day(s) retail; SP	VALTREX (Use <i>valacyclovir hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	2 max fill(s) per 30 day(s) retail; SP	Influenza Agents		
SOFOSBUVIR-VELPATASVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>oseltamivir phosphate CAPS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
SOVALDI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>oseltamivir phosphate SUSR</i>	1	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail
SOVALDI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	RAPIVAB	2	2 max fill(s) per 30 day(s) retail; PA
VEMLIDY	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	RELENZA DISKHALER	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
VOSEVI	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>rimantadine hydrochloride TABS</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
ZEPATIER	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	TAMIFLU CAPS 45 MG (Use <i>oseltamivir phosphate</i>)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Herpes Agents			TAMIFLU CAPS 30 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	4	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir CAPS</i>	1	2 max fill(s) per 30 day(s) retail	XOFLUZA (40 MG DOSE) 40 MG	4	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
<i>acyclovir SUSP</i>	4	2 max fill(s) per 30 day(s) retail; PA			
<i>acyclovir SUSP</i>	1	2 max fill(s) per 30 day(s) retail			
<i>acyclovir TABS PO</i>	1	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XOFLUZA (80 MG DOSE) 80 MG	4	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
Misc. Antivirals			Beta Blockers Cardio-Selective		
LAGEVRIO	4	2 max fill(s) per 30 day(s) retail	<i>acebutolol hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
REMDESIVIR SOLR 100 MG	CO	2 max fill(s) per 30 day(s) retail	<i>atenolol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
VEKLURY SOLR	CO	2 max fill(s) per 30 day(s) retail	<i>betaxolol hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
Respiratory Syncytial Virus (RSV) Agents			<i>bisoprolol fumarate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ribavirin</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>bisoprolol fumarate 2.5 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
VIRAZOLE (<i>Use ribavirin</i>)	4	2 max fill(s) per 30 day(s) retail; PA	BREVIBLOC IN NACL (<i>Use esmolol hcl-sodium chloride</i>)	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			BREVIBLOC PREMIXED (<i>Use esmolol hcl-sodium chloride</i>)	NF	
Alpha-Beta Blockers			BREVIBLOC PREMIXED DS (<i>Use esmolol hcl-sodium chloride</i>)	NF	
<i>carvedilol</i>	1	2 max fill(s) per 30 day(s) retail; MP	BREVIBLOC SOLN 100 MG/10ML (<i>Use esmolol hcl</i>)	NF	PA
<i>carvedilol phosphate</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	BYSTOLIC (<i>Use nebivolol hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
COREG (<i>Use carvedilol</i>)	9	2 max fill(s) per 30 day(s) retail; MP	BYSTOLIC (<i>Use nebivolol hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
COREG CR (<i>Use carvedilol phosphate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>esmolol hcl-sodium chloride</i>	1	
<i>labetalol hcl SOLN</i>	1	PA	<i>esmolol hcl SOLN 100 MG/10ML</i>	1	PA
LABETALOL HCL SOLN	2	PA	ESMOLOL HCL SOLN	2	PA
LABETALOL HCL SOSY 10 MG/2ML	2	PA	KAPSPARGO SPRINKLE CS24	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>labetalol hcl TABS 400 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR TABS (Use metoprolol tartrate)	4	2 max fill(s) per 30 day(s) retail; MP; PA	propranolol hcl CP24	1	2 max fill(s) per 30 day(s) retail; MP
metoprolol succinate TB24	1	2 max fill(s) per 30 day(s) retail; MP	propranolol hcl SOLN IV 1 MG/ML	1	PA
metoprolol tartrate SOLN IV 5 MG/5ML	1	PA	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP
metoprolol tartrate TABS	1	2 max fill(s) per 30 day(s) retail; MP	propranolol hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
nebivolol hcl	1	2 max fill(s) per 30 day(s) retail; MP	sotalol hcl (afib/afl)	1	2 max fill(s) per 30 day(s) retail; MP
TENORMIN TABS (Use atenolol)	4	2 max fill(s) per 30 day(s) retail; MP; PA	sotalol hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
TOPROL XL TB24 (Use metoprolol succinate)	4	2 max fill(s) per 30 day(s) retail; MP; PA	SOTYLIZE SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
Beta Blockers Non-Selective			timolol maleate TABS	4	2 max fill(s) per 30 day(s) retail; MP
BETAPACE AF (Use sotalol hcl (afib/afl))	4	2 max fill(s) per 30 day(s) retail; MP; PA	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Calcium Channel Blockers		
CORGARD TABS 20 MG, 40 MG (Use nadolol)	9	2 max fill(s) per 30 day(s) retail; MP	amlodipine besylate TABS	1	2 max fill(s) per 30 day(s) retail; MP
HEMANGEOL SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
INDERAL LA CP24 (Use propranolol hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA	CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	4	2 max fill(s) per 30 day(s) retail; MP; PA
INDERAL XL	4	2 max fill(s) per 30 day(s) retail; MP; PA	CARDIZEM LA TB24 (Use diltiazem hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA
INNOPRAN XL	4	2 max fill(s) per 30 day(s) retail; MP; PA	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA
nadolol TABS 20 MG, 40 MG, 80 MG	1	2 max fill(s) per 30 day(s) retail; MP	CLEVIPREX 25 MG/50ML, 50 MG/100ML	2	2 max fill(s) per 30 day(s) retail; PA
pindolol TABS	4	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	KATERZIA	4	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>levamlodipine maleate</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl extended release beads</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	NICARDIPINE HCL IN NACL SOLN (<i>Use nicardipine hcl in sodium chloride</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>diltiazem hcl extended release beads</i>	1	2 max fill(s) per 30 day(s) retail; MP	NICARDIPINE HCL IN NACL SOSY	8	2 max fill(s) per 30 day(s) retail; PA
<i>diltiazem hcl CP12</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nicardipine hcl in sodium chloride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>diltiazem hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>nicardipine hcl CAPS</i>	4	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>nicardipine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
DILTIAZEM HCL-DEXTROSE	8	2 max fill(s) per 30 day(s) retail; PA	NICARDIPINE HCL SOLN (<i>Use nicardipine hcl</i>)	1	2 max fill(s) per 30 day(s) retail; PA
DILTIAZEM HCL-SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA	NICARDIPINE HCL SOLN (<i>Use nicardipine hcl</i>)	9	2 max fill(s) per 30 day(s) retail
DILTIAZEM HCL-SODIUM CHLORIDE	8	2 max fill(s) per 30 day(s) retail; PA	<i>nifedipine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>nifedipine TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
DILTIAZEM HCL SOLR	1	2 max fill(s) per 30 day(s) retail; PA	<i>nimodipine CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>nimodipine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>diltiazem hcl TB24</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>nisoldipine</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>felodipine</i>	1	2 max fill(s) per 30 day(s) retail; MP	NORLIQVA SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>isradipine CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP	NORVASC TABS (<i>Use amlodipine besylate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
NORVASC TABS 10 MG (Use amlodipine besylate)	9	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
PROCARDIA XL TB24 (Use nifedipine)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	4	2 max fill(s) per 30 day(s) retail; MP; PA
TIAZAC (Use diltiazem hcl extended release beads)	4	2 max fill(s) per 30 day(s) retail; MP; PA
VERAPAMIL HCL ER CP24 (Use verapamil hcl)	4	2 max fill(s) per 30 day(s) retail; MP
verapamil hcl CP24	4	2 max fill(s) per 30 day(s) retail; MP
verapamil hcl SOLN 2.5 MG/ML	8	2 max fill(s) per 30 day(s) retail; PA
verapamil hcl SOLN 2.5 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
verapamil hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
verapamil hcl TBCR	1	2 max fill(s) per 30 day(s) retail; MP
VERELAN PM CP24 (Use verapamil hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA
VERELAN CP24 (Use verapamil hcl)	9	2 max fill(s) per 30 day(s) retail; MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN IJ 0.25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
digoxin SOLN PO 0.05 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1	2 max fill(s) per 30 day(s) retail; MP
LANOXIN PEDIATRIC SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
LANOXIN SOLN IJ (Use digoxin)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Inotropes		
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	1	PA
DOBUTAMINE-DEXTROSE	2	PA
dopamine hcl 40 MG/ML	1	PA
DOPAMINE HCL (Use dopamine hcl)	NF	PA
DOPAMINE-DEXTROSE	2	PA
milrinone lactate	1	2 max fill(s) per 30 day(s) retail; PA
milrinone lactate in dextrose	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		
amlodipine besylate-atorvastatin calcium	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
BIDIL (Use isosorbide dinitrate-hydralazine hcl)	9	2 max fill(s) per 30 day(s) retail; MP
BIDIL (Use isosorbide dinitrate-hydralazine hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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>Use amlodipine besylate-atorvastatin calcium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>tadalafil 5 MG</i>	8	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
			Prostaglandin Vasodilators		
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>Use amlodipine besylate-atorvastatin calcium</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ORENITRAM TBCR	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
ENTRESTO CPSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	TYVASO DPI INSTITUTIONAL KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
ENTRESTO TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>isosorbide dinitrate-hydralazine hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	TYVASO DPI TITRATION KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
OPSYNVI 40 MG-10 MG	4	2 max fill(s) per 30 day(s) retail; PA	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
OPSYNVI 20 MG-10 MG	4	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
Cardiovascular Anti-inflammatory/Immune Modulators			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
LODOCO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	VENTAVIS IN 20 MCG/ML	2	QL(2.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors					
INPEFA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail			
Impotence Agents					
CIALIS 2.5 MG (<i>Use tadalafil</i>)	9				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENTAVIS IN 10 MCG/ML	2	QL(4.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	4	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor			REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
WINREVAIR	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists			<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>ambrisentan</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 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	TADLIQ SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
LETAIRIS (<i>Use ambrisentan</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
OPSUMIT	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	UPTRAVI TITRATION TBPK	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA
TRACLEER TABS (<i>Use bosentan</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	UPTRAVI SOLR	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TRACLEER TBSO	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA	UPTRAVI TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors			Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ADEMPAS	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
LIQREV SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	Sinus Node Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORLANOR SOLN	2	QL(15 ML 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
CORLANOR TABS (<i>Use ivabradine hcl</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEFAZOLIN SODIUM-DEXTROSE SOLR	1	4 max fill(s) per 30 day(s) retail; PA
<i>ivabradine hcl</i> TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	CEFAZOLIN SODIUM-DEXTROSE SOLR	2	4 max fill(s) per 30 day(s) retail; PA
Transthyretin Stabilizers			<i>cefazolin sodium SOLR IJ</i> 1 GM, 3 GM, 10 GM, 500 MG	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</i> 2 GM	2	4 max fill(s) per 30 day(s) retail; PA
VYNDAMAX	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	2	4 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	<i>cephalexin CAPS</i>	1	4 max fill(s) per 30 day(s) retail
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)			<i>cephalexin SUSR</i>	1	4 max fill(s) per 30 day(s) retail
VERQUVO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>cephalexin TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			Cephalosporins - 2nd Generation		
Cephalosporins - 1st Generation			CEFACLOR ER TB12	4	4 max fill(s) per 30 day(s) retail; PA
<i>cefadroxil CAPS</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefaclor CAPS</i>	1	4 max fill(s) per 30 day(s) retail
<i>cefadroxil SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefaclor SUSR</i> 125 MG/5ML, 375 MG/5ML	4	4 max fill(s) per 30 day(s) retail; PA
<i>cefadroxil TABS</i>	1	4 max fill(s) per 30 day(s) retail	CEFOTAN IJ (<i>Use cefotetan disodium</i>)	4	4 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML	1	4 max fill(s) per 30 day(s) retail; PA	<i>cefotetan disodium IJ</i> 1 GM, 2 GM	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>cefepime hcl SOLR IJ 1 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
<i>cefprozil TABS</i>	1	4 max fill(s) per 30 day(s) retail	CEFEPIME-DEXTROSE	2	4 max fill(s) per 30 day(s) retail; PA
<i>cefuroxime axetil TABS</i>	1	4 max fill(s) per 30 day(s) retail	Cephalosporins - Siderophores		
<i>cefuroxime sodium IJ 750 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	FETROJA	2	PA
Cephalosporins - 3rd Generation			CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefdinir CAPS</i>	1	4 max fill(s) per 30 day(s) retail	Combination Contraceptives - Oral		
<i>cefdinir SUSR</i>	1	4 max fill(s) per 30 day(s) retail	BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>cefixime CAPS</i>	1	4 max fill(s) per 30 day(s) retail	BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>cefixime SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>desogestrel & ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefpodoxime proxetil SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefpodoxime proxetil SUSR</i>	2	4 max fill(s) per 30 day(s) retail	<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>cefpodoxime proxetil TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>drospirenone-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>ethynodiol diacet & eth estrad</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>ceftriaxone sodium in dextrose</i>	1	4 max fill(s) per 30 day(s) retail; PA	FEMLYV TBDP	2	2 max fill(s) per 30 day(s) retail; MP
CEFTRIAZONE SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA	GENERESS FE (<i>Use norethindrone & ethinyl estradiol-fe</i>)	9	2 max fill(s) per 30 day(s) retail; MP
SUPRAX CAPS (<i>Use cefixime</i>)	9	4 max fill(s) per 30 day(s) retail	<i>levonorgestrel & eth estradiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
SUPRAX SUSR 200 MG/5ML (<i>Use cefixime</i>)	9	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-eth estradiol (triphasic)</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-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>	2	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 acet & eth estra TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>levonorgestrel-ethinyl estradiol-iron</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; MP
LO LOESTRIN FE TABS	2	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
LOSEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	9	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
MINASTRIN 24 FE CHEW (Use <i>norethin acet & estrad-fe</i>)	9	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; MP
MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	9	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
NATAZIA	2	2 max fill(s) per 30 day(s) retail; MP	QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	9	2 max fill(s) per 30 day(s) retail; MP
NEXTSTELLIS	2	2 max fill(s) per 30 day(s) retail; MP	SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	2	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	SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	9	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	TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	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	TYBLUME CHEW	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>	1	2 max fill(s) per 30 day(s) retail; MP	YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	2	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	YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Transdermal					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norelgestromin-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	DEPO-PROVERA SUSY IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	2	2 max fill(s) per 30 day(s) retail; MP
TWIRLA	2	2 max fill(s) per 30 day(s) retail; MP	DEPO-SUBQ PROVERA 104 SUSY SC	2	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Vaginal			<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
ANNOVERA	2	2 max fill(s) per 30 day(s) retail; MP	<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>etonogestrel-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP	Progestin Contraceptives - IUD		
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	9	2 max fill(s) per 30 day(s) retail; MP	KYLEENA	2	2 max fill(s) per 30 day(s) retail; SP
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	LILETTA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
Copper Contraceptives - IUD			MIRENA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
PARAGARD INTRAUTERINE COPPER	2	2 max fill(s) per 30 day(s) retail; SP	SKYLA	2	2 max fill(s) per 30 day(s) retail; SP
Emergency Contraceptives			Progestin Contraceptives - Oral		
ELLA	2	4 max fill(s) per 30 day(s) retail	<i>norethindrone (contraceptive)</i>	1	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	OPILL	2	2 max fill(s) per 30 day(s) retail; MP
PLAN B ONE-STEP (<i>Use levonorgestrel (emergency oc)</i>)	2	4 max fill(s) per 30 day(s) retail	SLYND	2	2 max fill(s) per 30 day(s) retail; MP
Progestin Contraceptives - Implants			CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
NEXPLANON	2	2 max fill(s) per 30 day(s) retail; SP	Glucocorticosteroids		
Progestin Contraceptives - Injectable			ACTIVE INJECTION D KIT	4	4 max fill(s) per 30 day(s) retail; PA
DEPO-PROVERA SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	2	2 max fill(s) per 30 day(s) retail; MP	AGAMREE	4	2 max fill(s) per 30 day(s) retail; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1	4 max fill(s) per 30 day(s) retail; PA	SOLU-MEDROL 2 GM, 500 MG, 1000 MG (<i>Use methylprednisolone sod succ</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylprednisolone TABS</i>	1	4 max fill(s) per 30 day(s) retail	SOLU-MEDROL (PF)	4	4 max fill(s) per 30 day(s) retail; PA
<i>methylprednisolone TBPk</i>	1	4 max fill(s) per 30 day(s) retail	TARPEYO CPDR	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
ORTIKOS CP24	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1	4 max fill(s) per 30 day(s) retail; PA
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	UCERIS TB24 (<i>Use budesonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1	4 max fill(s) per 30 day(s) retail	ZILRETTA SRER	4	4 max fill(s) per 30 day(s) retail; PA
<i>prednisolone SOLN</i>	1	4 max fill(s) per 30 day(s) retail	Mineralocorticoids		
<i>prednisolone TABS</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>fludrocortisone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail
PREDNISONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail	COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>prednisone SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	Antitussives		
<i>prednisone TABS</i>	1	4 max fill(s) per 30 day(s) retail	DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	9	QL(480 ML per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
<i>prednisone TBPk</i>	1	4 max fill(s) per 30 day(s) retail	<i>dextromethorphan hbr CAPS</i>	1	2 max fill(s) per 30 day(s) retail
RAYOS TBEC	4	4 max fill(s) per 30 day(s) retail; PA	<i>dextromethorphan hbr LIQD 15 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF	2	4 max fill(s) per 30 day(s) retail; PA	<i>dextromethorphan polistirex SUER</i>	2	QL(480 ML per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
SOLU-CORTEF (<i>Use hydrocortisone sod succinate</i>)	2	4 max fill(s) per 30 day(s) retail; PA	<i>dextromethorphan polistirex SUER</i>	1	QL(480 ML per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
SOLU-CORTEF (<i>Use hydrocortisone sod succinate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Cough/Cold/Allergy Combinations		
SOLU-MEDROL	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine-pseudoephedrine</i>	1	2 max fill(s) per 30 day(s) retail	<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML</i>	2	2 max fill(s) per 30 day(s) retail
CLARINEX-D 12 HOUR TB12	4	2 max fill(s) per 30 day(s) retail	<i>guaifenesin TABS</i>	1	2 max fill(s) per 30 day(s) retail
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	9	2 max fill(s) per 30 day(s) retail	<i>guaifenesin TB12 1200 MG</i>	2	2 max fill(s) per 30 day(s) retail
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	8		<i>guaifenesin TB12</i>	1	2 max fill(s) per 30 day(s) retail
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	1 max fill(s) per 30 day(s) retail	MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	9	2 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	Misc. Respiratory Inhalants		
<i>loratadine & pseudoephedrine TB12</i>	1	2 max fill(s) per 30 day(s) retail	HYPERSAL NEBU (<i>Use sodium chloride (inhalant)</i>)	NF	
<i>loratadine & pseudoephedrine TB24</i>	1	2 max fill(s) per 30 day(s) retail	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
<i>phenylephrine-dm-gg w/ apap TABS 5 MG-100 MG-325 MG-10 MG, 5 MG-200 MG-325 MG-10 MG</i>	8		Mucolytics		
TYLENOL COLD/FLU SEVERE TABS (<i>Use phenylephrine-dm-gg w/ apap</i>)	9	2 max fill(s) per 30 day(s) retail	<i>acetylcysteine SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
Expectorants			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
GILTUSS EX EXPECTORANT CHILD LIQD	8		Acne Products		
GILTUSS EX MAXIMUM STRENGTH LIQD	8		ABSORICA (<i>Use isotretinoin</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	1	2 max fill(s) per 30 day(s) retail	ABSORICA LD	4	2 max fill(s) per 30 day(s) retail; PA
			ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
			ACZONE 7.5 % (<i>Use dapsone (topical)</i>)	9	4 max fill(s) per 30 day(s) retail
			<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
			<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	4	4 max fill(s) per 30 day(s) retail; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) PADS</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	4	4 max fill(s) per 30 day(s) retail
<i>erythromycin (acne aid) SOLN</i>	1	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA
FABIOR FOAM	4	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
<i>isotretinoin</i>	1	2 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	4	4 max fill(s) per 30 day(s) retail
KLARON (Use <i>sulfacetamide sodium (acne)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
ONEXTON GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
PLEXION CLEANSER LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	9	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	4	4 max fill(s) per 30 day(s) retail
PLEXION CREA (Use <i>sulfacetamide sodium w/ sulfur</i>)	9	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
PLEXION LOTN (Use <i>sulfacetamide sodium w/ sulfur</i>)	9	4 max fill(s) per 30 day(s) retail	<i>sulfacetamide sodium w/ sulfur SUSP</i>	4	4 max fill(s) per 30 day(s) retail
RETIN-A MICRO (Use <i>tretinoin microsphere</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
RETIN-A MICRO PUMP (Use <i>tretinoin microsphere</i>)	4	4 max fill(s) per 30 day(s) retail; PA	SULFACETAMIDE SODIUM-SULFUR SUSP	4	4 max fill(s) per 30 day(s) retail
RETIN-A MICRO PUMP	4	4 max fill(s) per 30 day(s) retail; PA	SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	4	4 max fill(s) per 30 day(s) retail; PA
RETIN-A CREA (Use <i>tretinoin</i>)	4	4 max fill(s) per 30 day(s) retail; PA	SUMAXIN PADS	4	4 max fill(s) per 30 day(s) retail; PA
RETIN-A GEL (Use <i>tretinoin</i>)	2	4 max fill(s) per 30 day(s) retail	TAZAROTENE FOAM	2	4 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium (acne)</i>	4	4 max fill(s) per 30 day(s) retail	<i>tretinoin microsphere</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	4	4 max fill(s) per 30 day(s) retail	<i>tretinoin CREA 0.025 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
			<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail	XEPI	4	4 max fill(s) per 30 day(s) retail
TWYNEO	4	4 max fill(s) per 30 day(s) retail; PA	Antifungals - Topical		
WINLEVI	4	4 max fill(s) per 30 day(s) retail	<i>ciclopirox olamine CREA</i>	1	4 max fill(s) per 30 day(s) retail
ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	4	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
ZMA CLEAR SUSP	4	4 max fill(s) per 30 day(s) retail	<i>ciclopirox GEL</i>	4	4 max fill(s) per 30 day(s) retail
Agents for External Genital and Perianal Warts			<i>ciclopirox KIT</i>	4	4 max fill(s) per 30 day(s) retail; PA
VEREGEN	4	2 max fill(s) per 30 day(s) retail; PA	<i>ciclopirox SHAM</i>	1	4 max fill(s) per 30 day(s) retail
Antibiotics - Topical			<i>ciclopirox SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>bacitracin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>clotrimazole (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC
<i>bacitracin zinc OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>clotrimazole (topical) SOLN</i>	1	4 max fill(s) per 30 day(s) retail; RX/OTC
<i>bacitracin-polymyxin b OINT</i>	2	4 max fill(s) per 30 day(s) retail	<i>clotrimazole w/ betamethasone CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>bacitracin-polymyxin b OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>clotrimazole w/ betamethasone LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA
CENTANY AT KIT	4	4 max fill(s) per 30 day(s) retail; PA	<i>econazole nitrate CREA</i>	4	4 max fill(s) per 30 day(s) retail
<i>gentamicin sulfate (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail	ERTACZO	4	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	JUBLIA	4	4 max fill(s) per 30 day(s) retail; PA
<i>mupirocin calcium (topical)</i>	4	4 max fill(s) per 30 day(s) retail; PA	KERYDIN (<i>Use tavaborole</i>)	9	4 max fill(s) per 30 day(s) retail
<i>mupirocin OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>ketoconazole (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail
NEO-SYNALAR	4	4 max fill(s) per 30 day(s) retail	<i>ketoconazole (topical) FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA
NEO-SYNALAR	4	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
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM (<i>Use bacitracin-polymyxin b</i>)	9	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KETODAN	4	4 max fill(s) per 30 day(s) retail; PA	OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	9	4 max fill(s) per 30 day(s) retail
LOPROX	4	4 max fill(s) per 30 day(s) retail; PA	OXISTAT LOTN	4	4 max fill(s) per 30 day(s) retail; PA
LOPROX SHAM (<i>Use ciclopirox</i>)	9	4 max fill(s) per 30 day(s) retail	<i>tavaborole</i>	4	4 max fill(s) per 30 day(s) retail; PA
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	4	4 max fill(s) per 30 day(s) retail; PA	TINACTIN CREA (<i>Use tolnaftate</i>)	9	4 max fill(s) per 30 day(s) retail
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	9	4 max fill(s) per 30 day(s) retail; RX/OTC	<i>tolnaftate CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>luliconazole</i>	4	4 max fill(s) per 30 day(s) retail; PA	VUSION (<i>Use miconazole-zinc oxide-white petrolatum</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LUZU (<i>Use luliconazole</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Anti-inflammatory Agents - Topical		
<i>miconazole nitrate (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail	<i>diclofenac epolamine PTCH EX</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>miconazole-zinc oxide-white petrolatum</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>diclofenac sodium (topical) GEL EX</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naftifine hcl CREA</i>	4	4 max fill(s) per 30 day(s) retail	<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	2 max fill(s) per 30 day(s) retail
<i>naftifine hcl GEL 2 %</i>	4	4 max fill(s) per 30 day(s) retail	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
NAFTIN GEL 2 % (<i>Use naftifine hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>diclofenac sodium-capsaicin (topical)</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail	DICLOGEN	4	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail	LEXITRAL PHARMAPAK II (<i>Use diclofenac sodium-capsaicin (topical)</i>)	9	2 max fill(s) per 30 day(s) retail
<i>nystatin (topical) POWD EX</i>	4	4 max fill(s) per 30 day(s) retail; PA	LIXOFEN KIT	4	2 max fill(s) per 30 day(s) retail; PA
<i>nystatin (topical) POWD EX</i>	1	4 max fill(s) per 30 day(s) retail	PENNSAID SOLN EX 2 % (<i>Use diclofenac sodium (topical)</i>)	4	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			
<i>nystatin-triamcinolone OINT</i>	1	4 max fill(s) per 30 day(s) retail			
<i>oxiconazole nitrate CREA</i>	4	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	9	2 max fill(s) per 30 day(s) retail; RX/OTC	PRUDOXIN (Use doxepin hcl (antipruritic))	4	2 max fill(s) per 30 day(s) retail; PA
Antineoplastic or Premalignant Lesion Agents - Topical			ZONALON (Use doxepin hcl (antipruritic))	4	2 max fill(s) per 30 day(s) retail; PA
AMELUZ GEL	2	2 max fill(s) per 30 day(s) retail; PA	Antipsoriatics		
bexarotene (topical)	4	2 max fill(s) per 30 day(s) retail; PA	acitretin	1	2 max fill(s) per 30 day(s) retail
CARAC CREA	4	2 max fill(s) per 30 day(s) retail; PA	BIMZELX SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
diclofenac sodium (actinic keratoses) EX	1	2 max fill(s) per 30 day(s) retail; PA	BIMZELX SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
EFUDEX CREA (Use fluorouracil (topical))	4	2 max fill(s) per 30 day(s) retail; PA	calcipotriene CREA	1	4 max fill(s) per 30 day(s) retail
fluorouracil (topical) CREA 5 %	1	2 max fill(s) per 30 day(s) retail	CALCIPOTRIENE FOAM	4	4 max fill(s) per 30 day(s) retail; PA
fluorouracil (topical) CREA 0.5 %	4	2 max fill(s) per 30 day(s) retail; PA	calcipotriene OINT	1	4 max fill(s) per 30 day(s) retail
fluorouracil (topical) SOLN	1	2 max fill(s) per 30 day(s) retail; PA	calcipotriene SOLN	1	4 max fill(s) per 30 day(s) retail
LEVULAN KERASTICK SOLR	2	2 max fill(s) per 30 day(s) retail; PA	calcitriol (topical)	4	4 max fill(s) per 30 day(s) retail
TARGRETIN (Use bexarotene (topical))	4	2 max fill(s) per 30 day(s) retail; PA	COSENTYX (300 MG DOSE) SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
TOLAK CREA	2	2 max fill(s) per 30 day(s) retail; PA	COSENTYX SENSOREADY (300 MG) SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
VALCHLOR	2	2 max fill(s) per 30 day(s) retail; PA	COSENTYX SENSOREADY PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
Antipruritics - Topical			COSENTYX UNOREADY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
doxepin hcl (antipruritic)	4	2 max fill(s) per 30 day(s) retail; PA	COSENTYX SOLN	4	2 max fill(s) per 1 day(s) retail; SP; PA
			COSENTYX SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
			ILUMYA	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methoxsalen rapid</i>	1	2 max fill(s) per 30 day(s) retail	<i>tazarotene GEL</i>	4	4 max fill(s) per 30 day(s) retail
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	TREMFYA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
SELARSDI SOSY SC 90 MG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
SELARSDI SOSY SC 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; MP	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
SILIQ	4	2 max fill(s) per 30 day(s) retail; SP; PA	USTEKINUMAB-TTWE	4	2 max fill(s) per 30 day(s) retail; SP; PA
SKYRIZI PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	VECTICAL (<i>Use calcitriol (topical)</i>)	4	4 max fill(s) per 30 day(s) retail; PA
SKYRIZI SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	VTAMA	4	4 max fill(s) per 30 day(s) retail
SORILUX FOAM	4	4 max fill(s) per 30 day(s) retail; PA	YESINTEK SOLN 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
SOTYKTU	4	2 max fill(s) per 30 day(s) retail; SP; PA	YESINTEK SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
SPEVIGO SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA	Antiseborrheic Products		
SPEVIGO SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
STELARA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA	OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	4	2 max fill(s) per 30 day(s) retail; PA
TALTZ SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>selenium sulfide LOTN 2.5 %</i>	1	2 max fill(s) per 30 day(s) retail
TALTZ SOSY 80 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	9	
<i>tazarotene CREA</i>	4	4 max fill(s) per 30 day(s) retail	SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	9	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELSUN BLUE LOTN (Use selenium sulfide)	9		SULFAMYLON CREA	2	4 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium GEL	1	2 max fill(s) per 30 day(s) retail	SULFAMYLON PACK 5 % (Use mafenide acetate)	9	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium LIQD	1	2 max fill(s) per 30 day(s) retail	Corticosteroids - Topical		
sulfacetamide sodium LIQD	2	2 max fill(s) per 30 day(s) retail	alclometasone dipropionate CREA	4	2 max fill(s) per 30 day(s) retail
Antivirals - Topical			alclometasone dipropionate OINT	4	2 max fill(s) per 30 day(s) retail
acyclovir topical CREA	4	2 max fill(s) per 30 day(s) retail; PA	amcinonide CREA	4	4 max fill(s) per 30 day(s) retail; PA
acyclovir topical OINT	4	2 max fill(s) per 30 day(s) retail; PA	APEXICON E CREA	4	4 max fill(s) per 30 day(s) retail; PA
DENAVIR (Use penciclovir)	4	2 max fill(s) per 30 day(s) retail; PA	betamethasone dipropionate (topical) CREA	4	4 max fill(s) per 30 day(s) retail; PA
penciclovir	4	2 max fill(s) per 30 day(s) retail; PA	betamethasone dipropionate (topical) LOTN	1	4 max fill(s) per 30 day(s) retail
XERESE	4	2 max fill(s) per 30 day(s) retail; PA	betamethasone dipropionate (topical) OINT	4	4 max fill(s) per 30 day(s) retail; PA
ZELSUVMI GEL EX 10.3 %	2	2 max fill(s) per 30 day(s) retail; PA	betamethasone dipropionate augmented CREA	4	4 max fill(s) per 30 day(s) retail; PA
ZOVIRAX CREA (Use acyclovir topical)	4	2 max fill(s) per 30 day(s) retail; PA	betamethasone dipropionate augmented GEL 0.05 %	4	4 max fill(s) per 30 day(s) retail; PA
ZOVIRAX OINT (Use acyclovir topical)	4	2 max fill(s) per 30 day(s) retail; PA	betamethasone dipropionate augmented LOTN	4	4 max fill(s) per 30 day(s) retail; PA
Burn Products			betamethasone dipropionate augmented OINT	4	4 max fill(s) per 30 day(s) retail; PA
mafenide acetate PACK	1	4 max fill(s) per 30 day(s) retail; PA	betamethasone valerate CREA	1	4 max fill(s) per 30 day(s) retail
SILVADENE (Use silver sulfadiazine)	4	4 max fill(s) per 30 day(s) retail; PA	betamethasone valerate FOAM	4	4 max fill(s) per 30 day(s) retail; PA
silver sulfadiazine	1	4 max fill(s) per 30 day(s) retail	betamethasone valerate LOTN	1	4 max fill(s) per 30 day(s) retail
silver sulfadiazine	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate OINT</i>	1	4 max fill(s) per 30 day(s) retail	CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
BRYHALI LOTN	4	4 max fill(s) per 30 day(s) retail; PA	CLOBEX SHAM (Use <i>clobetasol propionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>clocortolone pivalate</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>calcipotriene-betamethasone dipropionate SUSP</i>	4	4 max fill(s) per 30 day(s) retail; PA	CLODAN	4	4 max fill(s) per 30 day(s) retail; PA
CAPEX SHAM	4	4 max fill(s) per 30 day(s) retail; PA	CLODERM (Use <i>clocortolone pivalate</i>)	9	4 max fill(s) per 30 day(s) retail
<i>clobetasol propionate emollient base 0.05 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate emulsion</i>	4	4 max fill(s) per 30 day(s) retail; PA	DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate CREA 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail	<i>desonide CREA</i>	1	2 max fill(s) per 30 day(s) retail
<i>clobetasol propionate CREA 0.025 %</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>desonide LOTN</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>desonide OINT</i>	1	2 max fill(s) per 30 day(s) retail
<i>clobetasol propionate GEL 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail	DESOWEN CREA (Use <i>desonide</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate LIQD</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>desoximetasone CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>desoximetasone GEL</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate OINT 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail	<i>desoximetasone LIQD</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate SHAM</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>desoximetasone OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>clobetasol propionate SOLN 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail	<i>diflorasone diacetate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA
CLOBEX SPRAY LIQD (Use <i>clobetasol propionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>diflorasone diacetate OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluticasone propionate LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA
DUOBRII	4	4 max fill(s) per 30 day(s) retail; PA	<i>fluticasone propionate OINT</i>	1	4 max fill(s) per 30 day(s) retail
ENSTILAR FOAM	4	4 max fill(s) per 30 day(s) retail; PA	<i>halcinonide CREA</i>	4	4 max fill(s) per 30 day(s) retail
EPIFOAM FOAM	4	2 max fill(s) per 30 day(s) retail; PA	<i>halcinonide SOLN 0.1 %</i>	4	4 max fill(s) per 30 day(s) retail
<i>fluocinolone acetonide CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>halobetasol propionate CREA</i>	1	4 max fill(s) per 30 day(s) retail
<i>fluocinolone acetonide OIL</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>halobetasol propionate FOAM</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>fluocinolone acetonide OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>halobetasol propionate OINT</i>	1	4 max fill(s) per 30 day(s) retail
<i>fluocinolone acetonide SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	HALOG CREA (<i>Use halcinonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>fluocinonide emulsified base</i>	4	4 max fill(s) per 30 day(s) retail; PA	HALOG OINT	4	4 max fill(s) per 30 day(s) retail; PA
<i>fluocinonide CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	HALOG SOLN	4	4 max fill(s) per 30 day(s) retail; PA
<i>fluocinonide GEL</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone (topical) CREA</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>fluocinonide OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone (topical) LOTN 2.5 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>fluocinonide SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC
<i>flurandrenolide CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone (topical) SOLN 2.5 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>flurandrenolide LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA	<i>hydrocortisone acetate (topical) OINT</i>	8	
<i>fluticasone propionate CREA 0.05 %</i>	1	4 max fill(s) per 30 day(s) retail	HYDROCORTISONE ACETATE CREA	1	2 max fill(s) per 30 day(s) retail
			<i>hydrocortisone butyrate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA
			<i>hydrocortisone butyrate LOTN</i>	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR TS	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone butyrate SOLN</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone valerate CREA</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>hydrocortisone valerate OINT</i>	4	4 max fill(s) per 30 day(s) retail; PA	SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
IMPOYZ CREA 0.025 % (<i>Use clobetasol propionate</i>)	9	4 max fill(s) per 30 day(s) retail	TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	9	4 max fill(s) per 30 day(s) retail
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	4	4 max fill(s) per 30 day(s) retail; PA	TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	9	4 max fill(s) per 30 day(s) retail	TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LOCOID LIPOCREAM	4	4 max fill(s) per 30 day(s) retail; PA	TOPICORT CREA (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	TOPICORT GEL (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	TOPICORT OINT (<i>Use desoximetasone</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>mometasone furoate CREA</i>	1	4 max fill(s) per 30 day(s) retail	TOVET	4	4 max fill(s) per 30 day(s) retail; PA
<i>mometasone furoate OINT</i>	1	4 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (topical) AERS</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>mometasone furoate SOLN</i>	1	4 max fill(s) per 30 day(s) retail	<i>triamcinolone acetonide (topical) CREA</i>	1	4 max fill(s) per 30 day(s) retail
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) LOTN</i>	1	4 max fill(s) per 30 day(s) retail
PANDEL	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) OINT</i>	1	4 max fill(s) per 30 day(s) retail
SYNALAR (CREAM)	4	4 max fill(s) per 30 day(s) retail; PA	<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR (OINTMENT)	4	4 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits
TRIDESILON CREA 0.05 % (<i>Use desonide</i>)	9	2 max fill(s) per 30 day(s) retail
ULTRAVATE LOTN	4	4 max fill(s) per 30 day(s) retail; PA
VANOS CREA (<i>Use fluocinonide</i>)	4	4 max fill(s) per 30 day(s) retail; PA
Eczema Agents		
ADBRY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADBRY SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
CIBINQO	2	2 max fill(s) per 30 day(s) retail; SP; PA
DUPIXENT SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
EBGLYSS SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
EBGLYSS SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
OPZELURA	2	2 max fill(s) per 30 day(s) retail; SP; PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Hair Growth Agents		

Drug Name	Drug Tier	Requirements/ Limits
LEQSELVI TABS PO 8 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA
LITFULO	4	2 max fill(s) per 30 day(s) retail; SP; PA
Immunomodulating Agents - Systemic		
NEMLUVIO	4	2 max fill(s) per 30 day(s) retail; SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>imiquimod 3.75 %</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZYCLARA (<i>Use imiquimod</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZYCLARA PUMP (<i>Use imiquimod</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZYCLARA PUMP	4	4 max fill(s) per 30 day(s) retail; MP; PA
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	4	2 max fill(s) per 30 day(s) retail; PA
HYFTOR	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>pimecrolimus</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>tacrolimus (topical) OINT</i>	1	2 max fill(s) per 30 day(s) retail; PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>salicylic acid FOAM</i>	1	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>salicylic acid LIQD 27.5 %</i>	1	2 max fill(s) per 30 day(s) retail; PA	PLIAGLIS CREA	4	2 max fill(s) per 30 day(s) retail; PA
SALICYLIC ACID OINT	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC	QUTENZA	4	2 max fill(s) per 30 day(s) retail; PA
SALYCIM CREA	1	2 max fill(s) per 30 day(s) retail; PA	QUTENZA (2 PATCH)	4	2 max fill(s) per 30 day(s) retail; PA
YCANTH SOLN	2	2 max fill(s) per 30 day(s) retail; PA	QUTENZA (4 PATCH)	4	2 max fill(s) per 30 day(s) retail; PA
Local Anesthetics - Topical			XYLIDERM	4	2 max fill(s) per 30 day(s) retail; PA
<i>benzocaine (topical) AERO</i>	8		ZTLIDO PTCH	4	2 max fill(s) per 30 day(s) retail; PA
<i>lidocaine hcl CREA 3 %</i>	1	2 max fill(s) per 30 day(s) retail	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>lidocaine hcl GEL 2 %</i>	1	2 max fill(s) per 30 day(s) retail	EUCRISA	2	2 max fill(s) per 30 day(s) retail
<i>lidocaine hcl PRSY</i>	1	2 max fill(s) per 30 day(s) retail	ZORYVE CREA EX	4	2 max fill(s) per 30 day(s) retail; PA
<i>lidocaine hcl PRSY</i>	4	2 max fill(s) per 30 day(s) retail; PA	ZORYVE FOAM EX	4	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	Protectives Against UV Radiation		
<i>lidocaine OINT 5 %</i>	1	2 max fill(s) per 30 day(s) retail	SCENESSE	CO	SP
LIDOCAINE OINT (Use <i>lidocaine</i>)	9		Rosacea Agents		
<i>lidocaine-prilocaine CREA</i>	1	2 max fill(s) per 30 day(s) retail	<i>azelaic acid GEL</i>	1	2 max fill(s) per 30 day(s) retail
<i>lidocaine-prilocaine KIT</i>	4	2 max fill(s) per 30 day(s) retail	<i>brimonidine tartrate (topical)</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>lidocaine PTCH 5 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>doxycycline (rosacea)</i>	4	2 max fill(s) per 30 day(s) retail; PA
LIDODERM PTCH (Use <i>lidocaine</i>)	4	2 max fill(s) per 30 day(s) retail; PA	FINACEA FOAM	4	2 max fill(s) per 30 day(s) retail; PA
LIDOTRAL CREA	4	2 max fill(s) per 30 day(s) retail; PA	FINACEA GEL (Use <i>azelaic acid</i>)	9	2 max fill(s) per 30 day(s) retail
NOLIRA CREA	4	2 max fill(s) per 30 day(s) retail; PA	<i>ivermectin (rosacea)</i>	1	2 max fill(s) per 30 day(s) retail
NYNUTEY CREA	4	2 max fill(s) per 30 day(s) retail; PA			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS COVID-19 AT HOME TEST KIT KIT	2		ON/GO ONE COVID-19 HOME TEST KIT	2	
DIATRUST COVID-19 HOME TEST KIT	2		PILOT COVID-19 AT-HOME TEST KIT	2	
DXTERITY COVID-19 HOME TEST	2		PIXEL COVID-19 PCR HOME TEST	2	
ELLUME COVID-19 HOME TEST KIT	2		QUICKVUE AT-HOME COVID-19 TEST KIT	2	
EVERLYWELL COVID-19 HOME TEST	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
FASTEP COVID-19 ANTIGEN TEST KIT	2				
FLOWFLEX COVID-19 AG HOME TEST KIT	2				
GENABIO COVID-19 RAPID TEST KIT	2				
GNP TRUETRACK TEST STRIPS STRP	4	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC	SIMPLICITY COVID-19 AT-HOME	2	
			SPEEDY SWAB COVID-19 ANTIGEN KIT	2	
			TRUE METRIX BLOOD GLUCOSE TEST STRP	4	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	2				
IHEALTH COVID-19 RAPID TEST KIT	2				
INDICAID COVID-19 RAPID TEST KIT	2				
INTELISWAB COVID-19 RAPID TEST KIT	2		TRUE METRIX BLOOD GLUCOSE TEST 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
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				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK TEST STRP	4	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC	<i>acetazolamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>dichlorphenamide</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Digestive Enzymes			KEVEYIS (<i>Use dichlorphenamide</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
CREON CPEP	2	2 max fill(s) per 30 day(s) retail	<i>methazolamide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT	4	2 max fill(s) per 30 day(s) retail	Diuretic Combinations		
PERTZYE CPEP	4	2 max fill(s) per 30 day(s) retail	ALDACTAZIDE (<i>Use spironolactone & hydrochlorothiazide</i>)	9	2 max fill(s) per 30 day(s) retail; MP
VIOKACE TABS	4	2 max fill(s) per 30 day(s) retail	<i>amiloride & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	2 max fill(s) per 30 day(s) retail	MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	9	2 max fill(s) per 30 day(s) retail; MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	9	2 max fill(s) per 30 day(s) retail; MP
Carbonic Anhydrase Inhibitors			<i>spironolactone & hydrochlorothiazide</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>acetazolamide sodium</i>	1	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>acetazolamide CP12</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
			Loop Diuretics		
			<i>bumetanide SOLN 0.25 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>bumetanide TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
			BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	9	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDECIN (Use ethacrynic acid)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Thiazides and Thiazide-Like Diuretics		
ethacrynic acid	1	2 max fill(s) per 30 day(s) retail; MP; PA	chlorothiazide sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
ethacrynic acid	4	2 max fill(s) per 30 day(s) retail; MP	chlorthalidone 25 MG, 50 MG	1	2 max fill(s) per 30 day(s) retail; MP
FUROSCIX CTKT	4	2 max fill(s) per 30 day(s) retail; PA	DIURIL SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
furosemide SOLN IJ 10 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA	HEMICLOR 12.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP	hydrochlorothiazide CAPS	1	2 max fill(s) per 30 day(s) retail; MP
furosemide TABS	1	2 max fill(s) per 30 day(s) retail; MP	hydrochlorothiazide TABS	1	2 max fill(s) per 30 day(s) retail; MP
LASIX TABS (Use furosemide)	4	2 max fill(s) per 30 day(s) retail; MP; PA	indapamide TABS 1.25 MG, 2.5 MG	1	2 max fill(s) per 30 day(s) retail; MP
SODIUM EDECIN (Use ethacrynic acid)	4	2 max fill(s) per 30 day(s) retail; MP; PA	INZIRQO SUSP PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
toremide TABS	1	2 max fill(s) per 30 day(s) retail; MP	metolazone	1	2 max fill(s) per 30 day(s) retail; MP
Potassium Sparing Diuretics			THALITONE	2	2 max fill(s) per 30 day(s) retail; MP
ALDACTONE TABS (Use spironolactone)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ENDOCRINE AND METABOLIC AGENTS - MISC.		
amiloride hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP	- Drugs to Treat Bone Disease and Regulate Hormones		
CAROSPIR SUSP (Use spironolactone)	4	2 max fill(s) per 30 day(s) retail; MP; PA	Adrenal Steroid Inhibitors		
spironolactone SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA	ISTURISA 10 MG	CO	SP
spironolactone TABS	1	2 max fill(s) per 30 day(s) retail; MP	ISTURISA 5 MG	CO	QL(12 EA daily); 2 max fill(s) per 30 day(s) retail; SP
triamterene CAPS	1	2 max fill(s) per 30 day(s) retail; MP	ISTURISA 1 MG	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECORLEV	CO	2 max fill(s) per 30 day(s) retail; SP	EVENITY	4	QL(2.34 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; 2 max fill(s) per 30 day(s) mail; SP; PA
Bone Density Regulators			FORTEO SOPN (Use teriparatide)	4	Limit 2 per month; QL(2.4 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP; PA
ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium)	4	2 max fill(s) per 30 day(s) retail; MP; PA	FOSAMAX PLUS D	4	2 max fill(s) per 30 day(s) retail; MP; PA
alendronate sodium SOLN	1	2 max fill(s) per 30 day(s) retail; MP	FOSAMAX TABS 70 MG (Use alendronate sodium)	4	2 max fill(s) per 30 day(s) retail; MP; PA
alendronate sodium TABS 10 MG, 35 MG, 70 MG	1	2 max fill(s) per 30 day(s) retail; MP	ibandronate sodium SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
ATELVIA TBEC (Use risedronate sodium)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ibandronate sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
BINOSTO TBEF	4	2 max fill(s) per 30 day(s) retail; MP; PA	JUBBONTI SOSY SC 60 MG/ML	2	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BONSITY SOPN 560 MCG/2.24ML	4	QL(2.4 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP; PA	MIACALCIN IJ (Use calcitonin (salmon))	4	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
calcitonin (salmon) IJ	1	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	OSENVELT SOLN SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
calcitonin (salmon) NA	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	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	4	2 max fill(s) per 30 day(s) retail; MP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
ORILISSA	2	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	2	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
GENOTROPIN CART SC	2	2 max fill(s) per 30 day(s) retail; SP; PA
HUMATROPE CART IJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
NGENLA	4	2 max fill(s) per 30 day(s) retail; SP; PA
NORDITROPIN FLEXPPO SOPN	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMNITROPE SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMNITROPE SOLR SC	4	2 max fill(s) per 30 day(s) retail; SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SKYTROFA	4	2 max fill(s) per 30 day(s) retail; SP; PA
SOGROYA	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZOMACTON SOLR SC	4	2 max fill(s) per 30 day(s) retail; SP; PA
Hormone Receptor Modulators		
EVISTA (Use raloxifene hcl)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
OSPHENA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
raloxifene hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	CO	2 max fill(s) per 30 day(s) retail; SP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	2 max fill(s) per 30 day(s) retail; SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	2 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	2 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPPRELIN LA	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
SYNAREL	2	2 max fill(s) per 30 day(s) retail; SP; PA	CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
TRIPTODUR	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>cinacalcet hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Menopausal Symptoms Suppressants			CITRULLINE EASY	CO	
VEOZAH	4	2 max fill(s) per 30 day(s) retail; PA	CRYSVITA	CO	2 max fill(s) per 30 day(s) retail; SP
Metabolic Modifiers			CYSTADANE (<i>Use betaine</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
ALDURAZYME	CO	SP	<i>doxercalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>betaine</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA	ELAPRASE	CO	SP
BRINEURA	CO	2 max fill(s) per 30 day(s) retail; SP	ELFABRIO	CO	2 max fill(s) per 30 day(s) retail; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	FABRAZYME	CO	2 max fill(s) per 30 day(s) retail; SP
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	GALAFOLD	CO	2 max fill(s) per 30 day(s) retail; SP
<i>calcitriol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	KANUMA	CO	SP
<i>calcitriol SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail; MP	KEBILIDI	CO	SP
CARBAGLU (<i>Use carglumic acid</i>)	CO	2 max fill(s) per 30 day(s) retail; SP	KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
<i>carglumic acid</i>	CO	2 max fill(s) per 30 day(s) retail; SP	KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	9		LAMZEDE	CO	SP
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<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 10 MG/0.5ML	CO	QL(3 ML daily); 2 max fill(s) per 30 day(s) retail; SP
MYALEPT	CO	2 max fill(s) per 30 day(s) retail; 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
NAGLAZYME	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
NEXVIAZYME	CO	SP	<i>paricalcitol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>nitisinone CAPS 20 MG</i>	CO		PHEBURANE PLLT	CO	2 max fill(s) per 30 day(s) retail; SP
<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	CO	2 max fill(s) per 30 day(s) retail; SP	POMBILITI	CO	SP
NITYR TABS	CO	2 max fill(s) per 30 day(s) retail; SP	RAVICTI	CO	2 max fill(s) per 30 day(s) retail; SP
NULIBRY	CO	2 max fill(s) per 30 day(s) retail; SP	RAYALDEE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
OLPRUVA (2 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP	REVCovi	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (3 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP	ROCALtrol CAPS (<i>Use calcitriol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
OLPRUVA (4 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sapropterin dihydrochloride PACK</i>	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (5 GM DOSE) THPK	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
OLPRUVA (6 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP	SENSIPAR (<i>Use cinacalcet hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
OLPRUVA (6.67 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP			
OPFOLDA	CO	2 max fill(s) per 30 day(s) retail; SP			
ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>Use nitisinone</i>)	CO	2 max fill(s) per 30 day(s) retail; SP			
ORFADIN CAPS 20 MG (<i>Use nitisinone</i>)	CO				
ORFADIN SUSP	CO	2 max fill(s) per 30 day(s) retail; SP			

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<i>sodium phenylbutyrate POWD</i>	CO	2 max fill(s) per 30 day(s) retail; SP	<i>desmopressin acetate spray</i>	1	2 max fill(s) per 30 day(s) retail
<i>sodium phenylbutyrate TABS</i>	CO	2 max fill(s) per 30 day(s) retail; SP	<i>desmopressin acetate SOLN IJ</i>	1	2 max fill(s) per 30 day(s) retail; PA
STRENSIQ	CO	2 max fill(s) per 30 day(s) retail; SP	<i>desmopressin acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail
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	NOCDURNA SUBL	4	2 max fill(s) per 30 day(s) retail; PA
VIMIZIM	CO	SP	Progesterone Receptor Antagonists		
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA	MIFEPREX (Use <i>mifepristone</i>)	CO	
XENPOZYME	CO	SP	<i>mifepristone</i>	CO	
XPHOZAH	2	2 max fill(s) per 30 day(s) retail; SP; PA	Prolactin Inhibitors		
YORVIPATH	2	2 max fill(s) per 30 day(s) retail; SP; PA	<i>cabergoline</i>	1	2 max fill(s) per 30 day(s) retail
Mineralocorticoid Receptor Antagonists			Somatostatic Agents		
KERENDIA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>lanreotide acetate</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA
Natriuretic Peptides			LANREOTIDE ACETATE	2	2 max fill(s) per 30 day(s) retail; SP; PA
VOXZOGO	CO	2 max fill(s) per 30 day(s) retail; SP	MYCAPSSA CPDR	2	2 max fill(s) per 30 day(s) retail; SP; PA
Posterior Pituitary Hormones			<i>octreotide acetate KIT</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA
DDAVP PF SOLN IJ (Use <i>desmopressin acetate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>octreotide acetate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>octreotide acetate SOSY</i>	1	2 max fill(s) per 30 day(s) retail; SP; PA
DDAVP TABS (Use <i>desmopressin acetate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	SANDOSTATIN LAR DEPOT KIT (Use <i>octreotide acetate</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA
			SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>octreotide acetate</i>)	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SIGNIFOR	2	2 max fill(s) per 30 day(s) retail; SP; PA	Estrogen Combinations		
SIGNIFOR LAR	2	2 max fill(s) per 30 day(s) retail; SP; PA	ACTIVEVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
SOMATULINE DEPOT 120 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	ANGELIQ	2	2 max fill(s) per 30 day(s) retail; MP
SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML	2	2 max fill(s) per 30 day(s) retail; SP; PA	BIJUVA	4	2 max fill(s) per 30 day(s) retail; MP; PA
Vasopressin Receptor Antagonists			CLIMARA PRO	2	2 max fill(s) per 30 day(s) retail; MP
JYNARQUE TABS 15 MG (<i>Use tol vaptan</i>)	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	COMBIPATCH PTTW	2	2 max fill(s) per 30 day(s) retail; MP
JYNARQUE TABS 30 MG (<i>Use tol vaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	DUAVEE	4	2 max fill(s) per 30 day(s) retail; MP; PA
JYNARQUE TBPK 15 MG (<i>Use tol vaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
SAMSCA TABS 15 MG (<i>Use tol vaptan</i>)	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
SAMSCA TABS 30 MG (<i>Use tol vaptan</i>)	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>estradiol & norethindrone acetate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>tol vaptan TABS 30 MG</i>	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>estradiol & norethindrone acetate TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>tol vaptan TABS 15 MG</i>	CO	QL(1 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>tol vaptan TBPK 15 MG</i>	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>norethindrone acetate-ethinyl estradiol</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>norethindrone acetate-ethinyl estradiol</i>	1	2 max fill(s) per 30 day(s) retail; MP
			ORIAHNN	2	2 max fill(s) per 30 day(s) retail; PA
			PREMPHASE	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREMPRO	2	2 max fill(s) per 30 day(s) retail; MP	<i>estradiol TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Estrogens			EVAMIST SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	4	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA	MENEST	2	2 max fill(s) per 30 day(s) retail; MP
DELESTROGEN (<i>Use estradiol valerate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	MENOSTAR PTWK	4	2 max fill(s) per 30 day(s) retail; MP; PA
DEPO-ESTRADIOL	2	2 max fill(s) per 30 day(s) retail	MINIVELLE PTTW (<i>Use estradiol</i>)	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
DIVIGEL GEL (<i>Use estradiol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	PREMARIN SOLR	4	2 max fill(s) per 30 day(s) retail; PA
ELESTRIN GEL	4	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>Use estradiol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	VIVELLE-DOT PTTW (<i>Use estradiol</i>)	9	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
<i>estradiol valerate 10 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	VIVELLE-DOT PTTW (<i>Use estradiol</i>)	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
<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>	4	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	4	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 100 MG</i>	2	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	4 max fill(s) per 30 day(s) retail	<i>simethicone CHEW</i>	1	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	4 max fill(s) per 30 day(s) retail	<i>simethicone SUSP 20 MG/0.3ML</i>	1	2 max fill(s) per 30 day(s) retail
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	Bile Acid Synthesis Disorder Agents		
<i>levofloxacin SOLN PO</i>	4	4 max fill(s) per 30 day(s) retail	CHOLBAM	CO	
<i>levofloxacin TABS</i>	1	4 max fill(s) per 30 day(s) retail	Farnesoid X Receptor (FXR) Agonists		
<i>moxifloxacin hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail	OICALIVA	CO	
<i>ofloxacin 300 MG, 400 MG</i>	4	4 max fill(s) per 30 day(s) retail	Gallstone Solubilizing Agents		
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>chenodiol</i>	CO	
5-HT4 Receptor Agonists			CTEXLI 250 MG	CO	
MOTEGRITY (<i>Use prucalopride succinate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	RELTONE CAPS	CO	
<i>prucalopride succinate</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	URSO 250 TABS (<i>Use ursodiol</i>)	CO	
Agents for Chronic Idiopathic Constipation (CIC)			URSO FORTE TABS (<i>Use ursodiol</i>)	CO	
TRULANCE	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	<i>ursodiol CAPS</i>	CO	
Antiflatulents			URSODIOL CAPS	CO	
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	9	2 max fill(s) per 30 day(s) retail	<i>ursodiol TABS</i>	CO	
PHAZYME MAXIMUM STRENGTH CAPS (<i>Use simethicone</i>)	9		Gastrointestinal Antiallergy Agents		
PHAZYME ULTRA STRENGTH CAPS (<i>Use simethicone</i>)	9		<i>cromolyn sodium (mastocytosis)</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>simethicone CAPS 125 MG</i>	1	2 max fill(s) per 30 day(s) retail	GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
			Gastrointestinal Chloride Channel Activators		
			AMITIZA (<i>Use lubiprostone</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
			<i>lubiprostone</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
			Gastrointestinal Stimulants		
			GIMOTI SOLN NA	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	2 max fill(s) per 30 day(s) retail	AZULFIDINE TABS (<i>Use sulfasalazine</i>)	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	AZULFIDINE TABS (<i>Use sulfasalazine</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>metoclopramide hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
REGLAN TABS (<i>Use metoclopramide hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	CANASA SUPP (<i>Use mesalamine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Hepatotropics			CIMZIA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
REZDIFFRA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	CIMZIA KIT	4	2 max fill(s) per 30 day(s) retail; SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors			CIMZIA-STARTER PSKT	4	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	COLAZAL CAPS (<i>Use balsalazide disodium</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
BYLVAY CAPS	CO	2 max fill(s) per 30 day(s) retail; SP	DELZICOL CPDR (<i>Use mesalamine</i>)	9	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LIVMARLI	CO	2 max fill(s) per 30 day(s) retail; SP	DIPENTUM	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	CO	2 max fill(s) per 30 day(s) retail; SP	ENTYVIO PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
Inflammatory Bowel Agents			ENTYVIO SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
APRISO CP24 (<i>Use mesalamine</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	INFLECTRA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
AVSOLA	4	2 max fill(s) per 30 day(s) retail; SP; PA	INFLIXIMAB	4	2 max fill(s) per 30 day(s) retail; SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP			
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	4	QL(8 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
LIALDA TBEC (<i>Use mesalamine</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	PENTASA CPCR 250 MG	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
<i>mesalamine w/ cleanser</i>	4	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	PENTASA CPCR 500 MG	4	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	PYZCHIVA 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine CPCR</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP	REMICADE	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP	RENFLEXIS	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine ENEM</i>	4	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	ROWASA (<i>Use mesalamine w/ cleanser</i>)	4	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine SUPP</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SELARSDI SOLN IV 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP	SFROWASA ENEM	4	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
<i>mesalamine TBEC 800 MG</i>	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	SKYRIZI SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	SKYRIZI SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA	STELARA 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	STEQEYMA	4	2 max fill(s) per 30 day(s) retail; SP; PA
OTULFI SOLN IV 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>sulfasalazine TABS</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
			<i>sulfasalazine TBEC</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
TREMFYA SOLN IV	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB-TTWE	4	2 max fill(s) per 30 day(s) retail; SP; PA
VELSIPITY	4	2 max fill(s) per 30 day(s) retail; PA
ZYMFENTRA (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZYMFENTRA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZYMFENTRA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	2 max fill(s) per 30 day(s) retail
<i>lactulose (encephalopathy)</i>	4	2 max fill(s) per 30 day(s) retail; PA
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
IBSRELA	4	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

Drug Name	Drug Tier	Requirements/ Limits
LOTRONEX (<i>Use alosetron hcl</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VIBERZI	4	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; SP
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	4	QL(0.4 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RELISTOR SOLN 12 MG/0.6ML	4	QL(0.6 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RELISTOR TABS	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SYMPROIC	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	CO	
LIVDELZI	CO	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>Use ferric citrate</i>)	4	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) TABS</i>	1	2 max fill(s) per 30 day(s) retail; RX/OTC	Alkalizers		
<i>ferric citrate</i>	4	2 max fill(s) per 30 day(s) retail; PA	ORACIT	4	4 max fill(s) per 30 day(s) retail; MP; PA
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ORAL CITRATE	4	4 max fill(s) per 30 day(s) retail; MP; PA
FOSRENOL PACK	4	2 max fill(s) per 30 day(s) retail; PA	<i>pot & sod citrates w/citric ac SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP
<i>lanthanum carbonate CHEW</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>potassium citrate (alkalinizer) TBCR</i>	1	4 max fill(s) per 30 day(s) retail; MP
RENAGEL (<i>Use sevelamer hcl</i>)	9	2 max fill(s) per 30 day(s) retail	<i>potassium citrate-citric acid SOLN</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
RENVELA PACK (<i>Use sevelamer carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>sodium citrate & citric acid</i>	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
RENVELA TABS (<i>Use sevelamer carbonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
RENVELA TABS (<i>Use sevelamer carbonate</i>)	9	2 max fill(s) per 30 day(s) retail	UROCIT-K 15 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
<i>sevelamer carbonate PACK</i>	4	2 max fill(s) per 30 day(s) retail; PA	UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	4	4 max fill(s) per 30 day(s) retail; MP; PA
<i>sevelamer carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail	Cystinosis Agents		
<i>sevelamer hcl</i>	1	2 max fill(s) per 30 day(s) retail	CYSTAGON CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
VELPHORO	4	2 max fill(s) per 30 day(s) retail; PA	PROCYSBI CPDR	CO	2 max fill(s) per 30 day(s) retail; SP
Short Bowel Syndrome (SBS) Agents			PROCYSBI PACK	CO	2 max fill(s) per 30 day(s) retail; SP
GATTEX	CO	2 max fill(s) per 30 day(s) retail; SP	Genitourinary Irrigants		
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Acidifiers			Hyperoxaluria Agents		
K-PHOS NO 2	2	4 max fill(s) per 30 day(s) retail	OXLUMO	CO	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIVFLOZA SOLN	CO	QL(0.5 ML per 28 day(s) retail); SP	<i>finasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
RIVFLOZA SOSY 128 MG/0.8ML	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	JALYN (<i>Use dutasteride-tamsulosin hcl</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RIVFLOZA SOSY 160 MG/ML	CO	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	PROSCAR (<i>Use finasteride</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
IgA Nephropathy (IgAN) Agents			RAPAFLO (<i>Use silodosin</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
FILSPARI	CO		<i>silodosin</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
VANRAFIA TABS PO 0.75 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	<i>tamsulosin hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Interstitial Cystitis Agents			Urinary Analgesics		
ELMIRON CAPS	2	2 max fill(s) per 30 day(s) retail; PA	<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	1	2 max fill(s) per 30 day(s) retail; MP
RIMSO-50	2	2 max fill(s) per 30 day(s) retail; PA	PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Prostatic Hypertrophy Agents			Urinary Stone Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	LITHOSTAT	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AVODART (<i>Use dutasteride</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA EC TBEC 100 MG (<i>Use tiopronin</i>)	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CARDURA XL	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA EC TBEC 300 MG (<i>Use tiopronin</i>)	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>dutasteride</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	THIOLA TABS (<i>Use tiopronin</i>)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>dutasteride-tamsulosin hcl</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tiopronin TABS</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GLOPERBA SOLN PO	4	QL(20 ML 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; PA	KRYSTEXXA	CO	QL(2 ML per 28 day(s) retail; 28 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail
<i>tiopronin TBEC 100 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA	MITIGARE CAPS (<i>Use colchicine</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
GOUT AGENTS - Drugs to Treat Gout			ULORIC (<i>Use febuxostat</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Gout Agent Combinations			ZYLOPRIM 300 MG (<i>Use allopurinol</i>)	9	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	ZYLOPRIM 100 MG (<i>Use allopurinol</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
Gout Agents			Uricosurics		
<i>allopurinol 200 MG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>probenecid</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	HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
<i>allopurinol sodium</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	Aminolevulinate Synthase 1-Directed siRNA		
ALOPRIM (<i>Use allopurinol sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	GIVLAARI	CO	SP
<i>colchicine CAPS</i>	4	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>Use colchicine</i>)	4	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>	4	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

Drug Name	Drug Tier	Requirements/ Limits
ALHEMO	CO	2 max fill(s) per 30 day(s) retail; SP
ALPHANATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ALPROLIX	CO	2 max fill(s) per 30 day(s) retail; SP
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
BENEFIX KIT	CO	2 max fill(s) per 30 day(s) retail; SP
BEQVEZ	CO	2 max fill(s) per 30 day(s) retail; SP
COAGADEX	CO	2 max fill(s) per 30 day(s) retail; SP
CORIFACT	CO	2 max fill(s) per 30 day(s) retail; SP
ELOCTATE	CO	2 max fill(s) per 30 day(s) retail; SP
ESPEROCT	CO	2 max fill(s) per 30 day(s) retail; SP
FEIBA	CO	2 max fill(s) per 30 day(s) retail; SP
HEMGENIX	CO	2 max fill(s) per 30 day(s) retail; SP
HEMLIBRA	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

Drug Name	Drug Tier	Requirements/ Limits
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	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
HYMPAVZI	CO	2 max fill(s) per 30 day(s) retail; SP
IDELVION	CO	2 max fill(s) per 30 day(s) retail; SP
IXINITY SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
JIVI	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
KOATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
KOATE SOLR	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
KOVALTRY	CO	2 max fill(s) per 30 day(s) retail; SP
NOVOEIGHT	CO	2 max fill(s) per 30 day(s) retail; SP
NOVOSEVEN RT	CO	2 max fill(s) per 30 day(s) retail; SP
NUWIQ KIT	CO	2 max fill(s) per 30 day(s) retail; SP
NUWIQ SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
OBIZUR	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE	CO	2 max fill(s) per 30 day(s) retail; SP	Complement Inhibitors		
QFITLIA SOAJ SC 50 MG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP	BERINERT KIT	CO	2 max fill(s) per 30 day(s) retail; SP
QFITLIA SOLN SC 20 MG/0.2ML	CO	2 max fill(s) per 30 day(s) retail; SP	BKEMV SOLN IV 300 MG/30ML	CO	2 max fill(s) per 30 day(s) retail; SP
REBINYN	CO	2 max fill(s) per 30 day(s) retail; SP	CINRYZE SOLR IV	CO	QL(160 EA per 28 day(s) retail; 160 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
RECOMBINATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	EMPAVELI	CO	2 max fill(s) per 30 day(s) retail; SP
RIXUBIS SOLR	CO	2 max fill(s) per 30 day(s) retail; SP	ENJAYMO	CO	2 max fill(s) per 30 day(s) retail; SP
ROCTAVIAN	CO	2 max fill(s) per 30 day(s) retail; SP	EPYSQLI SOLN IV 300 MG/30ML	CO	2 max fill(s) per 30 day(s) retail; SP
SEVENFACT	CO	2 max fill(s) per 30 day(s) retail; SP	FABHALTA	CO	2 max fill(s) per 30 day(s) retail; SP
TRETEN	CO	2 max fill(s) per 30 day(s) retail; SP	HAEGARDA SOLR SC	CO	2 max fill(s) per 30 day(s) retail; SP
VONVENDI	CO	2 max fill(s) per 30 day(s) retail; SP	PIASKY	CO	2 max fill(s) per 30 day(s) retail; SP
WILATE KIT	CO	2 max fill(s) per 30 day(s) retail; SP	RUCONEST	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA	CO	2 max fill(s) per 30 day(s) retail; SP	SOLIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA SOLOFUSE	CO	2 max fill(s) per 30 day(s) retail; SP	TAVNEOS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XYNTHA SOLOFUSE	CO	2 max fill(s) per 30 day(s) retail; SP	ULTOMIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
Bradykinin B2 Receptor Antagonists			VEOPOZ	CO	2 max fill(s) per 30 day(s) retail; SP
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	CO	2 max fill(s) per 30 day(s) retail; SP			
<i>icatibant acetate</i> SOSY	CO	2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOYDEYA TABS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP	TAKHZYRO 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
VOYDEYA TBPK	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP	TAKHZYRO SOSY 150 MG/ML	CO	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
ZILBRYSQ	CO	2 max fill(s) per 30 day(s) retail; SP			
Hemataologic - Tyrosine Kinase Inhibitors			Plasma Proteins		
TAVALISSE	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	RYPLAZIM	CO	SP
Hematological Enzymes - Misc			Platelet Aggregation Inhibitors		
ADZYNMA	CO	SP	AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	4	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Hematorheologic Agents			<i>anagrelide hcl</i>	1	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail
<i>pentoxifylline</i>	1	2 max fill(s) per 30 day(s) retail	<i>aspirin-dipyridamole</i>	1	2 max fill(s) per 30 day(s) retail
Hemin			BRILINTA 60 MG, 90 MG (<i>Use ticagrelor</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PANHEMATIN 350 MG	2	SP; PA	CABLIVI	CO	2 max fill(s) per 30 day(s) retail; SP
Human Protein C			<i>cilostazol</i>	1	4 max fill(s) per 30 day(s) retail
CEPROTIN	2	SP; PA	<i>clopidogrel bisulfate 300 MG</i>	1	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail
Plasma Kallikrein Inhibitors			<i>clopidogrel bisulfate 75 MG</i>	1	2 max fill(s) per 30 day(s) retail
KALBITOR	CO	2 max fill(s) per 30 day(s) retail; SP			
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dipyridamole 25 MG, 75 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	<i>miglustat</i>	CO	2 max fill(s) per 30 day(s) retail; SP
<i>dipyridamole 50 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	VPRIV	CO	2 max fill(s) per 30 day(s) retail; SP
EFFIENT (<i>Use prasugrel hcl</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ZAVESCA (<i>Use miglustat</i>)	CO	2 max fill(s) per 30 day(s) retail; SP
KENGREAL	NP	PA	Agents for Sickle Cell Disease		
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	ADAKVEO	CO	SP
<i>prasugrel hcl</i>	1	2 max fill(s) per 30 day(s) retail	CASGEVY	CO	SP
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	DROXIA CAPS	2	4 max fill(s) per 30 day(s) retail; MP
Protamine			ENDARI (<i>Use glutamine (sickle cell)</i>)	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
<i>protamine sulfate</i>	1	PA	<i>glutamine (sickle cell)</i>	1	4 max fill(s) per 30 day(s) retail; SP; MP; PA
Pyruvate Kinase Activators			LYFGENIA	CO	SP
PYRUKYND TAPER PACK TBPB	CO	2 max fill(s) per 30 day(s) retail; SP	OXBRYTA TABS 500 MG	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
PYRUKYND TABS	CO	2 max fill(s) per 30 day(s) retail; SP	OXBRYTA TABS 300 MG	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
Thrombolytic Enzymes			OXBRYTA TBSO	2	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
ACTIVASE IV	2	PA	SIKLOS TABS	2	4 max fill(s) per 30 day(s) retail; MP; PA
CATHFLO ACTIVASE IJ	2	PA	XROMI SOLN PO 100 MG/ML	4	4 max fill(s) per 30 day(s) retail; MP; PA
TNKASE	2	PA	Cobalamins		
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
Agents for Gaucher Disease			<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
CERDELGA	CO	2 max fill(s) per 30 day(s) retail; SP			
CEREZYME 400 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP			
ELELYSO	CO	2 max fill(s) per 30 day(s) retail; SP			

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<i>hydroxocobalamin acetate SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
Folic Acid/Folates			FULPHILA	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>folic acid CAPS 0.8 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	FYLNETRA	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>folic acid SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	GRANIX SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>folic acid TABS 1 MG, 800 MCG</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	GRANIX SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
Hematopoietic Gene Therapy			JESDUVROQ	2	2 max fill(s) per 30 day(s) retail; PA
ZYNTEGLO	CO	SP	LEUKINE SOLR IJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
Hematopoietic Growth Factors			MIRCERA	4	2 max fill(s) per 30 day(s) retail; SP; PA
ALVAIZ 36 MG, 54 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	MULPLETA	4	QL(1 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	NEULASTA ONPRO PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ARANESP (ALBUMIN FREE) SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA	NEULASTA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ARANESP (ALBUMIN FREE) SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA	NEUPOGEN SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
DOPTELET	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NEUPOGEN SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NIVESTYM SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	NIVESTYM SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
<i>eltrombopag olamine TABS 50 MG, 75 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA			

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NPLATE	4	2 max fill(s) per 30 day(s) retail; SP; PA	VAFSEO 150 MG	4	QL(1 EA per 1 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NYVEPRIA	4	2 max fill(s) per 30 day(s) retail; SP; PA	VAFSEO 300 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PROCRIT	4	2 max fill(s) per 30 day(s) retail; SP; PA	ZARXIO	4	2 max fill(s) per 30 day(s) retail; SP; PA
PROCRIT	4	2 max fill(s) per 30 day(s) retail; SP; PA	ZIEXTENZO	4	2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA PACK 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	Hematopoietic Mixtures		
PROMACTA TABS 50 MG, 75 MG (<i>Use eltrombopag olamine</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<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 (<i>Use eltrombopag olamine</i>)	4	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>	1	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>	2	2 max fill(s) per 30 day(s) retail; MP
RELEUKO SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	1	2 max fill(s) per 30 day(s) retail; MP
RETACRIT	2	2 max fill(s) per 30 day(s) retail; SP; PA	GENTLE IRON	2	2 max fill(s) per 30 day(s) retail; MP
ROLVEDON	4	2 max fill(s) per 30 day(s) retail; SP; PA	HEMATINIC PLUS VIT/MINERALS TABS	1	2 max fill(s) per 30 day(s) retail; MP
RYZNEUTA SOSY SC 20 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA	ICAR-C (<i>Use iron-vitamin c</i>)	2	2 max fill(s) per 30 day(s) retail; MP
STIMUFEND	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>iron combinations CAPS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
UDENYCA ONBODY SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	<i>iron-vitamin c</i>	1	2 max fill(s) per 30 day(s) retail; MP
UDENYCA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA	Iron		
UDENYCA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA	ACCRUFER	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	1	2 max fill(s) per 30 day(s) retail; MP	MONOFERRIC	2	2 max fill(s) per 30 day(s) retail; PA
FERAHEME (<i>Use ferumoxytol</i>)	2	2 max fill(s) per 30 day(s) retail; PA	<i>sodium ferric gluconate complex in sucrose</i>	1	2 max fill(s) per 30 day(s) retail; PA
FERAHEME (<i>Use ferumoxytol</i>)	9	2 max fill(s) per 30 day(s) retail	VENOFER	2	2 max fill(s) per 30 day(s) retail; PA
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	2	2 max fill(s) per 30 day(s) retail; MP	Stem Cell Mobilizers		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	APHEXDA	2	2 max fill(s) per 30 day(s) retail; SP; PA
FERRLECIT (<i>Use sodium ferric gluconate complex in sucrose</i>)	2	2 max fill(s) per 30 day(s) retail; PA	XOLREMDI	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>ferrous gluconate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail; MP	Hemostatics - Systemic		
<i>ferrous sulfate dried TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	AMICAR SOLN PO (<i>Use aminocaproic acid</i>)	8	2 max fill(s) per 30 day(s) retail; 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	AMICAR TABS (<i>Use aminocaproic acid</i>)	8	2 max fill(s) per 30 day(s) retail; PA
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>ferrous sulfate TBEC</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>aminocaproic acid SOLN IV 250 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail; PA
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	1	2 max fill(s) per 30 day(s) retail; MP	<i>aminocaproic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail
<i>ferumoxytol</i>	1	2 max fill(s) per 30 day(s) retail; PA	CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	2	2 max fill(s) per 30 day(s) retail; PA
INFED	2	2 max fill(s) per 30 day(s) retail; PA	TRANEXAMIC ACID-NACL	1	2 max fill(s) per 30 day(s) retail; PA
INJECTAFER	2	2 max fill(s) per 30 day(s) retail; PA	TRANEXAMIC ACID-NACL (<i>Use tranexamic acid-sodium chloride</i>)	1	2 max fill(s) per 30 day(s) retail; PA
			<i>tranexamic acid-sodium chloride</i>	1	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid SOLN 1000 MG/10ML</i>	8	2 max fill(s) per 30 day(s) retail; PA	EDLUAR SUBL	4	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; PA	<i>estazolam</i>	4	2 max fill(s) per 30 day(s) retail
<i>tranexamic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail	<i>eszopiclone</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>flurazepam hcl</i>	4	2 max fill(s) per 30 day(s) retail
Barbiturate Hypnotics			HALCION 0.25 MG (<i>Use triazolam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
AMYTAL SODIUM	2	2 max fill(s) per 30 day(s) retail; MP; PA	HALCION 0.25 MG (<i>Use triazolam</i>)	9	2 max fill(s) per 30 day(s) retail
<i>pentobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	IGALMI FILM	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>phenobarbital sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA	LUNESTA (<i>Use eszopiclone</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
<i>phenobarbital ELIX</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>midazolam hcl SOLN IJ</i>	1	2 max fill(s) per 30 day(s) retail
<i>phenobarbital TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>midazolam hcl SYRP</i>	4	2 max fill(s) per 30 day(s) retail
SEZABY SOLR	2	2 max fill(s) per 30 day(s) retail; PA	<i>quazepam</i>	4	2 max fill(s) per 30 day(s) retail
Hypnotics - Tricyclic Agents			RESTORIL (<i>Use temazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>doxepin hcl (sleep)</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>temazepam</i>	1	2 max fill(s) per 30 day(s) retail
Non-Barbiturate Hypnotics			<i>triazolam</i>	1	2 max fill(s) per 30 day(s) retail
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>zaleplon</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ZOLPIDEM TARTRATE CAPS	4	2 max fill(s) per 30 day(s) retail; PA
DORAL (<i>Use quazepam</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>zolpidem tartrate SUBL</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail	<i>psyllium POWD 43 %</i>	1	2 max fill(s) per 30 day(s) retail
Orexin Receptor Antagonists			<i>psyllium POWD 28.3 %, 43 %, 51.7 %</i>	2	2 max fill(s) per 30 day(s) retail
BELSOMRA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Laxative Combinations		
DAYVIGO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	4	2 max fill(s) per 30 day(s) retail
QUVIVIQ	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	2	2 max fill(s) per 30 day(s) retail
Selective Melatonin Receptor Agonists			MOVIPREP (Use <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	4	2 max fill(s) per 30 day(s) retail; PA
HETLIOZ LQ SUSP	4	QL(6 ML daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	4	2 max fill(s) per 30 day(s) retail
HETLIOZ CAPS (Use <i>tasimelteon</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	2 max fill(s) per 30 day(s) retail
<i>ramelteon</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	2 max fill(s) per 30 day(s) retail
ROZEREM (Use <i>ramelteon</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	PLENVU	4	2 max fill(s) per 30 day(s) retail
<i>tasimelteon CAPS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	4	2 max fill(s) per 30 day(s) retail
LAXATIVES - Bowel Treatment Drugs			SUFLAVE	4	2 max fill(s) per 30 day(s) retail
Bulk Laxatives			SUPREP BOWEL PREP KIT (Use <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	4	2 max fill(s) per 30 day(s) retail
CVS DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail	SUTAB	4	2 max fill(s) per 30 day(s) retail
			Laxatives - Miscellaneous		
			<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM</i>	1	2 max fill(s) per 30 day(s) retail
			<i>lactulose PACK</i>	1	2 max fill(s) per 30 day(s) retail

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin TABS</i>	1	4 max fill(s) per 30 day(s) retail	COPA ISLAND BORDERED FOAM PADS	2	RX/OTC
<i>clarithromycin TB24</i>	4	4 max fill(s) per 30 day(s) retail	COPA PLUS HYDROPHILIC FOAM PADS	2	RX/OTC
Erythromycins			COVRSITE COVER DRESSING PADS	2	RX/OTC
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	COVRSITE PLUS COMPOSITE DRESS PADS	2	RX/OTC
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	CURITY ALL PURPOSE SPONGES PADS	2	RX/OTC
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	CURITY AMD ANTIMICROBIAL SPNGE PADS	2	RX/OTC
<i>erythromycin base CPEP</i>	1	4 max fill(s) per 30 day(s) retail	CURITY COVER SPONGE PADS	2	RX/OTC
<i>erythromycin base TABS</i>	4	4 max fill(s) per 30 day(s) retail	CURITY DRESSING SPONGES PADS	2	RX/OTC
<i>erythromycin base TBEC 500 MG</i>	2	4 max fill(s) per 30 day(s) retail	CURITY GAUZE SPONGE PADS	2	RX/OTC
<i>erythromycin base TBEC</i>	1	4 max fill(s) per 30 day(s) retail	CURITY GAUZE PADS	2	RX/OTC
<i>erythromycin ethylsuccinate SUSR</i>	1	4 max fill(s) per 30 day(s) retail	CURITY SPONGES PADS	2	RX/OTC
<i>erythromycin ethylsuccinate TABS</i>	1	4 max fill(s) per 30 day(s) retail	CVS GAUZE PAD STERILE PADS	2	RX/OTC
<i>erythromycin stearate TABS 250 MG</i>	4	4 max fill(s) per 30 day(s) retail	CVS GAUZE STERILE PADS	2	RX/OTC
Fidaxomicin			DERMACEA DRAIN SPONGES PADS	2	RX/OTC
DIFICID SUSR	2	4 max fill(s) per 30 day(s) retail	DERMACEA GAUZE SPONGE PADS	2	RX/OTC
DIFICID TABS	2	4 max fill(s) per 30 day(s) retail	DERMACEA IV DRAIN SPONGES PADS	2	RX/OTC
MEDICAL DEVICES AND SUPPLIES			DERMACEA NON-WOVEN SPONGES PADS	2	RX/OTC
Bandages-Dressings-Tape			DERMACEA TYPE VII GAUZE PADS	2	RX/OTC
AMD FOAM DRESSING TOPSHEET PADS	2	RX/OTC	DERMACEA X-RAY SPONGES PADS	2	RX/OTC
AMD FOAM DRESSING PADS	2	RX/OTC	DRYMAX EXTRA PADS	2	RX/OTC
BAND-AID GAUZE LARGE PADS	2	RX/OTC	EQ GAUZE PADS	2	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	2	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO SPECIAL DEVI	2		TRUSTEX LUBRICATED/SPERMICI DE MISC	2	
KIMONO MISC	2		TRUSTEX LUBRICATED MISC	2	
K-Y ME & YOU EXTRA LUBRICATED DEVI	2		TRUSTEX NATURAL CONDOMS + LUBE MISC	2	
K-Y ME & YOU INTENSE DEVI	2		TRUSTEX NON-LUBRICATED MISC	2	
MAXX PLUS MISC	2		TRUSTEX RIA LUB/SPERMICIDE MISC	2	
MAXX MISC	2		TRUSTEX RIA LUBRICATED MISC	2	
REALITY LATEX CONDOMS MISC	2		TRUSTEX RIA NON-LUBRICATED MISC	2	
REALITY LATEX/ULTRA TEXTURED DEVI	2		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	2	
REALITY LATEX/ULTRA THIN DEVI	2		WIDE-SEAL DIAPHRAGM 60	2	
TROJAN ENZ MISC	2		WIDE-SEAL DIAPHRAGM 65	2	
TROJAN MAGNUM MISC	2		WIDE-SEAL DIAPHRAGM 70	2	
TROJAN ULTRA THIN/SPERMICIDAL MISC	2		WIDE-SEAL DIAPHRAGM 75	2	
TROJAN ULTRA THIN MISC	2		WIDE-SEAL DIAPHRAGM 80	2	
TROJAN-ENZ LUBRICATED MISC	2		WIDE-SEAL DIAPHRAGM 85	2	
TROJAN-ENZ/SPERMICIDAL MISC	2		WIDE-SEAL DIAPHRAGM 90	2	
TRUE COVER DEVI	2		WIDE-SEAL DIAPHRAGM 95	2	
TRUSTEX COLOR CONDOMS + LUBE MISC	2		Diabetic Supplies		
TRUSTEX LUB/RIBBED/STUDED MISC	2		1ST TIER UNILET COMFORTOUCH	2	RX/OTC
TRUSTEX LUB/SPERMICIDE EX ST MISC	2		ACCU-CHEK FASTCLIX LANCETS	2	MP; RX/OTC
TRUSTEX LUB/SPERMICIDE XL MISC	2		ACCU-CHEK SAFE-T PRO LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED EX LARGE MISC	2		ACCU-CHEK SOFTCLIX LANCETS	2	MP; RX/OTC
TRUSTEX LUBRICATED EXTRA ST MISC	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE 28G	2	MP; RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	MP; RX/OTC	ASSURE LANCE LANCETS	2	MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	MP; RX/OTC	ASSURE LANCE LANCETS 21G	2	MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	MP; RX/OTC	ASSURE LANCE PLUS SAFETY 25G	2	MP; RX/OTC
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	ASSURE LANCE PLUS SAFETY 30G	2	MP; RX/OTC
ADVANCED MOBILE LANCET	2	MP; RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	MP; RX/OTC
ADVOCATE LANCETS	2	MP; RX/OTC	AURORA LANCET SUPER THIN 30G	2	RX/OTC
ADVOCATE LANCETS 30G	2	RX/OTC	AURORA LANCET THIN 23G	2	RX/OTC
ADVOCATE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	AUTO-LANCET MINI MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE RAPID-SAFE LANCING MISC	2	QL(1 EA per 180 day(s) retail)	AUTO-LANCET MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE SAFETY LANCETS	2	RX/OTC	AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE SAFETY LANCETS 26G	2	MP; RX/OTC	AUTOLET LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
AGAMATRIX ULTRA-THIN LANCETS	2	MP; RX/OTC	AUTOLET MINI MISC	2	QL(1 EA per 180 day(s) retail)
AIMSCO TWIST LANCETS 32G	2	RX/OTC	AUTOLET PLUS MISC	2	QL(1 EA per 180 day(s) retail)
AIMSCO TWIST LANCETS 33G	2	RX/OTC	BD LANCET ULTRAFINE 30G	2	RX/OTC
AQUALANCE LANCETS 30G	2	MP; RX/OTC	BD LANCET ULTRAFINE 33G	2	RX/OTC
ASSURE COMFORT LANCETS 28G	2	MP; RX/OTC	BD MICROTAINER LANCETS	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	RX/OTC	CARDIOCOM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS LOW	2	RX/OTC	CAREONE ADVANCED LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS MICRO	2	RX/OTC			
ASSURE HAEMOLANCE PLUS NORMAL	2	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET LANCETS 30G	2	MP; RX/OTC	EASY TOUCH SAFETY LANCETS 28G	2	MP; RX/OTC
DRUG MART UNILET LANCETS 33G	2	MP; RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	MP; RX/OTC
EASY COMFORT LANCETS	2	MP; RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
EASY COMFORT LANCETS TWIST TOP	2	MP; RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EMBRACE PRESSURE ACTIVATED 28G	2	MP; RX/OTC
EASY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	EZ-LETS LANCETS 21G	2	RX/OTC
EASY TOUCH LANCETS 21G	2	MP; RX/OTC	EZ-LETS LANCETS 26G	2	RX/OTC
EASY TOUCH LANCETS 23G	2	MP; RX/OTC	EZ-LETS LANCETS 28G	2	RX/OTC
EASY TOUCH LANCETS 26G	2	MP; RX/OTC	EZ-LETS LANCETS 30G	2	RX/OTC
EASY TOUCH LANCETS 28G	2	MP; RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	MP; RX/OTC	FIFTY50 UNILET LANCETS 33G	2	RX/OTC
EASY TOUCH LANCETS 30G	2	RX/OTC	FINE 30	2	RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	MP; RX/OTC	FINGERSTIX LANCETS	2	MP; RX/OTC
EASY TOUCH LANCETS 32G	2	MP; RX/OTC	FORA LANCETS	2	MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	MP; RX/OTC	FORA LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
EASY TOUCH LANCETS 33G/TWIST	2	MP; RX/OTC	FREDS PHARMACY AUTOLET LANCING MISC	2	QL(1 EA per 180 day(s) retail)
EASY TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	FREDS PHARMACY UNILET LANC 28G	2	RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	MP; RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	MP; RX/OTC	FREESTYLE LANCETS	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	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
			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	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	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 LANCING SYSTEM DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
			GNP STERILE LANCETS 28G	2	RX/OTC
			GNP STERILE LANCETS 30G	2	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
			HAEMOLANCE	2	RX/OTC
			HAEMOLANCE LOW FLOW LANCETS	2	RX/OTC
			HAEMOLANCE PLUS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS HIGH FLOW	2	RX/OTC	LANCET DEVICE WITH EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
HAEMOLANCE PLUS LOW FLOW	2	RX/OTC	LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
HAEMOLANCE PLUS MAX FLOW	2	RX/OTC	LANCETS	2	MP; RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	RX/OTC	LANCETS 28G THIN	2	MP; RX/OTC
HEALTHY ACCENTS LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	LANCETS 30G	2	MP; RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	RX/OTC	LANCETS 33G	2	MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	2	QL(1 EA per 180 day(s) retail)	LANCETS MICRO THIN 33G	2	RX/OTC
H-E-B INCONTROL LANCETS 28G	2	MP; RX/OTC	LANCETS SUPER THIN	2	RX/OTC
H-E-B INCONTROL LANCETS 30G	2	MP; RX/OTC	LANCETS SUPER THIN 28G	2	RX/OTC
H-E-B INCONTROL LANCETS 33G	2	MP; RX/OTC	LANCETS THIN	2	RX/OTC
HY-VEE LANCETS	2	RX/OTC	LANCETS ULTRA THIN	2	MP; RX/OTC
HY-VEE THIN LANCETS	2	RX/OTC	LANCETS ULTRA THIN 30G	2	MP; RX/OTC
IHEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	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)	LANZO MISC	2	QL(1 EA per 180 day(s) retail)
IN TOUCH STERILE LANCETS 30G	2	RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
KINNEY LANCETS	2	RX/OTC	LIBERTY MEDICAL LANCETS	2	RX/OTC
KINNEY THIN LANCETS	2	RX/OTC	LIBERTY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	LITE TOUCH LANCETS	2	RX/OTC
KROGER HEALTHPRO LANCET 26G	2	MP; RX/OTC	LITE TOUCH LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
KROGER LANCETS	2	RX/OTC	LITETOUCH LANCETS	2	RX/OTC
KROGER LANCETS SUPER THIN	2	RX/OTC	LIVE BETTER ADV LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
KROGER LANCETS THIN	2	RX/OTC	LIVE BETTER LANCET SUPER THIN	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET ULTRA THIN	2	RX/OTC	MONOLET OPD LANCETS	2	RX/OTC
MEDICHOICE SAFETY LANCET	2	RX/OTC	MONOLETTOR SAFETY LANCETS	2	RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	RX/OTC	MPD SAFETY LANCET 21G	2	RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	RX/OTC	MPD SAFETY LANCET 23G	2	RX/OTC
MEDLANCE EXTRA 21G	2	RX/OTC	MPD SAFETY LANCET 28G	2	RX/OTC
MEDLANCE LITE 25G	2	RX/OTC	MPD SAFETY LANCET 30G	2	RX/OTC
MEDLANCE PLUS EXTRA 21G	2	MP; RX/OTC	MULTI-LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MEDLANCE PLUS LANCETS	2	RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	MP; RX/OTC
MEDLANCE PLUS LITE 25G	2	MP; RX/OTC	NOVA SAFETY LANCETS 23G	2	MP; RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	MP; RX/OTC	NOVA SAFETY LANCETS 28G	2	MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	MP; RX/OTC	NOVA SUREFLEX LANCETS	2	MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	MP; RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MEDLANCE UNIVERSAL 21G	2	RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	MP; RX/OTC
MEIJER LANCETS	2	RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	MP; RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	RX/OTC	ONETOUCH DELICA PLUS LANCING MISC	2	QL(1 EA per 180 day(s) retail)
MEIJER LANCETS UNIVERSAL 30G	2	RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	MP; RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	MP; RX/OTC
MICROLET LANCETS	2	MP; RX/OTC	PC LANCETS SUPER THIN 30G	2	MP; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PERFECT LANCETS 28G	2	RX/OTC
MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PERFECT LANCETS 30G	2	RX/OTC
MM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	PERFECT POINT SAFETY LANCETS	2	MP; RX/OTC
MM TWIST LANCETS	2	MP; RX/OTC			
MONOLET LANCETS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE LANCETS	2	MP; RX/OTC	QC LANCETS ULTRA THIN	2	RX/OTC
PIP LANCETS 28G	2	MP; RX/OTC	QC UNILET LANCETS 28G	2	MP; RX/OTC
PIP LANCETS 30G	2	MP; RX/OTC	QC UNILET LANCETS MICRO THIN	2	MP; RX/OTC
PRECISION THINS GP LANCETS	2	RX/OTC	READYLANCE SAFETY LANCETS	2	RX/OTC
PRO COMFORT LANCETS 30G	2	MP; RX/OTC	REALITY LANCETS	2	RX/OTC
PRO COMFORT LANCETS 31G	2	MP; RX/OTC	REALITY TRIGGER LANCETS	2	RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	MP; RX/OTC	RELION LANCET DEVICES 30G	2	MP; RX/OTC
PRODIGY LANCETS 28G	2	MP; RX/OTC	RELION LANCETS	2	RX/OTC
PRODIGY LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	RELION LANCETS MICRO-THIN 33G	2	MP; RX/OTC
PRODIGY SAFETY LANCETS 26G	2	MP; RX/OTC	RELION LANCETS THIN 26G	2	MP; RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	MP; RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	RX/OTC
PSS SELECT GP LANCETS	2	RX/OTC	RELION LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
PSS SELECT SAFETY LANCETS	2	RX/OTC	RELION ULTRA THIN LANCETS 30G	2	MP; RX/OTC
PURE COMFORT LANCETS 30G	2	MP; RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
PX ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	RIGHTEST GL300 LANCETS	2	MP; RX/OTC
PX LANCET AUTO INJECTOR MISC	2	QL(1 EA per 180 day(s) retail)	SAFE-T-LANCE	2	RX/OTC
PX LANCETS MICROTHIN 33G	2	MP; RX/OTC	SAFE-T-LANCE PLUS	2	RX/OTC
PX LANCETS ULTRA THIN	2	RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	MP; RX/OTC
PX LANCETS ULTRA THIN 28G	2	MP; RX/OTC	SAFETY LANCETS	2	RX/OTC
QC ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)	SAFETY LANCETS 21G	2	MP; RX/OTC
QC LANCETS SUPER THIN 30G	2	MP; RX/OTC	SAFETY LANCETS 23G	2	MP; RX/OTC
			SAFETY LANCETS 28G	2	RX/OTC
			SAPS HEALTH PLUS LANCETS	2	MP; RX/OTC
			SAPS HEALTH TWIST TOP LANCETS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAPS TWIST TOP LANCETS	2	MP; RX/OTC
SAPSCARE TWIST TOP LANCETS	2	RX/OTC
SB LANCETS THIN	2	RX/OTC
SB LANCETS ULTRA THIN	2	RX/OTC
SELECT-LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SHOPKO ON-THE-GO LANCETS 30G	2	RX/OTC
SHOPKO UNILET LANCETS 28G	2	RX/OTC
SHOPKO UNILET LANCETS 30G	2	RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
SINGLE-LET	2	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)
SMARTEST 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	RX/OTC
SURE COMFORT LANCETS 18G	2	MP; RX/OTC
SURE COMFORT LANCETS 21G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 23G	2	MP; RX/OTC
SURE COMFORT LANCETS 28G	2	MP; RX/OTC
SURE COMFORT LANCETS 30G	2	MP; RX/OTC
SURE COMFORT LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
SURELITE LANCETS	2	RX/OTC
TECHLITE AST LANCETS	2	RX/OTC
TECHLITE LANCETS	2	RX/OTC
TECHLITE LANCETS 26G	2	MP; RX/OTC
TECHLITE LANCETS 30G	2	MP; RX/OTC
THINLETS GP LANCETS	2	RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
TODAYS HEALTH THIN LANCETS 28G	2	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	RX/OTC
TRAVEL LANCETS	2	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	QL(1 EA per 90 day(s) retail)
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	2	QL(1 EA per 90 day(s) retail)
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	2	QL(1 EA per 90 day(s) retail)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAREPOINT SAFETY 1ST NEEDLE	2	QL(5 EA daily); RX/OTC	COMFORT TOUCH INSULIN PEN NEED	2	QL(5 EA daily); RX/OTC
CAREPOINT SAFETY1ST SYR/NEEDLE	2	QL(5 EA daily); RX/OTC	DIATHRIVE PEN NEEDLE	2	QL(5 EA daily); RX/OTC
CAREPOINT SYRINGE LUER LOCK	2	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
CAREPOINT SYRINGE LUER LOCK	2	RX/OTC	DROPLET PEN NEEDLES	2	QL(5 EA daily); RX/OTC
CAREPOINT SYRINGE LUER SLIP	2	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY PEN NEEDLES	2	QL(5 EA daily); RX/OTC
CAREPOINT TUBERCLN SYR/LUER SL MISC	2	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	RX/OTC	DROPSAFE SICURA	2	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC	DRUG MART UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
CARETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	DRUG MART UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK	2	RX/OTC	EASY COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK	2	QL(5 EA daily); RX/OTC	EASY COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	2	QL(5 EA daily); RX/OTC	EASY GLIDE LUER LOCK SYRINGE	2	RX/OTC
CARETOUCH LUER SLIP	2	RX/OTC	EASY GLIDE LUER LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER SLIP	2	QL(5 EA daily); RX/OTC	EASY GLIDE PEN NEEDLES	2	QL(5 EA daily)
CARETOUCH PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY GLIDE SLIP LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(5 EA daily)	EASY TOUCH ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	2	QL(5 EA daily); RX/OTC
COMFORT EZ MICRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
COMFORT EZ PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	QL(5 EA daily); RX/OTC
COMFORT EZ PRO PEN NEEDLES	2	QL(5 EA daily)	EASY TOUCH FLIPLOCK SAFETY SYR	2	QL(5 EA daily); RX/OTC
COMFORT EZ SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)
EASY TOUCH INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC	EMBRACE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	2	QL(5 EA daily)	FIFTY50 PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH PEN NEEDLES	2	QL(5 EA daily); RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	2	QL(5 EA daily)	FREDS PHARMACY UNIFINE PENTIP+	2	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY SYRINGE	2	QL(5 EA daily); RX/OTC	FREDS PHARMACY UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	2	QL(5 EA daily); RX/OTC	GLOBAL EASE INJECT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	QL(5 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	2	QL(5 EA daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH TB SHEATHLOCK SYR MISC	2	QL(5 EA daily); RX/OTC	GLOBAL INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC
EASYPPOINT NEEDLE	2	QL(5 EA daily); RX/OTC	GLUCOPRO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EASYPPOINT NEEDLE	2	RX/OTC	GNP INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	2	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 29GX1/2"	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(5 EA daily)	GNP INSULIN SYRINGES 30GX5/16"	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	2	QL(5 EA daily)	GNP PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC	GNP ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC	GNP ULTIGUARD SAFEPAK NEEDLE	2	QL(5 EA daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS 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 EZ TWIST TUBING 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 LARGE 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 MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
AEROECLIPSE MASK SMALL 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
AEROTRACH PLUS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	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
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			BREATHE EASE SMALL 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
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
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW 300 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW 400 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC 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(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC		2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC		2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW HEPA FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/WHITE 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/YELLOW DEVI	2	RX/OTC	FULL KIT NEBULIZER SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC		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	HUDSON RCI AEROSOL MASK ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIRACHAMBER/LARGE 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
INSPIRACHAMBER/MOUTHPIECE DEVI	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
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)
INSPIREASE 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
LITETOUCH MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MASK VORTEX/CHILD/FROG	2	QL(1 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER 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
MICROSPACER MISC	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
NEBULIZER AIR TUBE/PLUGS 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
NEBULIZER MASK ADULT/TUBING 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MASK SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	PROCHAMBER VHC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PRONEB ULTRA FILTER SET 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	SOOTHENEBS 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	SOOTHENEBS 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	SOOTHENEBS 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	SOOTHENEBS NBL 100 MESH CAP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SPIRO PD DEVI	2	RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
THRESHOLD IMT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
TUBING/WING TIP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA NEB ACCESSORIES KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC
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
WINDMILL TRAINER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Drug Name	Drug Tier	Requirements/ Limits
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOAJ	2	QL(4.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOSY	2	QL(4.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY (300 MG DOSE) SOSY	4	QL(3 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOAJ	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOSY	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NURTEC	4	QL(18 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
QULIPTA	4	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
UBRELVY	2	QL(16 EA per 28 day(s) retail); 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
VYEPTI	4	QL(3 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	4	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
ZAVZPRET	4	QL(8 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA	TRUDHESA	4	PA
Migraine Combinations			Migraine Products - NSAIDs		
ergotamine w/ caffeine SUPP	1	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail	diclofenac potassium (migraine)	1	2 max fill(s) per 30 day(s) retail; PA
sumatriptan-naproxen sodium	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	ELYXYB	2	2 max fill(s) per 30 day(s) retail; PA
SYMBRAVO TABS PO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Serotonin Agonists		
Migraine Products			almotriptan malate	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
dihydroergotamine mesylate SOLN NA 4 MG/ML	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	eletriptan hydrobromide	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
dihydroergotamine mesylate SOLN IJ 1 MG/ML	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	FROVA (Use frovatriptan succinate)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
			frovatriptan succinate	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
			IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
			IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
			IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sumatriptan succinate</i> SOAJ 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sumatriptan succinate</i> SOAJ 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
IMITREX TABS (Use <i>sumatriptan succinate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sumatriptan succinate</i> SOCT 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sumatriptan succinate</i> SOCT 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	1	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail
<i>naratriptan hcl</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>sumatriptan succinate</i> TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
RELPAX (Use <i>eletriptan hydrobromide</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	TOSYMRA	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REYVOW	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	ZEMBRACE SYMTOUCH SOAJ	4	QL(2 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>rizatriptan benzoate</i> TABS 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan</i> SOLN	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>rizatriptan benzoate</i> TABS 5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan</i> TABS	4	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
<i>rizatriptan benzoate</i> TBDP 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan</i> TABS	1	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
<i>rizatriptan benzoate</i> TBDP 5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	<i>zolmitriptan</i> TBDP	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
<i>sumatriptan</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN (<i>Use zolmitriptan</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA	CALTRATE 600+D PLUS MINERALS CHEW (<i>Use calcium carbonate-vitamin d w/ minerals</i>)	9	
MINERALS & ELECTROLYTES			<i>oyster shell</i>	1	2 max fill(s) per 30 day(s) retail; MP
Calcium			OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	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	Fluoride		
CALCIUM CARB- CHOLECALCIFEROL 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
CALCIUM CARBONATE CHEW	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 CHEW 400 UNIT-600 MG</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</i>	1	2 max fill(s) per 30 day(s) retail; MP	Phosphate		
<i>calcium carbonate- cholecalciferol TABS 200 UNIT-500 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP	K-PHOS TABS (<i>Use potassium phosphate monobasic</i>)	2	2 max fill(s) per 30 day(s) retail
<i>calcium carbonate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	2 max fill(s) per 30 day(s) retail
<i>calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG-50 MG-7.5 MG-1 MG-250 MCG-1.8 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>potassium phosphate monobasic TABS</i>	2	2 max fill(s) per 30 day(s) retail
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	1	2 max fill(s) per 30 day(s) retail; MP	Potassium		
CALCIUM/C/D	1	2 max fill(s) per 30 day(s) retail; MP	EFFER-K	2	2 max fill(s) per 30 day(s) retail; MP
<i>calcium TABS 600 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP	K-TAB TBCR 10 MEQ, 20 MEQ (<i>Use potassium chloride</i>)	9	2 max fill(s) per 30 day(s) retail; MP
CAL-QUICK LIQD	2	2 max fill(s) per 30 day(s) retail; MP	POKONZA PACK PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
			<i>potassium acetate SOLN 2 MEQ/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
			POTASSIUM ACETATE SOLN 2 MEQ/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM ACETATE SOLN (Use potassium acetate)	1	2 max fill(s) per 30 day(s) retail; MP; PA	CUVRIOR	4	2 max fill(s) per 30 day(s) retail; PA
potassium bicarbonate TBEF	4	2 max fill(s) per 30 day(s) retail; MP; PA	DEPEN TITRATABS TABS (Use penicillamine)	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride microencapsulated crystals er 20 MEQ	4	2 max fill(s) per 30 day(s) retail; MP; PA	penicillamine CAPS	1	2 max fill(s) per 30 day(s) retail; PA
potassium chloride microencapsulated crystals er	1	2 max fill(s) per 30 day(s) retail; MP	penicillamine TABS	1	2 max fill(s) per 30 day(s) retail; PA
potassium chloride CPCR	1	2 max fill(s) per 30 day(s) retail; MP	SYPRINE (Use trientine hcl)	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride PACK PO 20 MEQ	4	2 max fill(s) per 30 day(s) retail; MP; PA	trientine hcl 250 MG	1	2 max fill(s) per 30 day(s) retail; PA
potassium chloride SOLN PO 10 %, 10 %	1	2 max fill(s) per 30 day(s) retail; MP	trientine hcl 500 MG	2	2 max fill(s) per 30 day(s) retail; PA
potassium chloride SOLN PO 20 %	1	2 max fill(s) per 30 day(s) retail; MP; PA	Immunomodulators		
potassium chloride SOLN IV 2 MEQ/ML	2	2 max fill(s) per 30 day(s) retail; MP; PA	IMAAVY SOLN IV 1200 MG/6.5ML	CO	SP
POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	1	2 max fill(s) per 30 day(s) retail; MP; PA	JOENJA	CO	2 max fill(s) per 30 day(s) retail; SP
potassium chloride TBCR 8 MEQ, 20 MEQ	4	2 max fill(s) per 30 day(s) retail; MP; PA	lenalidomide	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
potassium chloride TBCR 8 MEQ, 10 MEQ	1	2 max fill(s) per 30 day(s) retail; MP	NIKTIMVO	CO	2 max fill(s) per 30 day(s) retail; SP
potassium chloride TBCR 15 MEQ	2	2 max fill(s) per 30 day(s) retail; MP	REVLIMID	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
MISCELLANEOUS THERAPEUTIC CLASSES			REZUROCK	CO	2 max fill(s) per 30 day(s) retail; SP
Allogeneic Tissue			RYONCIL <12.5KG KIT IV	CO	
RETHYMIC	CO	SP	RYONCIL 12.5KG TO <25KG KIT IV	CO	
Chelating Agents			RYONCIL 25KG TO <37.5KG KIT IV	CO	
CUPRIMINE CAPS (Use penicillamine)	4	2 max fill(s) per 30 day(s) retail; MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYONCIL 37.5KG TO <50KG KIT IV	CO		CELLCEPT INTRAVENOUS (<i>Use mycophenolate mofetil hcl</i>)	CO	
RYONCIL 50KG TO <62.5KG KIT IV	CO		CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
RYONCIL 62.5KG TO <75KG KIT IV	CO		CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
RYONCIL 75KG TO <87.5KG KIT IV	CO		CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
RYONCIL 87.5KG TO <100KG KIT IV	CO		<i>cyclosporine modified (for microemulsion) CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
RYSTIGGO	CO	2 max fill(s) per 30 day(s) retail; SP	<i>cyclosporine modified (for microemulsion) SOLN</i>	CO	2 max fill(s) per 30 day(s) retail; MP
THALOMID 50 MG, 100 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	<i>cyclosporine CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
VYVGART	CO	2 max fill(s) per 30 day(s) retail; SP	<i>cyclosporine SOLN IV 50 MG/ML</i>	CO	
VYVGART HYTRULO	CO	2 max fill(s) per 30 day(s) retail; SP	ENSPRYNG	CO	2 max fill(s) per 30 day(s) retail; SP
VYVGART HYTRULO SC	CO	2 max fill(s) per 30 day(s) retail; SP	ENVARUSUS XR TB24	CO	2 max fill(s) per 30 day(s) retail; MP
Immunosuppressive Agents			<i>everolimus (immunosuppressant)</i>	CO	2 max fill(s) per 30 day(s) retail; MP
ASTAGRAF XL CP24	CO	2 max fill(s) per 30 day(s) retail; MP	GAMIFANT	CO	2 max fill(s) per 30 day(s) retail; SP
ATGAM	CO	SP	IMURAN TABS (<i>Use azathioprine</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
AZATHIOPRINE SODIUM	1	2 max fill(s) per 30 day(s) retail; MP; PA	LUPKYNIS	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
<i>azathioprine TABS 50 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>mycophenolate mofetil hcl</i>	CO	
<i>azathioprine TABS 75 MG, 100 MG</i>	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP	<i>mycophenolate mofetil CAPS</i>	CO	2 max fill(s) per 30 day(s) retail; MP
<i>azathioprine TABS 75 MG, 100 MG</i>	4	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>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	SP
MYFORTIC (Use <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	PA	ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	Irrigation Solutions		
NEORAL SOLN (Use <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	SP	<i>ringer's irrigation</i>	1	PA
PROGRAF CAPS (Use <i>tacrolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	2	PA
PROGRAF PACK	CO	2 max fill(s) per 30 day(s) retail; MP	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
PROGRAF SOLN	CO		VIJOICE PACK	CO	QL(1 EA per fill retail); 2 max fill(s) per 30 day(s) retail
RAPAMUNE SOLN (Use <i>sirolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	VIJOICE TBPk	CO	2 max fill(s) per 30 day(s) retail
RAPAMUNE TABS (Use <i>sirolimus</i>)	CO	2 max fill(s) per 30 day(s) retail; MP	Potassium Removing Agents		
SANDIMMUNE CAPS (Use <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 IV 50 MG/ML	CO		LOKELMA 5 GM	2	QL(1 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
SIMULECT	CO	2 max fill(s) per 30 day(s) retail; SP	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	2 max fill(s) per 30 day(s) retail
<i>sirolimus SOLN</i>	CO	2 max fill(s) per 30 day(s) retail; MP	VELTASSA 8.4 GM, 16.8 GM, 25.2 GM	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
VELTASSA 1 GM	4	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
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
BENLYSTA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
BENLYSTA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 4 %</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	2 max fill(s) per 30 day(s) retail
Anti-infectives - Throat		
<i>clotrimazole</i>	1	2 max fill(s) per 30 day(s) retail
NYSTATIN <i>(Use nystatin (mouth-throat))</i>	1	2 max fill(s) per 30 day(s) retail
<i>nystatin (mouth-throat)</i>	1	2 max fill(s) per 30 day(s) retail
ORAVIG	4	2 max fill(s) per 30 day(s) retail; PA
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	2 max fill(s) per 30 day(s) retail
PERIDEX <i>(Use chlorhexidine gluconate (mouth-throat))</i>	9	2 max fill(s) per 30 day(s) retail
Dental Products		

Drug Name	Drug Tier	Requirements/ Limits
DENTA 5000 PLUS SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail
FRAICHE 5000 PREVI	2	2 max fill(s) per 30 day(s) retail
FRAICHE 5000 SENSITIVE GEL	2	2 max fill(s) per 30 day(s) retail
SOD FLUORIDE-POTASSIUM NITRATE GEL	1	2 max fill(s) per 30 day(s) retail
<i>sodium fluoride (dental) CREA</i>	1	2 max fill(s) per 30 day(s) retail
<i>sodium fluoride (dental) CREA</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>sodium fluoride (dental) GEL</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>sodium fluoride (dental) GEL</i>	1	2 max fill(s) per 30 day(s) retail
<i>sodium fluoride (dental) PSTE DT</i>	1	2 max fill(s) per 30 day(s) retail
<i>sodium fluoride (dental) SOLN 0.2 %</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
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1	2 max fill(s) per 30 day(s) retail
<i>triamcinolone acetonide (mouth)</i>	4	2 max fill(s) per 30 day(s) retail; PA
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
EVOXAC <i>(Use cevimeline hcl)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>pilocarpine hcl (oral)</i>	1	2 max fill(s) per 30 day(s) retail; MP
XYLIGEL GEL	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMINS		
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	2	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; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 5000	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800 PLUS D WAFR	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800/IRON	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800/ZINC	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800 WAFR	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800-ZINC 15	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE/ZINC	1	2 max fill(s) per 30 day(s) retail; MP
NEPHRONEX LIQD	1	2 max fill(s) per 30 day(s) retail; MP
NUTRIVIT	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Multiple Vitamins w/ Minerals		
ALIVE DIABETIC MULTIVITAMIN TABS	8	2 max fill(s) per 30 day(s) retail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM ADULTS TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM MEN TABS	8	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM SILVER 50+MEN TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM SILVER 50+WOMEN TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM SILVER MEN 50+ TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM SILVER TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM WOMEN TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FOSFREE TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
OPTIVITE P.M.T. TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
RENAPLEX-D TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
VITAROCA PLUS TABS (<i>Use multiple vitamins w/ minerals</i>)	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Ped Multi Vitamins w/FI & FE		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ped multivitamins w/fl & iron SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	MVW COMPLETE FORMULATION CHEW	2	2 max fill(s) per 30 day(s) retail; MP
QUFLORA FE PEDIATRIC LIQD	2	2 max fill(s) per 30 day(s) retail; MP	VITACHEW MULTIPLE VITAMIN CHEW	2	2 max fill(s) per 30 day(s) retail; MP
Ped Multiple Vitamins w/ Minerals			Ped MV w/ Fluoride		
ALIVE MULTI-VITAMIN CHILDRENS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	FLOTREX CHEW 0.25 MG, 0.5 MG	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
CENTRUM KIDS MULTIGUMMIES CHEW	8	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
CVS GUMMY DINOS 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
CVS GUMMY MULTIVITAMIN KIDS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG	8	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric multivitamins w/fl CHEW</i>	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES + EXTRA IRON CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric multivitamins w/fl CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES COMPLETE CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric multivitamins w/fl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES GUMMIES BONE BUILD CHEW	2	2 max fill(s) per 30 day(s) retail; MP	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
FLINTSTONES-IMMUNITY SUPPORT CHEW	2	2 max fill(s) per 30 day(s) retail; MP	POLY-VI-FLOR CHEW 0.25 MG, 1 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
GUMMI BEAR MULTIVITAMIN/MIN CHEW	1	2 max fill(s) per 30 day(s) retail; MP	POLY-VI-FLOR SUSP	2	2 max fill(s) per 30 day(s) retail; MP
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	2	2 max fill(s) per 30 day(s) retail; MP	SOLUVITA ACD WITH FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP	SOLUVITA WITH FLUORIDE SOLN	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MVW COMPLETE FORMULATION D5000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP	VITAMINS ACD-FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
			Ped MV w/ Iron		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP PRENATAL MULTIVITAMINS TABS	2	2 max fill(s) per 30 day(s) retail; MP	<i>prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
M-NATAL PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MULTI PRENATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP	PRENATAL VITAMIN AND MINERAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
NEONATAL PLUS TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL/IRON TABS	1	2 max fill(s) per 30 day(s) retail; MP
NEO-VITAL RX TABS	1	2 max fill(s) per 30 day(s) retail; MP	PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
NIVA-PLUS TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
PRENATABS FA TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	RA 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	SE-NATAL 19 CHEW	1	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	SE-NATAL 19 TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PRENATAL ONE DAILY TABS	1	2 max fill(s) per 30 day(s) retail; MP			
PRENATAL PLUS VITAMIN/MINERAL TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC			
<i>prenatal vit w/ docusate-fe fumarate-folic acid TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC			
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	1	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERANATAL CORE NUTRITION TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>carisoprodol TABS</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 21 day(s) max supply per 90 day(s) retail; 21 day(s) max supply per 90 day(s) mail; PA
THRIVITE RX TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>chlorzoxazone TABS</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
TRINATAL RX 1 TABS	1	2 max fill(s) per 30 day(s) retail; MP	<i>cyclobenzaprine hcl CP24</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
WESNATAL DHA COMPLETE	1	2 max fill(s) per 30 day(s) retail; MP	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
WESTAB PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
Vitamins w/ Lipotropics			<i>FLEQSUVY SUSP (Use baclofen)</i>	4	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
<i>vitamins w/ lipotropics TABS</i>	2	2 max fill(s) per 30 day(s) retail; MP	LYVISPAH PACK	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>metaxalone 800 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
Central Muscle Relaxants			<i>metaxalone 400 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
<i>AMRIX CP24 (Use cyclobenzaprine hcl)</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	METAXALONE 640 MG	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SOLN PO 10 MG/5ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol SOLN</i>	4	2 max fill(s) per 30 day(s) retail; PA
<i>baclofen SOLN PO 5 MG/5ML</i>	4	QL(80 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol TABS 750 MG</i>	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail
<i>baclofen SUSP</i>	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA	<i>methocarbamol TABS 500 MG</i>	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail
<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail			
<i>baclofen TABS 15 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol TABS 1000 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX CAPS 2 MG (Use <i>tizanidine hcl</i>)	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine citrate SOLN 30 MG/ML</i>	4	2 max fill(s) per 30 day(s) retail; PA	ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>orphenadrine citrate TB12</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	Direct Muscle Relaxants		
ROBAXIN SOLN (Use <i>methocarbamol</i>)	4	2 max fill(s) per 30 day(s) retail; PA	DANTRIUM CAPS 25 MG (Use <i>dantrolene sodium</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SOMA TABS (Use <i>carisoprodol</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 21 day(s) max supply per 90 day(s) retail; 21 day(s) max supply per 90 day(s) mail; PA	DANTRIUM SOLR (Use <i>dantrolene sodium</i>)	2	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl CAPS 6 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium CAPS 25 MG, 50 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tizanidine hcl CAPS 4 MG</i>	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium CAPS 100 MG</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
<i>tizanidine hcl CAPS 2 MG</i>	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>dantrolene sodium SOLR</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl TABS 2 MG</i>	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail	RYANODEX SUSR	2	2 max fill(s) per 30 day(s) retail; PA
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail	Fibrodysplasia Ossificans Progressiva (FOP) Agents		
ZANAFLEX CAPS 6 MG (Use <i>tizanidine hcl</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	2 max fill(s) per 30 day(s) retail; SP
ZANAFLEX CAPS 4 MG (Use <i>tizanidine hcl</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Muscle Relaxant Combinations		
			<i>orphenadrine w/ aspirin & caff</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
			<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl-fluticasone propionate SUSP</i>	4	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail	Nasal Anticholinergics		
			<i>ipratropium bromide (nasal)</i>	1	2 max fill(s) per 30 day(s) retail
DYMISTA SUSP (<i>Use azelastine hcl-fluticasone propionate</i>)	4	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	Nasal Steroids		
			<i>budesonide (nasal)</i>	1	2 max fill(s) per 30 day(s) retail
			<i>flunisolide (nasal)</i>	4	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
RYALTRIS	4	QL(29 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA	<i>mometasone furoate (nasal) SUSP</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
Nasal Agents - Misc.			NASACORT ALLERGY 24HR AERO (<i>Use triamcinolone acetonide (nasal)</i>)	9	2 max fill(s) per 30 day(s) retail
NASADROPS SALINE ON THE GO SOLN	CO		NASONEX 24HR SUSP (<i>Use mometasone furoate (nasal)</i>)	4	2 max fill(s) per 30 day(s) retail; RX/OTC
OCEAN NASAL SPRAY SOLN (<i>Use saline</i>)	9	2 max fill(s) per 30 day(s) retail	OMNARIS SUSP	4	2 max fill(s) per 30 day(s) retail
RHINASE SOLN	8		QNASL	4	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	QNASL CHILDRENS	4	2 max fill(s) per 30 day(s) retail
Nasal Antiallergy			<i>triamcinolone acetonide (nasal) AERO</i>	1	2 max fill(s) per 30 day(s) retail
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail	XHANCE EXHU	4	2 max fill(s) per 30 day(s) retail
			ZETONNA AERS	4	2 max fill(s) per 30 day(s) retail
<i>olopatadine hcl (nasal)</i>	4	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail	Sympathomimetic Decongestants		
			<i>phenylephrine hcl (oral) TABS</i>	1	2 max fill(s) per 30 day(s) retail
PATANASE (<i>Use olopatadine hcl (nasal)</i>)	9	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); 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>Use phenylephrine hcl (oral)</i>)	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	9	2 max fill(s) per 30 day(s) retail
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN 30 MG/100ML	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP
edaravone SOLN 60 MG/100ML	CO	QL(1400 ML daily); 2 max fill(s) per 30 day(s) retail; SP
EXSERVAN FILM	4	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
RADICAVA SOLN (Use edaravone)	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP
RELYVRIO	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
RILUTEK TABS (Use riluzole)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
riluzole TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
TIGLUTIK SUSP	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	2 max fill(s) per 30 day(s) retail; SP
Muscular Dystrophy Agents		
AMONDYS 45	CO	SP
DUVYZAT	CO	2 max fill(s) per 30 day(s) retail; SP
ELEVIDYS 10.0-10.4 KG	CO	SP
ELEVIDYS 10.5-11.4 KG	CO	SP
ELEVIDYS 11.5-12.4 KG	CO	SP
ELEVIDYS 12.5-13.4 KG	CO	SP
ELEVIDYS 13.5-14.4 KG	CO	SP
ELEVIDYS 14.5-15.4 KG	CO	SP
ELEVIDYS 15.5-16.4 KG	CO	SP
ELEVIDYS 16.5-17.4 KG	CO	SP
ELEVIDYS 17.5-18.4 KG	CO	SP
ELEVIDYS 18.5-19.4 KG	CO	SP
ELEVIDYS 19.5-20.4 KG	CO	SP
ELEVIDYS 20.5-21.4 KG	CO	SP
ELEVIDYS 21.5-22.4 KG	CO	SP
ELEVIDYS 22.5-23.4 KG	CO	SP
ELEVIDYS 23.5-24.4 KG	CO	SP
ELEVIDYS 24.5-25.4 KG	CO	SP
ELEVIDYS 25.5-26.4 KG	CO	SP
ELEVIDYS 26.5-27.4 KG	CO	SP
ELEVIDYS 27.5-28.4 KG	CO	SP
ELEVIDYS 28.5-29.4 KG	CO	SP
ELEVIDYS 29.5-30.4 KG	CO	SP
ELEVIDYS 30.5-31.4 KG	CO	SP
ELEVIDYS 31.5-32.4 KG	CO	SP
ELEVIDYS 32.5-33.4 KG	CO	SP
ELEVIDYS 33.5-34.4 KG	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 34.5-35.4 KG	CO	SP
ELEVIDYS 35.5-36.4 KG	CO	SP
ELEVIDYS 36.5-37.4 KG	CO	SP
ELEVIDYS 37.5-38.4 KG	CO	SP
ELEVIDYS 38.5-39.4 KG	CO	SP
ELEVIDYS 39.5-40.4 KG	CO	SP
ELEVIDYS 40.5-41.4 KG	CO	SP
ELEVIDYS 41.5-42.4 KG	CO	SP
ELEVIDYS 42.5-43.4 KG	CO	SP
ELEVIDYS 43.5-44.4 KG	CO	SP
ELEVIDYS 44.5-45.4 KG	CO	SP
ELEVIDYS 45.5-46.4 KG	CO	SP
ELEVIDYS 46.5-47.4 KG	CO	SP
ELEVIDYS 47.5-48.4 KG	CO	SP
ELEVIDYS 48.5-49.4 KG	CO	SP
ELEVIDYS 49.5-50.4 KG	CO	SP
ELEVIDYS 50.5-51.4 KG	CO	SP
ELEVIDYS 51.5-52.4 KG	CO	SP
ELEVIDYS 52.5-53.4 KG	CO	SP
ELEVIDYS 53.5-54.4 KG	CO	SP
ELEVIDYS 54.5-55.4 KG	CO	SP
ELEVIDYS 55.5-56.4 KG	CO	SP
ELEVIDYS 56.5-57.4 KG	CO	SP
ELEVIDYS 57.5-58.4 KG	CO	SP
ELEVIDYS 58.5-59.4 KG	CO	SP
ELEVIDYS 59.5-60.4 KG	CO	SP
ELEVIDYS 60.5-61.4 KG	CO	SP
ELEVIDYS 61.5-62.4 KG	CO	SP
ELEVIDYS 62.5-63.4 KG	CO	SP
ELEVIDYS 63.5-64.4 KG	CO	SP
ELEVIDYS 64.5-65.4 KG	CO	SP
ELEVIDYS 65.5-66.4 KG	CO	SP
ELEVIDYS 66.5-67.4 KG	CO	SP
ELEVIDYS 67.5-68.4 KG	CO	SP
ELEVIDYS 68.5-69.4 KG	CO	SP
ELEVIDYS 69.5 KG PLUS	CO	SP
EXONDYS 51	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
VILTEPSO	CO	SP
VYONDYS 53	CO	SP
Rett Syndrome Agents		
DAYBUE	CO	2 max fill(s) per 30 day(s) retail; SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	CO	2 max fill(s) per 30 day(s) retail; SP
EVRYSDI PO 5 MG	CO	2 max fill(s) per 30 day(s) retail; SP
SPINRAZA	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 20.6-21.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 10.1-10.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 10.6-11.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 11.1-11.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 11.6-12.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 12.1-12.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 12.6-13.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 13.1-13.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 13.6-14.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 14.1-14.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 14.6-15.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 4.6-5.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 15.1-15.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 5.1-5.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 15.6-16.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 5.6-6.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 16.1-16.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 6.1-6.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 16.6-17.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 6.6-7.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 17.1-17.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 7.1-7.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 17.6-18.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 7.6-8.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 18.1-18.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 8.1-8.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 18.6-19.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 8.6-9.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 19.1-19.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 9.1-9.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 19.6-20.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	ZOLGENSMA 9.6-10.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 2.6-3.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	NUTRIENTS		
ZOLGENSMA 20.1-20.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	Carbohydrates		
ZOLGENSMA 3.1-3.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	<i>glucose LIQD</i>	2	2 max fill(s) per 30 day(s) retail; MP
ZOLGENSMA 3.6-4.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP	Lipids		
ZOLGENSMA 4.1-4.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP	DOJOLVI	CO	2 max fill(s) per 30 day(s) retail; SP
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Artificial Tears and Lubricants		
			<i>artificial tear solution</i>	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carboxymethylcellulose sodium (ophth) GEL</i>	8		<i>betaxolol hcl (ophth) SOLN</i>	4	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	BETIMOL (Use timolol)	4	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	BETIMOL (Use timolol)	9	2 max fill(s) per 30 day(s) retail; MP
<i>glycerin-hypromellose-polyethylene glycol 400</i>	2	2 max fill(s) per 30 day(s) retail	BETIMOL	4	2 max fill(s) per 30 day(s) retail; MP
<i>glycerin-hypromellose-polyethylene glycol 400</i>	1	2 max fill(s) per 30 day(s) retail	BETOPTIC-S SUSP	4	2 max fill(s) per 30 day(s) retail; MP
LACRISERT	4	2 max fill(s) per 30 day(s) retail	<i>brimonidine tartrate-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	1	2 max fill(s) per 30 day(s) retail	<i>carteolol hcl (ophth)</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	2	2 max fill(s) per 30 day(s) retail	COMBIGAN (Use brimonidine tartrate-timolol maleate)	2	2 max fill(s) per 30 day(s) retail; MP
<i>polyvinyl alcohol 1.4 %</i>	1	2 max fill(s) per 30 day(s) retail	COSOPT (Use dorzolamide hcl-timolol maleate)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	1	2 max fill(s) per 30 day(s) retail	COSOPT (Use dorzolamide hcl-timolol maleate)	9	2 max fill(s) per 30 day(s) retail; MP
<i>propylene glycol (ophth)</i>	1	2 max fill(s) per 30 day(s) retail	COSOPT PF (Use dorzolamide hcl-timolol maleate)	9	2 max fill(s) per 30 day(s) retail; MP
<i>propylene glycol (ophth)</i>	2	2 max fill(s) per 30 day(s) retail	COSOPT PF (Use dorzolamide hcl-timolol maleate)	4	2 max fill(s) per 30 day(s) retail; MP; PA
PURE & GENTLE LUBRICANT SOLN	8		<i>dorzolamide hcl-timolol maleate</i>	1	2 max fill(s) per 30 day(s) retail; MP
SYSTANE ULTRA SOLN (Use polyethylene glycol-propylene glycol (ophth))	9	2 max fill(s) per 30 day(s) retail	ISTALOL SOLN (Use timolol maleate (ophth))	4	2 max fill(s) per 30 day(s) retail; MP; PA
THERATEARS EXTRA SOLN (Use carboxymethylcellulose sodium (ophth))	9	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
<i>white petrolatum-mineral oil</i>	2	2 max fill(s) per 30 day(s) retail	<i>timolol</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>white petrolatum-mineral oil</i>	1	2 max fill(s) per 30 day(s) retail			
Beta-blockers - Ophthalmic					

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Local Anesthetics			<i>fluorometholone (ophth) SUSP</i>	1	2 max fill(s) per 30 day(s) retail
AKTEN	4	2 max fill(s) per 30 day(s) retail; MP; PA	FML FORTE SUSP	4	2 max fill(s) per 30 day(s) retail
ALCAINE (<i>Use proparacaine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>proparacaine hcl</i>	1	2 max fill(s) per 30 day(s) retail; PA	INVELTYS SUSP	4	2 max fill(s) per 30 day(s) retail
<i>proparacaine hcl</i>	8	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX SM GEL	4	2 max fill(s) per 30 day(s) retail
<i>tetracaine hcl (ophth)</i>	8	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>tetracaine hcl (ophth)</i>	1	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX OINT	4	2 max fill(s) per 30 day(s) retail
<i>tetracaine hcl (ophth)</i>	2	2 max fill(s) per 30 day(s) retail; PA	LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Nerve Growth Factors			<i>loteprednol etabonate GEL</i>	4	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</i>	4	2 max fill(s) per 30 day(s) retail
Ophthalmic Steroids			MAXIDEX SUSP OP	4	2 max fill(s) per 30 day(s) retail
ALREX SUSP (<i>Use loteprednol etabonate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>bacitracin-poly-neomycin-hc</i>	4	4 max fill(s) per 30 day(s) retail	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>dexamethasone sodium phosphate (ophth)</i>	1	2 max fill(s) per 30 day(s) retail	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	9	4 max fill(s) per 30 day(s) retail
<i>difluprednate</i>	1	2 max fill(s) per 30 day(s) retail	<i>neomycin-polymy-dexameth OINT</i>	1	4 max fill(s) per 30 day(s) retail
DUREZOL (<i>Use difluprednate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	4 max fill(s) per 30 day(s) retail
DUREZOL (<i>Use difluprednate</i>)	9	2 max fill(s) per 30 day(s) retail	<i>neomycin-polymyxin-hc (ophth)</i>	1	4 max fill(s) per 30 day(s) retail
EYSUVIS SUSP	4	2 max fill(s) per 30 day(s) retail	PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA
FLAREX	4	2 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRED MILD	4	2 max fill(s) per 30 day(s) retail	<i>bromfenac sodium (ophth)</i>	4	2 max fill(s) per 30 day(s) retail
<i>prednisolone acetate (ophth)</i>	1	2 max fill(s) per 30 day(s) retail	BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail
PREDNISOLONE SODIUM PHOSPHATE	4	2 max fill(s) per 30 day(s) retail	CYSTADROPS	CO	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	4 max fill(s) per 30 day(s) retail	CYSTARAN	CO	
TOBRADEX ST SUSP	2	4 max fill(s) per 30 day(s) retail	<i>diclofenac sodium (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
TOBRADEX OINT	2	4 max fill(s) per 30 day(s) retail	<i>dorzolamide hcl</i>	1	2 max fill(s) per 30 day(s) retail; MP
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	9	4 max fill(s) per 30 day(s) retail	<i>epinastine hcl (ophth)</i>	4	2 max fill(s) per 30 day(s) retail
<i>tobramycin-dexamethasone SUSP</i>	1	4 max fill(s) per 30 day(s) retail	<i>flurbiprofen sodium</i>	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	4	4 max fill(s) per 30 day(s) retail	<i>ketorolac tromethamine (ophth)</i>	1	2 max fill(s) per 30 day(s) retail
Ophthalmics - Misc.			<i>ketotifen fumarate (ophth) 0.035 %</i>	1	2 max fill(s) per 30 day(s) retail
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	MIEBO	4	2 max fill(s) per 30 day(s) retail
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail; PA	NEVANAC	2	2 max fill(s) per 30 day(s) retail
ACUVAIL	4	2 max fill(s) per 30 day(s) retail	<i>olopatadine hcl 0.1 %</i>	8	RX/OTC
<i>azelastine hcl (ophth)</i>	4	2 max fill(s) per 30 day(s) retail	<i>olopatadine hcl 0.2 %</i>	4	2 max fill(s) per 30 day(s) retail; RX/OTC
AZOPT (<i>Use brinzolamide</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	PROLENSA (<i>Use bromfenac sodium (ophth)</i>)	4	2 max fill(s) per 30 day(s) retail
AZOPT (<i>Use brinzolamide</i>)	9	2 max fill(s) per 30 day(s) retail; MP	ZERViate	4	2 max fill(s) per 30 day(s) retail
<i>bepotastine besilate</i>	4	2 max fill(s) per 30 day(s) retail	Prostaglandins - Ophthalmic		
BEPREVE (<i>Use bepotastine besilate</i>)	4	2 max fill(s) per 30 day(s) retail; PA	<i>bimatoprost SOLN</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>brinzolamide</i>	1	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUMIGAN SOLN 0.01 %	4	2 max fill(s) per 30 day(s) retail; MP	CIPRODEX (Use ciprofloxacin-dexamethasone)	9	4 max fill(s) per 30 day(s) retail
tafluprost	4	2 max fill(s) per 30 day(s) retail; MP	ciprofloxacin-dexamethasone	1	4 max fill(s) per 30 day(s) retail
TRAVATAN Z SOLN (Use travoprost)	4	2 max fill(s) per 30 day(s) retail; MP; PA	ciprofloxacin-fluocinolone acetate	4	4 max fill(s) per 30 day(s) retail
travoprost SOLN	4	2 max fill(s) per 30 day(s) retail; MP	CORTISPORIN-TC	4	4 max fill(s) per 30 day(s) retail
VYZULTA	4	2 max fill(s) per 30 day(s) retail; MP	neomycin-polymyxin-hc (otic) SOLN	1	4 max fill(s) per 30 day(s) retail
XALATAN SOLN (Use latanoprost)	4	2 max fill(s) per 30 day(s) retail; MP; PA	neomycin-polymyxin-hc (otic) SUSP	1	4 max fill(s) per 30 day(s) retail
XELPROS EMUL	4	2 max fill(s) per 30 day(s) retail; MP; PA	Otic Steroids		
ZIOPTAN (Use tafluprost)	9	2 max fill(s) per 30 day(s) retail; MP	DERMOTIC (Use fluocinolone acetate (otic))	2	2 max fill(s) per 30 day(s) retail
ZIOPTAN (Use tafluprost)	4	2 max fill(s) per 30 day(s) retail; MP	fluocinolone acetate (otic)	1	2 max fill(s) per 30 day(s) retail
OTIC AGENTS - Drugs to Treat the Ear			hydrocortisone w/acetic acid	1	2 max fill(s) per 30 day(s) retail
Otic Agents - Miscellaneous			OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
acetic acid (otic)	1	2 max fill(s) per 30 day(s) retail	Oxytocics		
carbamide peroxide (otic) 6.5 %	1	2 max fill(s) per 30 day(s) retail	methylergonovine maleate TABS	1	2 max fill(s) per 30 day(s) retail
isopropyl alcohol-glycerin	2	2 max fill(s) per 30 day(s) retail	PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
SWIM EAR (Use isopropyl alcohol (otic))	2	2 max fill(s) per 30 day(s) retail	Immune Serums		
Otic Anti-infectives			HYPERRHO S/D SOSY IM 1500 UNIT	2	AL(At least 18 yrs old); SP
ciprofloxacin hcl (otic)	4	4 max fill(s) per 30 day(s) retail	RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	AL(At least 18 yrs old); SP
ofloxacin (otic)	1	4 max fill(s) per 30 day(s) retail	Monoclonal Antibodies		
Otic Combinations			SYNAGIS SOLN	2	SP; PA
CIPRO HC	2	4 max fill(s) per 30 day(s) retail	PENICILLINS - Drugs to Treat Bacterial Infections		
			Aminopenicillins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin CAPS</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 CHEW 125 MG, 250 MG</i>	1	4 max fill(s) per 30 day(s) retail	<i>amoxicillin & pot clavulanate TB12</i>	4	4 max fill(s) per 30 day(s) retail; PA
<i>amoxicillin SUSR</i>	1	4 max fill(s) per 30 day(s) retail	<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	1	4 max fill(s) per 30 day(s) retail; PA
AMOXICILLIN SUSR (Use <i>amoxicillin</i>)	1	4 max fill(s) per 30 day(s) retail	AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>amoxicillin TABS</i>	1	4 max fill(s) per 30 day(s) retail	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	4 max fill(s) per 30 day(s) retail
<i>ampicillin sodium IV 1 GM, 2 GM, 10 GM</i>	1	2 max fill(s) per 30 day(s) retail; PA	AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	4	4 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	BICILLIN C-R	2	4 max fill(s) per 30 day(s) retail; PA
<i>ampicillin CAPS 500 MG</i>	1	4 max fill(s) per 30 day(s) retail	BICILLIN C-R 900/300	2	4 max fill(s) per 30 day(s) retail; PA
Natural Penicillins			<i>piperacillin sodium-tazobactam sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA
BICILLIN L-A SUSY	2	4 max fill(s) per 30 day(s) retail; PA	<i>piperacillin sodium-tazobactam sodium 12 GM-1.5 GM</i>	2	4 max fill(s) per 30 day(s) retail; PA
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	2	4 max fill(s) per 30 day(s) retail; PA	UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use <i>ampicillin & sulbactam sodium</i>)	4	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	ZOSYN	2	4 max fill(s) per 30 day(s) retail; PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	4	4 max fill(s) per 30 day(s) retail; PA	Penicillinase-Resistant Penicillins		
<i>penicillin g sodium</i>	1	4 max fill(s) per 30 day(s) retail; PA	<i>dicloxacillin sodium</i>	1	4 max fill(s) per 30 day(s) retail
<i>penicillin v potassium SOLR</i>	1	4 max fill(s) per 30 day(s) retail	PROGESTINS - Hormone Replacement/Modifying Drugs		
<i>penicillin v potassium TABS</i>	1	4 max fill(s) per 30 day(s) retail	Progestins		
Penicillin Combinations			AYGESTIN TABS (Use <i>norethindrone acetate</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>amoxicillin & pot clavulanate CHEW</i>	4	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			

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP
<i>memantine hcl-donepezil hcl CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>memantine hcl SOLN</i>	4	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>memantine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>Use memantine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
NAMENDA XR CP24 7 MG (<i>Use memantine hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
NAMZARIC C4PK	4	2 max fill(s) per 30 day(s) retail; MP; PA
NAMZARIC CP24 (<i>Use memantine hcl-donepezil hcl</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
NAMZARIC CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>rivastigmine</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>rivastigmine tartrate CAPS</i>	4	2 max fill(s) per 30 day(s) retail; MP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	4	2 max fill(s) per 30 day(s) retail; MP
LYBALVI	2	2 max fill(s) per 30 day(s) retail; MP; PA
<i>olanzapine-fluoxetine hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>perphenazine-amitriptyline</i>	1	2 max fill(s) per 30 day(s) retail; MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	9	2 max fill(s) per 30 day(s) retail; MP
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SAVELLA TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	CO	SP
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	2 max fill(s) per 30 day(s) retail
AUSTEDO XR PATIENT TITRATION TEPK	2	QL(1 EA per 1 day(s) retail); 2 max fill(s) per 30 day(s) retail
AUSTEDO XR TB24 30 MG, 48 MG	2	QL(1 EA daily; 1 EA per fill retail); 2 max fill(s) per 30 day(s) retail
AUSTEDO XR TB24 6 MG, 12 MG, 18 MG, 24 MG, 36 MG, 42 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
AUSTEDO TABS 12 MG	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS 6 MG, 9 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	BAFIERTAM	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
INGREZZA CAPS 80 MG	4	2 max fill(s) per 30 day(s) retail; PA	BETASERON KIT	2	2 max fill(s) per 30 day(s) retail; SP
INGREZZA CAPS 60 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	BRIUMVI	4	2 max fill(s) per 30 day(s) retail; SP; PA
INGREZZA CPPK	4	2 max fill(s) per 30 day(s) retail; PA	COPAXONE SOSY (Use glatiramer acetate)	2	2 max fill(s) per 30 day(s) retail; SP
INGREZZA CPSP 40 MG, 60 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA	dalfampridine	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
tetrabenazine 12.5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail	dimethyl fumarate CDPK	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
tetrabenazine 25 MG	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail	dimethyl fumarate CPDR	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XENAZINE 25 MG (Use tetrabenazine)	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	fingolimod hcl	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
XENAZINE 12.5 MG (Use tetrabenazine)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA	GILENYA (Use fingolimod hcl)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Multiple Sclerosis Agents			GILENYA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
AMPYRA (Use dalfampridine)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	glatiramer acetate SOSY	4	2 max fill(s) per 30 day(s) retail; SP
AUBAGIO (Use teriflunomide)	9	2 max fill(s) per 30 day(s) retail	KESIMPTA	2	2 max fill(s) per 30 day(s) retail; SP
AUBAGIO (Use teriflunomide)	4	2 max fill(s) per 30 day(s) retail; PA	LEMTRADA	4	2 max fill(s) per 30 day(s) retail; SP
AVONEX PEN AJKT	2	2 max fill(s) per 30 day(s) retail; SP	MAVENCLAD (10 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
AVONEX PREFILLED PSKT	2	2 max fill(s) per 30 day(s) retail; SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (4 TABS)	4	2 max fill(s) per 30 day(s) retail; SP	PLEGRIDY STARTER PACK SOSY SC	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (5 TABS)	4	2 max fill(s) per 30 day(s) retail; SP	PLEGRIDY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (6 TABS)	4	2 max fill(s) per 30 day(s) retail; SP	PLEGRIDY SOSY IM	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (7 TABS)	4	2 max fill(s) per 30 day(s) retail; SP	PONVORY STARTER PACK TBPK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (8 TABS)	4	2 max fill(s) per 30 day(s) retail; SP	PONVORY TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (9 TABS)	4	2 max fill(s) per 30 day(s) retail; SP	REBIF REBIDOSE TITRATION PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(7 EA per 4 day(s) retail; 7 EA per 4 days mail); 2 max fill(s) per 30 day(s) retail; SP	REBIF REBIDOSE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail; 12 EA per 5 days mail); 2 max fill(s) per 30 day(s) retail; SP	REBIF TITRATION PACK SOSY	4	2 max fill(s) per 30 day(s) retail; SP
MAYZENT TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP	REBIF SOSY	4	2 max fill(s) per 30 day(s) retail; SP
OCREVUS	4	2 max fill(s) per 30 day(s) retail; SP; PA	TASCENSO ODT	2	2 max fill(s) per 30 day(s) retail; PA
OCREVUS ZUNOVO	4	QL(23 ML per 180 day(s) retail; 23 ML per 6 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA	TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PLEGRIDY STARTER PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; SP	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
			<i>teriflunomide</i>	1	2 max fill(s) per 30 day(s) retail
			TYSABRI	4	2 max fill(s) per 30 day(s) retail; SP; PA
			VUMERITY	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
ZEPOSIA 7-DAY STARTER PACK CPPK	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZEPOSIA STARTER KIT CPPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
ZEPOSIA CAPS	4	2 max fill(s) per 30 day(s) retail; SP; PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>gabapentin (once-daily) TABS</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
GRALISE TABS 450 MG, 750 MG, 900 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LYRICA CR 330 MG (<i>Use pregabalin (once-daily)</i>)	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LYRICA CR 82.5 MG, 165 MG (<i>Use pregabalin (once-daily)</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pregabalin (once-daily) 330 MG</i>	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Pseudobulbar Affect (PBA) Agents		

Drug Name	Drug Tier	Requirements/ Limits
NUDEXTA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
<i>ergoloid mesylates TABS</i>	1	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	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail
Restless Leg Syndrome (RLS) Agents		
HORIZANT	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	1	2 max fill(s) per 30 day(s) retail; MP
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
NICORETTE STARTER KIT GUM 2 MG (<i>Use nicotine polacrilex</i>)	9	2 max fill(s) per 30 day(s) retail; MP
NICORETTE GUM 2 MG (<i>Use nicotine polacrilex</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>nicotine polacrilex GUM</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>nicotine polacrilex LOZG</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>nicotine polacrilex LOZG</i>	1	2 max fill(s) per 30 day(s) retail; MP	ARALAST NP SOLR 500 MG, 1000 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	2 max fill(s) per 30 day(s) retail; MP	GLASSIA SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
NICOTROL NS SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA	PROLASTIN-C SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>varenicline tartrate TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	ZEMAIRA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
<i>varenicline tartrate TBPK</i>	1	2 max fill(s) per 30 day(s) retail; MP	Cystic Fibrosis Agents		
Transthyretin Amyloidosis Agents			ALYFTREK 125 MG-10 MG-50 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
AMVUTTRA	CO	QL(0.5 ML per 84 day(s) retail); 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
ONPATTRO	CO	2 max fill(s) per 30 day(s) retail; SP	BRONCHITOL	CO	2 max fill(s) per 30 day(s) retail
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	BRONCHITOL TOLERANCE TEST	CO	2 max fill(s) per 30 day(s) retail
WAINUA	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP	KALYDECO PACK 25 MG, 50 MG, 75 MG	CO	
Vasomotor Symptom Agents			KALYDECO PACK 5.8 MG, 13.4 MG	CO	2 max fill(s) per 30 day(s) retail
<i>paroxetine mesylate (vasomotor)</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA	KALYDECO TABS	CO	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			ORKAMBI PACK 94 MG-75 MG	CO	2 max fill(s) per 30 day(s) retail; SP
Alpha-Proteinase Inhibitor (Human)			ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	CO	
			ORKAMBI TABS	CO	
			PULMOZYME	CO	
			SYMDEKO	CO	
			TRIKAFTA TBPK	CO	
			TRIKAFTA THPK	CO	
			Pulmonary Fibrosis Agents		
			ESBRIET CAPS (<i>Use pirfenidone</i>)	9	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESBRIET CAPS (<i>Use pirfenidone</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	XERAVA	2	4 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 801 MG (<i>Use pirfenidone</i>)	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	Glycylcyclines		
ESBRIET TABS 267 MG (<i>Use pirfenidone</i>)	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>tigecycline</i>	1	4 max fill(s) per 30 day(s) retail; PA
OFEV	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA	TIGECYCLINE	1	4 max fill(s) per 30 day(s) retail; PA
<i>pirfenidone CAPS</i>	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA	TYGACIL (<i>Use tigecycline</i>)	4	4 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	Tetracyclines		
<i>pirfenidone TABS 534 MG</i>	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	<i>demeclocycline hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail
<i>pirfenidone TABS 801 MG</i>	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA	DORYX MPC TBEC 60 MG	4	4 max fill(s) per 30 day(s) retail
SULFONAMIDES - Drugs to Treat Bacterial Infections			DORYX TBEC 50 MG (<i>Use doxycycline hyclate</i>)	9	4 max fill(s) per 30 day(s) retail
Sulfonamides			DORYX TBEC 200 MG (<i>Use doxycycline hyclate</i>)	4	4 max fill(s) per 30 day(s) retail; PA
<i>sulfadiazine TABS</i>	1	4 max fill(s) per 30 day(s) retail	<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	4	4 max fill(s) per 30 day(s) retail
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	4 max fill(s) per 30 day(s) retail
Aminomethylcyclines			<i>doxycycline (monohydrate) SUSR</i>	4	4 max fill(s) per 30 day(s) retail
NUZYRA SOLR	2	4 max fill(s) per 30 day(s) retail; PA	<i>doxycycline (monohydrate) TABS</i>	1	4 max fill(s) per 30 day(s) retail
NUZYRA TABS	4	4 max fill(s) per 30 day(s) retail	<i>doxycycline hyclate CAPS</i>	1	4 max fill(s) per 30 day(s) retail
Fluorocyclines			<i>doxycycline hyclate SOLR</i>	1	4 max fill(s) per 30 day(s) retail; PA
			<i>doxycycline hyclate SOLR</i>	4	4 max fill(s) per 30 day(s) retail; PA
			<i>doxycycline hyclate TABS</i>	1	4 max fill(s) per 30 day(s) retail
			<i>doxycycline hyclate TBEC</i>	4	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MINOCIN SOLR	2	4 max fill(s) per 30 day(s) retail; PA	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>minocycline hcl CAPS</i>	1	4 max fill(s) per 30 day(s) retail	ERMEZA SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>minocycline hcl TABS</i>	4	4 max fill(s) per 30 day(s) retail	<i>levothyroxine sodium CAPS 13 MCG, 50 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
<i>minocycline hcl TB24</i>	4	4 max fill(s) per 30 day(s) retail; PA	LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	4	4 max fill(s) per 30 day(s) retail; PA	LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA
<i>tetracycline hcl CAPS</i>	4	4 max fill(s) per 30 day(s) retail	<i>levothyroxine sodium SOLR IV</i>	1	2 max fill(s) per 30 day(s) retail; PA
TETRACYCLINE HCL TABS	4	2 max fill(s) per 30 day(s) retail	LEVOTHYROXINE SODIUM SOLR IV (<i>Use levothyroxine sodium</i>)	1	2 max fill(s) per 30 day(s) retail; PA
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	4	4 max fill(s) per 30 day(s) retail; PA	LEVOTHYROXINE SODIUM SOLR IV (<i>Use levothyroxine sodium</i>)	9	2 max fill(s) per 30 day(s) retail
VIBRAMYCIN SUSR (<i>Use doxycycline monohydrate</i>)	9	4 max fill(s) per 30 day(s) retail	<i>levothyroxine sodium TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>levothyroxine sodium TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antithyroid Agents			<i>liothyronine sodium SOLN</i>	1	2 max fill(s) per 30 day(s) retail; PA
<i>methimazole TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP	<i>liothyronine sodium 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	NIVA THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP
Thyroid Hormones			NP THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP
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	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP			
ARMOUR THYROID TABS	2	2 max fill(s) per 30 day(s) retail; MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>dicyclomine hcl CAPS</i>	1	2 max fill(s) per 30 day(s) retail
THYQUIDITY SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>dicyclomine hcl SOLN IM</i>	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP	<i>dicyclomine hcl SOLN PO</i>	1	2 max fill(s) per 30 day(s) retail
TOXOIDS			<i>dicyclomine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail
Toxoid Combinations			DONNATAL ELIX (<i>Use phenobarbital-hyoscyamine-atropine-scopolamine</i>)	8	
ADACEL SUSP	2		GLYCATATE TABS	4	2 max fill(s) per 30 day(s) retail; PA
BOOSTRIX SUSP	2		<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	2 max fill(s) per 30 day(s) retail
BOOSTRIX SUSY	2		<i>glycopyrrolate SOLN IJ</i>	1	
DAPTACEL	2		<i>glycopyrrolate SOSY IJ</i>	NP	
INFANRIX	2		GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP	
KINRIX SUSY	2		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	2 max fill(s) per 30 day(s) retail
PEDIARIX SUSY	2		GLYRX-PF SOLN IJ	NP	
PENTACEL	2		<i>hyoscyamine sulfate ELIX</i>	1	2 max fill(s) per 30 day(s) retail
QUADRACEL SUSP	2		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	1	2 max fill(s) per 30 day(s) retail
QUADRACEL SUSY	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
TDVAX SUSP	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
TENIVAC INJ	2		<i>hyoscyamine sulfate TABS 0.125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
TETANUS-DIPHThERIA TOXOIDS TD SUSP	2		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
VAXELIS SUSP	2		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	2 max fill(s) per 30 day(s) retail
VAXELIS SUSY	2		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	2 max fill(s) per 30 day(s) retail
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	4	2 max fill(s) per 30 day(s) retail; PA
Antispasmodics					
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF				
<i>chlordiazepoxide hcl-clidinium bromide</i>	4	2 max fill(s) per 30 day(s) retail			
CUVPOSA SOLN PO (<i>Use glycopyrrolate</i>)	4	2 max fill(s) per 30 day(s) retail; PA			
DARTISLA ODT TBDP	4	2 max fill(s) per 30 day(s) retail			

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

Drug Name	Drug Tier	Requirements/ Limits
PEPCID TABS (<i>Use famotidine</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA; RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>Use sucralfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
CARAFATE TABS (<i>Use sucralfate</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>sucralfate SUSP</i>	1	2 max fill(s) per 30 day(s) retail
<i>sucralfate TABS</i>	1	2 max fill(s) per 30 day(s) retail
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	9	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 (<i>Use dexlansoprazole</i>)	4	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>dexlansoprazole</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>esomeprazole magnesium PACK 2.5 MG, 5 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>esomeprazole magnesium CPDR 20 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; RX/OTC	<i>esomeprazole magnesium PACK</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
<i>esomeprazole magnesium CPDR</i>	4	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 PACK 10 MG, 20 MG, 40 MG</i>	4	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 CPDR 20 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; RX/OTC	<i>esomeprazole magnesium TBEC</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
			<i>esomeprazole sodium 40 MG</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole CPDR</i>	4	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	NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	4	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 TBDD</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; RX/OTC	<i>omeprazole CPDR 10 MG</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
NEXIUM I.V. 40 MG (<i>Use esomeprazole sodium</i>)	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>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
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	4	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 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole CPDR 10 MG</i>	4	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>pantoprazole sodium PACK</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
<i>omeprazole 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>pantoprazole sodium PACK</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/50ML	2	2 max fill(s) per 30 day(s) retail; PA	<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
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>pantoprazole sodium SOLR</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
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 SOLR</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 (Use lansoprazole)	4	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	4	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 (Use lansoprazole)	9	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 (Use <i>pantoprazole sodium</i>)	4	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 (Use lansoprazole)	4	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	PROTONIX SOLR (Use <i>pantoprazole sodium</i>)	4	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 TBEC (<i>Use pantoprazole sodium</i>)	4	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	KONVOMEF SUSR	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
<i>rabeprazole sodium TBEC</i>	4	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	OMECLAMOX-PAK	4	2 max fill(s) per 30 day(s) retail; PA
VOQUEZNA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail	<i>omeprazole-sodium bicarbonate CAPS</i>	4	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
Ulcer Drugs - Prostaglandins			<i>omeprazole-sodium bicarbonate PACK</i>	4	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
CYTOTEC (<i>Use misoprostol</i>)	4	2 max fill(s) per 30 day(s) retail; PA	PYLERA (<i>Use bismuth subcitrate potassium-metronidazole-tetracycline</i>)	4	2 max fill(s) per 30 day(s) retail; PA
<i>misoprostol</i>	1	2 max fill(s) per 30 day(s) retail	TALICIA	4	2 max fill(s) per 30 day(s) retail; PA
Ulcer Therapy Combinations			VOQUEZNA DUAL PAK	4	2 max fill(s) per 30 day(s) retail; PA
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	4	2 max fill(s) per 30 day(s) retail; PA	VOQUEZNA TRIPLE PAK	4	2 max fill(s) per 30 day(s) retail; PA
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	4	2 max fill(s) per 30 day(s) retail; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEGERID CAPS (<i>Use omeprazole-sodium bicarbonate</i>)	4	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>fesoterodine fumarate</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>oxybutynin chloride SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>oxybutynin chloride TABS 2.5 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
			<i>oxybutynin chloride TABS 5 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
			<i>oxybutynin chloride TB24</i>	1	2 max fill(s) per 30 day(s) retail; MP
ZEGERID PACK (<i>Use omeprazole-sodium bicarbonate</i>)	4	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	OXYTROL PTTW	4	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA; RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>solifenacin succinate TABS</i>	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>tolterodine tartrate CP24</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>darifenacin hydrobromide</i>	4	2 max fill(s) per 30 day(s) retail; MP	<i>tolterodine tartrate TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	TOVIAZ (<i>Use fesoterodine fumarate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	<i>trospium chloride CP24</i>	4	2 max fill(s) per 30 day(s) retail; MP
DETROL TABS 1 MG (<i>Use tolterodine tartrate</i>)	9	2 max fill(s) per 30 day(s) retail; MP	<i>trospium chloride TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP
DETROL TABS (<i>Use tolterodine tartrate</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA	VESICARE LS SUSP	4	2 max fill(s) per 30 day(s) retail; MP
DITROPAN XL TB24 5 MG (<i>Use oxybutynin chloride</i>)	9	2 max fill(s) per 30 day(s) retail; MP	VESICARE TABS (<i>Use solifenacin succinate</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			PNEUMOVAX 23 SOSY	2	
GEMTESA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	PREVNAR 13	2	
<i>mirabegron TB24</i>	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	PREVNAR 20	2	
MYRBETRIQ SRER	4	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA	TRUMENBA 0.5 ML	2	
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP	TYPHIM VI SOLN	2	
Urinary Antispasmodics - Cholinergic Agonists			TYPHIM VI SOSY	2	
<i>bethanechol chloride</i>	1	2 max fill(s) per 30 day(s) retail; MP	VAXCHORA	2	
Urinary Antispasmodics - Direct Muscle Relaxants			VAXNEUVANCE	2	
<i>flavoxate hcl</i>	4	2 max fill(s) per 30 day(s) retail; MP	VIVOTIF	2	
VACCINES			Viral Vaccines		
Bacterial Vaccines			ABRYSVO	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old)
ACTHIB SOLR IM	2		ACAM2000	2	
BCG VACCINE	2		AFLURIA PRESERVATIVE FREE SUSY	2	
BEXSERO 0.5 ML	2		AFLURIA QUADRIVALENT SUSP	2	
BIOTHRAX	2		AFLURIA QUADRIVALENT SUSY 0.5 ML	2	
HIBERIX SOLR IJ	2		AFLURIA SUSP	2	
MENACTRA	2		AREXVY	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA
MENQUADFI 0.5 ML	2		AUDENZ EMUL	2	
MENVEO SOLN	2		AUDENZ PRSY	2	
MENVEO SOLR	2		COMIRNATY SUSP	2	
PEDVAX HIB SUSP	2		COMIRNATY SUSY	2	
PENBRAYA	2		DENG VAXIA	2	
PNEUMOVAX 23 SOLN	2		ENGRIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail
			ENGRIX-B SUSY	2	3 max fill(s) per 999 day(s) retail
			FLUAD	2	AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT	2	AL(At least 65 yrs old)	HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail
FLUARIX QUADRIVALENT SUSY	2		IMOVAX RABIES SUSR	2	
FLUARIX SUSY	2		IPOLE	2	
FLUBLOK QUADRIVALENT	2		IXIARO	2	
FLUBLOK SOSY	2		JANSSEN COVID-19 VACCINE	2	
FLUCELVAX QUADRIVALENT SUSP	2		JYNNEOS	2	
FLUCELVAX QUADRIVALENT SUSY	2		M-M-R II SOLR	2	AL(At least 7 yrs old)
FLUCELVAX SUSP	2		MODERNA COVID-19 BIVAL 6M-5Y	2	
FLUCELVAX SUSY	2		MODERNA COVID-19 BIVALENT	2	
FLULAVAL QUADRIVALENT SUSY	2		MODERNA COVID-19 VAC 6M-11Y SUSP	2	
FLULAVAL SUSY	2		MODERNA COVID-19 VAC 6M-11Y SUSY	2	
FLUMIST	2		MODERNA COVID-19 VACCINE SUSP	2	
FLUMIST QUADRIVALENT	2		MRESVIA	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA
FLUZONE HIGH-DOSE QUADRIVALENT	2	AL(At least 65 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	2	
FLUZONE HIGH-DOSE SUSY	2	AL(At least 65 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	2	
FLUZONE QUADRIVALENT SUSP	2		PFIZER COVID-19 BIVAL 6MO-4YR	2	
FLUZONE QUADRIVALENT SUSY	2		PFIZER COVID-19 VAC BIVAL 5-11	2	
FLUZONE SUSP	2		PFIZER COVID-19 VAC BIVALENT	2	
FLUZONE SUSY	2		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	2	
GARDASIL 9 SUSP 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	2	
GARDASIL 9 SUSY 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	2	
HAVRIX 1440 EL U/ML	2		PFIZER-BIONTECH COVID-19 VACC SUSP	2	
HAVRIX IM 720 EL U/0.5ML	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail	<i>clindamycin phosphate vaginal CREA</i>	1	4 max fill(s) per 30 day(s) retail
PRIORIX SUSR	2		CLINDESSE	4	4 max fill(s) per 30 day(s) retail
PROQUAD SUSR	2		<i>clotrimazole vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail
RABAVERT	2		GYNAZOLE-1	4	2 max fill(s) per 30 day(s) retail
RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail	GYNE-LOTRIMIN CREA (Use <i>clotrimazole vaginal</i>)	9	2 max fill(s) per 30 day(s) retail
RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail	<i>metronidazole vaginal</i>	1	4 max fill(s) per 30 day(s) retail
ROTARIX SUSP	2		<i>miconazole nitrate vaginal CREA 2 %</i>	1	2 max fill(s) per 30 day(s) retail
ROTARIX SUSR	2		<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	2 max fill(s) per 30 day(s) retail
ROTATEQ SOLN	2		NUVESSA	4	4 max fill(s) per 30 day(s) retail
SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>terconazole vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail
SPIKEVAX SUSP	2		<i>terconazole vaginal SUPP</i>	4	2 max fill(s) per 30 day(s) retail
SPIKEVAX SUSY	2		VANDAZOLE	4	4 max fill(s) per 30 day(s) retail
STAMARIL SUSR	2		XACIATO GEL	4	2 max fill(s) per 30 day(s) retail; PA
TICOVAC	2		Vaginal Contraceptive - pH Modulators		
TWINRIX SUSY	2		PHEXXI	2	2 max fill(s) per 30 day(s) retail; MP
VAQTA	2		Vaginal Estrogens		
VARIVAX SUSR	2	2 max fill(s) per 999 day(s) retail	ESTRACE CREA (Use <i>estradiol vaginal</i>)	4	2 max fill(s) per 30 day(s) retail; MP; PA
YF-VAX INJ	2		<i>estradiol vaginal CREA</i>	1	2 max fill(s) per 30 day(s) retail; MP
VAGINAL AND RELATED PRODUCTS			<i>estradiol vaginal TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
Miscellaneous Vaginal Products			<i>estradiol vaginal TABS</i>	4	2 max fill(s) per 30 day(s) retail; MP; PA
INTRAROSA	2	2 max fill(s) per 30 day(s) retail; PA			
Vaginal Anti-infectives					
CLEOCIN CREA (Use <i>clindamycin phosphate vaginal</i>)	4	4 max fill(s) per 30 day(s) retail			
CLEOCIN SUPP	2	4 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESTRING RING 7.5 MCG/24HR	2	2 max fill(s) per 30 day(s) retail; MP	EPINEPHRINE SOAJ 0.3 MG/0.3ML	2	2 max fill(s) per 30 day(s) retail
FEMRING	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	2 max fill(s) per 30 day(s) retail
IMVEXXY MAINTENANCE PACK INST	4	2 max fill(s) per 30 day(s) retail; MP; PA	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	2 max fill(s) per 30 day(s) retail
IMVEXXY STARTER PACK INST	4	2 max fill(s) per 30 day(s) retail; MP; PA	NEFFY SOLN NA	2	2 max fill(s) per 30 day(s) retail; PA
PREMARIN	2	2 max fill(s) per 30 day(s) retail; MP	Neurogenic Orthostatic Hypotension (NOH) - Agents		
VAGIFEM TABS (Use estradiol vaginal)	4	2 max fill(s) per 30 day(s) retail; MP; PA	droxidopa	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Vaginal Progestins			NORTHERA (Use droxidopa)	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
CRINONE GEL	2	2 max fill(s) per 30 day(s) retail; PA	Vasopressors		
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			AKOVAZ SOLN IV (Use ephedrine sulfate (pressors))	NF	PA
Anaphylaxis Therapy Agents			ephedrine sulfate (pressors) SOLN IJ	1	PA
ADRENALIN SOLN IJ 1 MG/ML (Use epinephrine (anaphylaxis))	4	2 max fill(s) per 30 day(s) retail; PA	EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	2	PA
ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	NP	PA	EPINEPHRINE PF SOLN IJ 1 MG/ML (Use epinephrine)	NF	PA
AUVI-Q SOAJ	4	2 max fill(s) per 30 day(s) retail; PA	epinephrine SOLN IJ	1	PA
epinephrine (anaphylaxis) SOAJ	2	2 max fill(s) per 30 day(s) retail	epinephrine SOLN IJ	1	2 max fill(s) per 30 day(s) retail
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	4	2 max fill(s) per 30 day(s) retail; PA	EPINEPHRINE SOLN IJ (Use epinephrine)	9	2 max fill(s) per 30 day(s) retail
epinephrine (anaphylaxis) SOAJ	1	2 max fill(s) per 30 day(s) retail	LEVOPHED IV (Use norepinephrine bitartrate)	2	PA
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	NP	PA	midodrine hcl	1	QL(3 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>norepinephrine bitartrate IV</i>	1	PA	D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	1	2 max fill(s) per 30 day(s) retail; MP
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA	D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	9	2 max fill(s) per 30 day(s) retail; MP
<i>phenylephrine hcl (pressors) SOLN IV</i>	1	PA	<i>ergocalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP
PHENYLEPHRINE HCL (PRESSORS) SOLN IV (<i>Use phenylephrine hcl (pressors)</i>)	2	PA	<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1	2 max fill(s) per 30 day(s) retail; MP
VAZCULEP SOLN IV (<i>Use phenylephrine hcl (pressors)</i>)	2	PA	OPTIMAL D3 M CAPS	2	2 max fill(s) per 30 day(s) retail; MP
VITAMINS			<i>phytonadione TABS 5 MG</i>	1	
Oil Soluble Vitamins			SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP
BABY DDROPS LIQD PO (<i>Use cholecalciferol</i>)	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN D (ERGOCALCIFEROL) CAPS	2	2 max fill(s) per 30 day(s) retail; MP
<i>cholecalciferol CAPS</i>	1	2 max fill(s) per 30 day(s) retail; MP	VITAMIN D2 TABS 400 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
<i>cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN D2 TABS 2000 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</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>cholecalciferol LIQD PO</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
<i>cholecalciferol TABS</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
<i>cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT</i>	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN D3 TABS	2	2 max fill(s) per 30 day(s) retail; MP
D3 BABY DROPS LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP	VITAMIN D3 TABS (<i>Use cholecalciferol</i>)	2	2 max fill(s) per 30 day(s) retail; MP
DDROPS LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP	Water Soluble Vitamins		
DRISDOL CAPS (<i>Use ergocalciferol</i>)	9	2 max fill(s) per 30 day(s) retail; MP	B-6 TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
<i>benfotiamine</i>	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
ENDUR-AMIDE TBCR	2	2 max fill(s) per 30 day(s) retail; MP
<i>niacinamide TABS 500 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>niacinamide TBCR 500 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP
<i>niacin TABS 500 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>niacin TABS 500 MG</i>	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
<i>pyridoxine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
SLO-NIACIN TBCR 500 MG (<i>Use niacin</i>)	1	2 max fill(s) per 30 day(s) retail; MP
SLO-NIACIN TBCR 750 MG (<i>Use niacin</i>)	2	2 max fill(s) per 30 day(s) retail; MP
<i>thiamine hcl SOLN</i>	1	2 max fill(s) per 30 day(s) retail; MP; PA
<i>thiamine hcl TABS</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>thiamine mononitrate TABS 100 MG</i>	1	2 max fill(s) per 30 day(s) retail; MP
<i>thiamine mononitrate TABS 250 MG</i>	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
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betamethasone dipropionate augmented CREA	94	bexarotene	64	BLOXIVERZ SOLN IV (Use neostigmine methylsulfate)	53
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betamethasone dipropionate augmented LOTN	94	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	82	BONJESTA TBCR	41
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betamethasone valerate FOAM ...	94	BIDIL (Use isosorbide dinitrate-hydralazine hcl)	78	BOSULIF CAPS	59
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		bisacodyl SUPP	128		
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BREATHE EASE NEB MASK/INFANT MISC	151	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	14	BUPRENEX SOLN (Use buprenorphine hcl)	14
BREATHE EASE SMALL DEVI	151	bromfenac sodium (ophth)	180	buprenorphine hcl SOLN	14
BREATHERITE VALVED MDI CHAMBER DEVI	152	bromocriptine mesylate CAPS	65	buprenorphine hcl SUBL	14
BREO ELLIPTA (Use fluticasone furoate-vilanterol)	21	bromocriptine mesylate TABS 2.5 MG	65	buprenorphine hcl-naloxone hcl dihydrate FILM SL	14
BREO ELLIPTA	21	BROMSITE (Use bromfenac sodium (ophth))	180	buprenorphine hcl-naloxone hcl dihydrate SUBL	14
BREVIBLOC IN NACL (Use esmolol hcl-sodium chloride)	75	BRONCHITOL	188	buprenorphine PTWK	14
BREVIBLOC PREMIXED (Use esmolol hcl-sodium chloride)	75	BRONCHITOL TOLERANCE TEST	188	bupropion hcl (smoking deterrent)	187
BREVIBLOC PREMIXED DS (Use esmolol hcl-sodium chloride)	75	BROVANA (Use arformoterol tartrate)	21	bupropion hcl TABS	29
BREVIBLOC SOLN 100 MG/10ML (Use esmolol hcl)	75	BRUKINSA	59	bupropion hcl TB12	29
BREXAFEMME	41	BRYHALI LOTN	95	bupropion hcl TB24 150 MG, 300 MG	29
BREYANZI	56	BUBBLES THE FISH II PEDI MASK MISC	152	bupropion hcl TB24 450 MG	29
BREZTRI AEROSPHERE	21	BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	17	buspirone hcl	17
BRILINTA 60 MG, 90 MG (Use ticagrelor)	121	budesonide (inhalation) SUSP	20	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	10
brimonidine tartrate (topical)	99	budesonide (intrarectal)	15	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	10
brimonidine tartrate	177	budesonide (nasal)	172	butalbital-acetaminophen-caffeine w/ codeine	13
brimonidine tartrate-timolol maleate	176	budesonide CPEP	85	butalbital-aspirin-caffeine CAPS	10
BRINEURA	107	budesonide TB24	85	butalbital-aspirin-caffeine w/cod	13
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BRIVIACT SOLN IV 50 MG/5ML	24	bumetanide TABS	102	BYDUREON BCISE AUIJ	35
BRIVIACT SOLN PO 10 MG/ML	24	BUMEX TABS 0.5 MG (Use bumetanide)	102		
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BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	35	calcitriol CAPS	107	MINERALS CHEW (Use calcium carbonate-vitamin d w/ minerals) .	161
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BYLVAY (PELLETS) CPSP	113	CALCIUM 600 +D HIGH POTENCY TABS	161	CAMZYOS	78
BYLVAY CAPS	113	calcium acetate (phosphate binder) CAPS	115	CANASA SUPP (Use mesalamine) 113	
BYSTOLIC (Use nebivolol hcl)	75	calcium acetate (phosphate binder) TABS	116	CANCIDAS (Use caspofungin acetate)	41
CABENUVA	70	CALCIUM CARB-CHOLECALCIFEROL CHEW	161	candesartan cilexetil	48
cabergoline	109	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	15	candesartan cilexetil-hydrochlorothiazide	49
CABLIVI	121	CALCIUM CARBONATE ANTACID SUSP	15	capecitabine	55
CABOMETYX TABS	59	CALCIUM CARBONATE ANTACID TABS	16	CAPEX SHAM	95
CABTREO	88	CALCIUM CARBONATE CHEW	161	CAPLYTA	66
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	79	calcium carbonate TABS	161	CAPRELSA 100 MG	59
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	79	calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG	161	CAPRELSA 300 MG	59
caffeine citrate SOLN PO	1	calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG	161	captopril & hydrochlorothiazide	49
calcipotriene CREA	92	calcium carbonate-cholecalciferol TABS	161	captopril	47
CALCIPOTRIENE FOAM	92	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	161	CARAC CREA	92
calcipotriene OINT	92	calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG-50 MG-7.5 MG-1 MG-250 MCG-1.8 MG	161	CARAFATE SUSP (Use sucralfate) 192	
calcipotriene SOLN	92	calcium TABS 600 MG	161	CARAFATE TABS (Use sucralfate) 192	
calcipotriene-betamethasone dipropionate OINT	95	CALCIUM/C/D	161	CARBAGLU (Use carglumic acid) 107	
calcipotriene-betamethasone dipropionate SUSP	95	CALQUENCE	59	carbamazepine CHEW 100 MG	24
calcitonin (salmon) IJ	104	CAL-QUICK LIQD	161	carbamazepine CHEW 200 MG	24
calcitonin (salmon) NA	104	CALTRATE 600+D PLUS		carbamazepine CP12	24
calcitriol (topical)	92			carbamazepine SUSP	24
				carbamazepine TABS	24
				carbamazepine TB12	24
				carbamide peroxide (otic) 6.5 % . .	181

CARBATROL CP12 (Use carbamazepine)	24	DEV MISC	132	CARETOUCH HYPODERMIC NEEDLE	144
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carbidopa-levodopa TABS	65	CAREONE LANCET SUPER THIN 30G	133	CARETOUCH LANCING/EJECTOR MISC	133
carbidopa-levodopa TBCR	65	CAREONE LANCET THIN 23G ..	133	CARETOUCH LUER LOCK	144
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CARBINOXAMINE MALEATE TABS .	43	CAREPOINT SYRINGE LUER LOCK	144	CARETOUCH TWIST LANCETS 28G	133
carboxymethylcellulose sodium (ophth) GEL	176	CAREPOINT SYRINGE LUER SLIP 144		CARETOUCH TWIST LANCETS 30G	133
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	176	CAREPOINT TUBERCLN SYR/LUER SL MISC	144	CARETOUCH TWIST MC LANCETS 30G	133
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	76	CARESENS LANCETS	133	CARETOUCH UNIVERSL CPAP FILTER MISC	152
CARDIOCOM LANCING DEVICE MISC	132	CARESENS LANCETS 30G	133	carglumic acid	107
CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	76	CARESTART COVID-19 HOME TEST KIT	100	carisoprodol TABS	170
CARDIZEM LA TB24 (Use diltiazem hcl)	76	CARETOUCH 2 CPAP HOSE HANGER MISC	152	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers))	107
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	76	CARETOUCH ALCOHOL PREP	141	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	107
CARDURA (Use doxazosin mesylate)	48	CARETOUCH CPAP & BIPAP HOSE MISC	152	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	107
CARDURA 8 MG (Use doxazosin mesylate)	48	CARETOUCH CPAP MASK WIPES MISC	152		
CARDURA XL	117	CARETOUCH CPAP PRE-WASH SOLN MISC	152		
CAREFINE PEN NEEDLES	143	CARETOUCH CPAP TUBE BRUSH MISC	152		
CAREONE ADVANCED LANCING					

CAROSPIR SUSP (Use spironolactone)	103	cefdinir SUSR	82	CELLCEPT CAPS (Use mycophenolate mofetil)	163
carteolol hcl (ophth)	176	CEFEPIME HCL SOLN	82	CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	163
carvedilol	75	cefepime hcl SOLR IJ 1 GM	82	CELLCEPT SUSR (Use mycophenolate mofetil)	163
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CASODEX (Use bicalutamide) ...	57	CEFOTAN IJ (Use cefotetan disodium)	81	CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	166
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CAYA DPRH	130	cefpodoxime proxetil SUSR	82	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	166
CAYSTON	52	cefpodoxime proxetil TABS	82	CENTRUM SILVER MEN 50+ TABS (Use multiple vitamins w/ minerals)	166
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CEFACLOR ER TB12	81	cefprozil TABS	82	CENTRUM WOMEN TABS (Use multiple vitamins w/ minerals)	166
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	81	ceftazidime IJ 1 GM, 6 GM	82	cephalexin CAPS	81
cefadroxil CAPS	81	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	82	cephalexin SUSR	81
cefadroxil SUSR	81	ceftriaxone sodium in dextrose ...	82	cephalexin TABS	81
cefadroxil TABS	81	CEFTRIAZONE SODIUM- DEXTROSE	82	CEPROTIN	121
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cefazolin sodium SOLR IJ 2 GM ..	81	cefuroxime sodium IJ 750 MG	82	CERDELGA	122
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CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML	81	CELEBREX 200 MG (Use celecoxib) 8			
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML	81	celecoxib	8		
CEFAZOLIN SODIUM-DEXTROSE SOLR	81	CELESTONE SOLUSPAN SUSP (Use betamethasone sod phosphate & acetate)	85		
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cetirizine hcl TABS44	cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML 203	CIMZIA (2 SYRINGE) PSKT 113
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clarithromycin TABS	129	CLEVER CHOICE LANCETS 23G	CLINDESSE	201
clarithromycin TB24	129	133	CLINITEST RAPID COVID-19 TEST	
CLARITIN ALLERGY CHILDRENS		CLEVER CHOICE LANCETS 28G	KIT	100
SOLN (Use loratadine)	44	133	clobazam SUSP	23
CLARITIN SOLN (Use loratadine) .	44	CLEVIPREX 25 MG/50ML, 50	clobazam TABS	23
CLARITIN TABS (Use loratadine) .	44	MG/100ML	76	clobetasol propionate CREA 0.025 %
CLARITIN-D 12 HOUR TB12 (Use		CLIMARA PRO	110	95
loratadine & pseudoephedrine)	87	CLIMARA PTWK 0.025 MG/24HR,		clobetasol propionate CREA 0.05 % .
CLASSIC PRENATAL TABS	168	0.0375 MG/24HR, 0.05 MG/24HR,		95
CLEANLET LANCETS 28G	133	0.06 MG/24HR, 0.075 MG/24HR, 0.1		clobetasol propionate emollient base
CLEARDETECT COVID-19 AG		MG/24HR (Use estradiol)	111	0.05 %
HOME KIT	100	CLINDAGEL GEL (Use clindamycin		95
clemastine fumarate SYRP	43	phosphate (topical))	88	clobetasol propionate emulsion ...
clemastine fumarate TABS 2.68 MG .		clindamycin hcl	52	95
43		clindamycin palmitate hydrochloride .		clobetasol propionate FOAM
CLENPIQ SOLN 12 GM/175ML-3.5		52		95
GM/175ML-10 MG/175ML	127	clindamycin phosphate (topical)		clobetasol propionate GEL 0.05 %
CLEOCIN (Use clindamycin hcl) ..	52	FOAM	88	95
CLEOCIN (Use clindamycin		clindamycin phosphate (topical) GEL		clobetasol propionate LIQD
palmitate hydrochloride)	52	88		95
CLEOCIN CREA (Use clindamycin		clindamycin phosphate (topical)		clobetasol propionate LOTN
phosphate vaginal)	201	LOTN	88	95
CLEOCIN SUPP	201	clindamycin phosphate (topical)		clobetasol propionate OINT 0.05 %
CLEOCIN-T LOTN (Use clindamycin		SOLN	88	95
phosphate (topical))	88	clindamycin phosphate (topical)		clobetasol propionate SHAM
CLEVER CHEK LANCETS	133	SWAB	88	95
CLEVER CHOICE COMFORT EZ		clindamycin phosphate vaginal CREA		clobetasol propionate SOLN 0.05 % .
133			201	95
CLEVER CHOICE COMFORT EZ		clindamycin phosphate-benzoyl		CLOBEX LOTN 0.05 % (Use
144		peroxide (refrigerate)	88	clobetasol propionate)
CLEVER CHOICE HOLDING		clindamycin phosphate-benzoyl		95
CHAMBER DEVI	152	peroxide GEL 2.5 %-1.2 %, 5 %-1 % .		CLOBEX SHAM (Use clobetasol
CLEVER CHOICE LANCETS 21G		88		propionate)
		clindamycin phosphate-benzoyl		95
		peroxide GEL 3.75 %-1.2 %	88	CLOBEX SPRAY LIQD (Use
				clobetasol propionate)
				95
				clocortolone pivalate
				95
				CLODAN
				95
				CLODERM (Use clocortolone
				pivalate)
				95
				clomipramine hcl
				31

clonazepam TABS	23	COLAZAL CAPS (Use balsalazide disodium)	113	COMFORT ASSURED LANCETS 28G	133
clonazepam TBDP	23	colchicine CAPS	118	COMFORT ASSURED LANCETS 33G	133
clonidine hcl (adhd) TB12	2	colchicine TABS	118	COMFORT EZ INSULIN SYRINGE .	144
clonidine hcl TABS	49	colchicine w/ probenecid	118	COMFORT EZ MICRO PEN NEEDLES	144
clonidine PTWK	49	COLCRYS TABS (Use colchicine) 118		COMFORT EZ PEN NEEDLES .	144
clonidine TB24	49	colesevelam hcl PACK	45	COMFORT EZ PRO PEN NEEDLES	144
clopidogrel bisulfate 300 MG	121	colesevelam hcl TABS	45	COMFORT EZ SHORT PEN NEEDLES	144
clopidogrel bisulfate 75 MG	121	COLESTID FLAVORED GRAN (Use colestipol hcl)	45	COMFORT LANCETS	133
clorazepate dipotassium TABS	17	COLESTID FLAVORED PACK (Use colestipol hcl)	45	COMFORT TOUCH ALCOHOL PREP	141
clotrimazole (topical) CREA	90	COLESTID GRAN (Use colestipol hcl)	45	COMFORT TOUCH INSULIN PEN NEED	144
clotrimazole (topical) SOLN	90	COLESTID PACK (Use colestipol hcl)	45	COMFORT TOUCH LANCETS 31G .	133
clotrimazole	165	COLESTID TABS (Use colestipol hcl)	45	COMFORT TOUCH PLUS LANCETS 28G	133
clotrimazole vaginal CREA	201	colestipol hcl GRAN	45	COMFORT TOUCH PLUS LANCETS 30G	133
clotrimazole w/ betamethasone CREA	90	colestipol hcl PACK	45	COMFORT TOUCH TWIST LANCET 30G	133
clotrimazole w/ betamethasone LOTN	90	colestipol hcl TABS	45	COMIRNATY SUSP	199
clozapine TABS	68	COMBIGAN (Use brimonidine tartrate-timolol maleate)	176	COMIRNATY SUSY	199
clozapine TBDP	68	COMBIPATCH PTTW	110	COMPACT SPACE CHAMBER DEVI	152
CLOZARIL TABS (Use clozapine) .	68	COMBIVENT RESPIMAT AERS ..	21	COMPACT SPACE CHAMBER/LG MASK DEVI	152
CO MONITOR DEVI	152	COMBIVIR (Use lamivudine-zidovudine)	70	COMPACT SPACE CHAMBER/MED MASK DEVI	152
CO MONITOR REPLACEMENT PIECES MISC	152	COMETRIQ (100 MG DAILY DOSE) KIT	59	COMPACT SPACE CHAMBER/SM	
COAGADEX	119	COMETRIQ (140 MG DAILY DOSE) KIT	59		
COAGUCHEK LANCETS	133	COMETRIQ (60 MG DAILY DOSE) KIT	59		
COARTEM	53				
COBENFY CAPS	68				
COBENFY STARTER PACK CPPK 68					
codeine sulfate TABS 30 MG	11				
CODEINE SULFATE TABS	11				

MASK DEVI	152	UNIT/0.5ML, 80 UNIT/ML	105	COZAAR 25 MG (Use losartan potassium)	48
COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	70	CORTROPHIN GEL	105	COZAAR 50 MG, 100 MG (Use losartan potassium)	48
COMPLETE NATAL DHA	168	CORVERT (Use ibutilide fumarate) 18		CRENESSITY CAPS	105
COMPLETENATE CHEW	168	COSENTYX (300 MG DOSE) SOSY . 92		CRENESSITY SOLN	105
COMTAN (Use entacapone)	64	COSENTYX SENSOREADY (300 MG) SOAJ	92	CREON CPEP	102
CONCERTA TBCR (Use methylphenidate hcl)	2	COSENTYX SENSOREADY PEN SOAJ	92	CRESEMBA CAPS	42
CONZIP CP24 (Use tramadol hcl) .	11	COSENTYX SOLN	92	CRESEMBA SOLR	42
COPA ISLAND BORDERED FOAM PADS	129	COSENTYX SOSY	92	CRESTOR TABS (Use rosuvastatin calcium)	46
COPA PLUS HYDROPHILIC FOAM PADS	129	COSENTYX UNOREADY SOAJ .	92	CREXONT CPCR	65
COPAXONE SOSY (Use glatiramer acetate)	185	COSOPT (Use dorzolamide hcl-timolol maleate)	176	CRINONE GEL	202
COPIKTRA	59	COSOPT PF (Use dorzolamide hcl-timolol maleate)	176	cromolyn sodium (mastocytosis) 112	
COREG (Use carvedilol)	75	COTELLIC	59	cromolyn sodium NEBU	19
COREG CR (Use carvedilol phosphate)	75	COTEMPLA XR-ODT TBED	2	crotamiton LOTN	100
CORGARD TABS 20 MG, 40 MG (Use nadolol)	76	COVID-19 AT HOME ANTIGEN TEST KIT	100	CRYSVITA	107
CORIFACT	119	COVID-19 AT-HOME TEST KIT .	100	CTEXLI 250 MG	112
CORLANOR SOLN	81	COVID-19 OTC ANTIGEN 1-PACK KIT	100	CUPRIMINE CAPS (Use penicillamine)	162
CORLANOR TABS (Use ivabradine hcl)	81	COVID-19 OTC ANTIGEN 2-PACK KIT	100	CURITY ALCOHOL PREPS	141
CORTEF TABS (Use hydrocortisone)	85	COVID-19 SPECIMEN COLLECTION	100	CURITY ALL PURPOSE SPONGES PADS	129
CORTENEMA (Use hydrocortisone (intrarectal))	15	COVID-19 TESTING BY PHARMACIST	100	CURITY AMD ANTIMICROBIAL SPNGE PADS	129
CORTIFOAM EX 10 %	15	COVRSITE COVER DRESSING PADS	129	CURITY COVER SPONGE PADS 129	
CORTISONE ACETATE TABS	85	COVRSITE PLUS COMPOSITE DRESS PADS	129	CURITY DRESSING SPONGES PADS	129
CORTISPORIN-TC	181			CURITY GAUZE PADS	129
CORTROPHIN GEL PRSY SC 40				CURITY GAUZE SPONGE PADS 129	
				CURITY SPONGES PADS	129

CUVPOSA SOLN PO (Use glycopyrrolate)	191	CYCLOMYDRIL	177	CYTOTEC (Use misoprostol)	197
CUVRIOR	162	cyclopentolate hcl 1 %	177	D3 BABY DROPS LIQD PO	203
CVS ALCOHOL PREP PADS ...	141	cyclophosphamide CAPS	55	dabigatran etexilate mesylate CAPS .	23
CVS COVID-19 AT HOME TEST KIT	101	CYCLOPHOSPHAMIDE TABS ...	55	DAILY FIBER PACK	127
CVS DAILY FIBER PACK	127	cycloserine	54	dalfampridine	185
CVS GAUZE PAD STERILE PADS	129	CYCLOSET	35	DALIRESP (Use roflumilast)	19
CVS GAUZE STERILE PADS ...	129	cyclosporine (ophth) EMUL	178	danazol CAPS	14
CVS GLUCOSE CHEW	34	cyclosporine CAPS	163	DANTRIUM CAPS 25 MG (Use	
CVS GUMMY DINOS CHEW	167	cyclosporine modified (for		dantrolene sodium)	171
CVS GUMMY MULTIVITAMIN KIDS	167	microemulsion) CAPS	163	DANTRIUM SOLR (Use dantrolene	
CVS LANCETS ORIGINAL	133	cyclosporine modified (for		sodium)	171
CVS LANCETS THIN 26G	133	microemulsion) SOLN	163	dantrolene sodium CAPS 100 MG	171
CVS LANCING DEVICE MISC ...	133	cyclosporine SOLN IV 50 MG/ML	163	dantrolene sodium CAPS 25 MG, 50	
CVS PRENATAL TABS 100 MG-2.6		CYKLOKAPRON SOLN (Use		MG	171
MG-800 MCG-400 UNIT-4 MCG-1.7		tranexamic acid)	125	dantrolene sodium SOLR	171
MG-18 MG-27 MG-1.5 MG-25 MG-		CYLTEZO (2 PEN) AJKT	6	DANZITEN	59
263 MG-11 UNIT-4000 UNIT	168	CYLTEZO (2 SYRINGE) PSKT	6	dapagliflozin propanediol	38
CVS PREP	141	CYLTEZO-CD/UC/HS STARTER		dapagliflozin propanediol-metformin	
CVS SOFT GLUCOSE CHEW	34	AJKT	6	hcl 1000 MG-10 MG	32
CVS ULTRA THIN LANCETS ...	133	CYLTEZO-PSORIASIS/UV		dapagliflozin propanediol-metformin	
cyanocobalamin SOLN IJ 1000		STARTER AJKT	6	hcl 1000 MG-5 MG	32
MCG/ML	122	CYMBALTA CPEP (Use duloxetine		dapsone (topical) 5 %	88
cyclobenzaprine hcl CP24	170	hcl)	30	dapsone (topical) 7.5 %	88
cyclobenzaprine hcl TABS 5 MG, 10		cyproheptadine hcl SYRP	44	dapsone	52
MG	170	cyproheptadine hcl TABS	44	DAPTACEL	191
cyclobenzaprine hcl TABS 7.5 MG		CYSTADANE (Use betaine)	107	DARAPRIM (Use pyrimethamine) 53	
170		CYSTADROPS	180	darifenacin hydrobromide	198
CYCLOGYL (Use cyclopentolate hcl)		CYSTAGON CAPS	116	DARTISLA ODT TBDP	191
.....	177	CYSTARAN	180	darunavir TABS	70
CYCLOGYL	177	CYTO B1 POWD PO	204	dasatinib	59

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DAYPRO TABS (Use oxaprozin) ... 8	DEPAKOTE ER TB24 250 MG (Use divalproex sodium)28	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) 95
DAYTRANA PTCH (Use methylphenidate)2	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)28	DERMOTIC (Use fluocinolone acetonide (otic)) 181
DAYVIGO 127	DEPAKOTE TBEC (Use divalproex sodium)28	DESCOVY70
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DDAVP TABS (Use desmopressin acetate) 109	DEPO-ESTRADIOL111	desloratadine TABS 44
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DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)86		DESOWEN CREA (Use desonide) 95
DELZICOL CPDR (Use mesalamine) 113		desoximetasone CREA95
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DEMSEER (Use metyrosine)48		desoximetasone LIQD95
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desvenlafaxine succinate	31	dextroamphetamine sulfate CP24 5 MG, 10 MG	1	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	23
DETROL LA CP24 (Use tolterodine tartrate)	198	dextroamphetamine sulfate SOLN ..	1	DIATHRIVE LANCET ULTRA THIN 30	133
DETROL TABS (Use tolterodine tartrate)	198	dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG	1	DIATHRIVE LANCETS	133
DETROL TABS 1 MG (Use tolterodine tartrate)	198	dextroamphetamine sulfate TABS ..	1	DIATHRIVE LANCING DEVICE MISC	133
DEX4	34	dextromethorphan hbr CAPS	86	DIATHRIVE PEN NEEDLE	144
DEX4 NATURALS	34	dextromethorphan hbr LIQD 15 MG/5ML	86	DIATRUST COVID-19 HOME TEST KIT	101
dexamethasone ELIX	85	dextromethorphan polistirex SUER 86		diazepam (anticonvulsant) GEL ...	23
DEXAMETHASONE INTENSOL CONC	85	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	87	diazepam CONC	17
dexamethasone sodium phosphate (ophth)	179	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	87	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	17
dexamethasone sodium phosphate SOLN IJ	85	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	87	diazepam SOLN PO 5 MG/5ML ...	17
dexamethasone sodium phosphate SOSY IJ	85	DHIVY TABS	65	diazepam TABS	17
dexamethasone SOLN	85	DIACOMIT CAPS	24	diazoxide	34
dexamethasone TABS	85	DIACOMIT PACK	24	dichlorphenamide	102
dexamethasone TBPk	85	DIALYVITE 5000	166	DICLEGIS TBEC (Use doxylamine-pyridoxine)	41
dexchlorpheniramine maleate SOLN .	43	DIALYVITE 800 PLUS D WAFR .	166	diclofenac epolamine PTCH EX ...	91
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	1	DIALYVITE 800 WAFR	166	diclofenac potassium (migraine) .	159
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	1	DIALYVITE 800/IRON	166	diclofenac potassium CAPS	8
DEXILANT (Use dexlansoprazole)	192	DIALYVITE 800/ZINC	166	diclofenac potassium TABS 25 MG .	8
dexlansoprazole	193	DIALYVITE 800-ZINC 15	166	diclofenac potassium TABS	8
dexmethylphenidate hcl CP24	2	DIALYVITE/ZINC	166	diclofenac sodium (actinic keratoses) EX	92
dexmethylphenidate hcl TABS	2	DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	23	diclofenac sodium (ophth)	180
dextroamphetamine sulfate CP24 15 MG	1			diclofenac sodium (topical) GEL EX	91
				diclofenac sodium (topical) SOLN EX 1.5 %	91
				diclofenac sodium (topical) SOLN EX	

2 %	91	digoxin SOLN IJ 0.25 MG/ML	78	DIMENHYDRINATE SOLN	40
diclofenac sodium TB24	8	digoxin SOLN PO 0.05 MG/ML	78	dimethyl fumarate CDPK	185
diclofenac sodium TBEC	8	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	78	dimethyl fumarate CPDR	185
diclofenac sodium-capsaicin (topical)	91	dihydroergotamine mesylate SOLN IJ 1 MG/ML	159	DIOVAN HCT (Use valsartan- hydrochlorothiazide)	49
diclofenac w/ misoprostol TBEC	8	dihydroergotamine mesylate SOLN NA 4 MG/ML	159	DIOVAN TABS (Use valsartan) ...	48
DICLOGEN	91	DILANTIN (Use phenytoin sodium extended)	28	DIPENTUM	113
dicloxacillin sodium	182	DILANTIN 30 MG	28	diphenhydramine hcl CAPS	43
dicyclomine hcl CAPS	191	DILANTIN INFATABS CHEW (Use phenytoin)	28	diphenhydramine hcl ELIX 12.5 MG/5ML	43
dicyclomine hcl SOLN IM	191	DILANTIN SUSP (Use phenytoin) .	28	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	43
dicyclomine hcl SOLN PO	191	DILANTIN-125 SUSP (Use phenytoin)	28	diphenhydramine hcl SOLN 50 MG/ML	43
dicyclomine hcl TABS	191	DILAUDID LIQD (Use hydromorphone hcl)	11	diphenhydramine hcl TABS 25 MG 43	
DIFFERIN CREA (Use adapalene) 88		DILAUDID TABS (Use hydromorphone hcl)	11	diphenoxylate w/ atropine LIQD ...	39
DIFFERIN GEL (Use adapalene) ..	88	diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG ...	77	diphenoxylate w/ atropine TABS ...	39
DIFFERIN GEL 0.1 % (Use adapalene)	88	diltiazem hcl coated beads CP24 ..	77	DIPROLENE OINT (Use betamethasone dipropionate augmented)	96
DIFFERIN LOTN	88	diltiazem hcl CP12	77	dipyridamole 25 MG, 75 MG	122
DIFICID SUSR	129	diltiazem hcl CP24	77	dipyridamole 50 MG	122
DIFICID TABS	129	diltiazem hcl extended release beads	77	disopyramide phosphate CAPS ...	18
diflorasone diacetate CREA	95	diltiazem hcl SOLN	77	disulfiram	183
diflorasone diacetate OINT	95	DILTIAZEM HCL SOLR	77	DITROPAN XL TB24 5 MG (Use oxybutynin chloride)	198
DIFLUCAN SUSR 10 MG/ML (Use fluconazole)	42	diltiazem hcl TABS	77	DIURIL SUSP	103
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	42	diltiazem hcl TB24	77	divalproex sodium CSDR	28
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	42	DILTIAZEM HCL-DEXTROSE	77	divalproex sodium TB24	28
DIFLUCAN TABS 150 MG (Use fluconazole)	42	DILTIAZEM HCL-SODIUM CHLORIDE	77	divalproex sodium TBEC	28
diflunisal TABS	11			DIVIGEL GEL (Use estradiol)	111
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FLOVENT HFA (Use fluticasone propionate hfa)	20	flunisolide (nasal)	172	flurbiprofen sodium	180
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FLUBLOK SOSY	200	fluocinonide emulsified base	96	fluticasone propionate LOTN	96
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		fluorouracil (topical) SOLN	92	fluvoxamine maleate CP24	30
		fluoxetine hcl (pmdd) TABS	187	fluvoxamine maleate TABS	30
		fluoxetine hcl CAPS	29		
		fluoxetine hcl CPDR	30		
		fluoxetine hcl SOLN	30		
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GATTEX	116	GENTLE-LET GP LANCETS	135	GLOBAL EASE INJECT PEN NEEDLES	145
GAUZE DRESSING PADS	130	GENTLE-LET LANCETS	135	GLOBAL EASY GLIDE INSULIN SYR	145
GAUZE PADS PADS	130	GENVOYA	70	GLOBAL EASY GLIDE PEN NEEDLES	145
GAVRETO	60	GEODON (Use ziprasidone hcl) ..	66		
gefitinib	56				
gemfibrozil TABS	46				

GLOBAL INJECT EASE INSULIN SYR	145	glyburide-metformin	32	GNP STERILE LANCETS 28G ..	135
GLOBAL INJECT EASE LANCETS 28G	135	GLYCATE TABS	191	GNP STERILE LANCETS 30G ..	135
GLOBAL INJECT EASE LANCETS 30G	135	glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM	127	GNP STERILE LANCETS 33G ..	135
GLOBAL INSULIN SYRINGES ..	145	glycerin-hypromellose-polyethylene glycol 400	176	GNP TRUETRACK TEST STRIPS STRP	101
GLOBAL LANCING DEVICE MISC 135		glycopyrrolate SOLN IJ	191	GNP ULTICARE PEN NEEDLES 145	
GLOPERBA SOLN PO	118	glycopyrrolate SOLN PO 1 MG/5ML . 191		GNP ULTIGUARD SAFEPAK NEEDLE	145
GLUCAGEN HYPOKIT	34	glycopyrrolate SOSY IJ	191	GNP ULTRA COM INSULIN SYRINGE	146
glucagon (rdna)	34	GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	191	GOCOVRI CP24	65
GLUCAGON EMERGENCY (Use glucagon (rdna))	34	glycopyrrolate TABS 1 MG, 2 MG 191		GOJJI LANCING DEVICE/CLEAR CAP MISC	135
GLUCAGON EMERGENCY	34	GLYNASE (Use glyburide micronized)	39	GOJJI STERILE LANCETS	135
GLUCOCOM LANCETS 28G	135	GLYRX-PF SOLN IJ	191	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	127
GLUCOCOM LANCETS 30G	135	GLYXAMBI	32	GOMEKLI CAPS PO 1 MG, 2 MG .	60
GLUCOCOM LANCETS 33G	135	GNP ALCOHOL SWABS	141	GOMEKLI TBSO PO 1 MG	60
GLUCOPRO INSULIN SYRINGE 145		GNP GLUCOSE CHEW	34	GONITRO PACK	16
GLUCOSE CHEW	34	GNP INSULIN SYRINGE	145	GOODSENSE ALCOHOL SWABS 141	
glucose LIQD	175	GNP INSULIN SYRINGES	145	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	101
GLUCOSE LIQD	34	GNP INSULIN SYRINGES 28GX1/2"	145	GRALISE TABS (Use gabapentin (once-daily))	187
GLUCOTROL XL TB24 2.5 MG (Use glipizide)	39	GNP INSULIN SYRINGES 29GX1/2"	145	GRALISE TABS 450 MG, 750 MG, 900 MG	187
GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)	39	GNP INSULIN SYRINGES 30GX5/16"	145	granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	40
GLUMETZA TB24 (Use metformin hcl)	33	GNP INSULIN SYRINGES 31GX5/16"	145	granisetron hcl TABS	40
glutamine (sickle cell)	122	GNP LANCING SYSTEM DEVICE MISC	135	GRANIX SOLN	123
glyburide micronized 1.5 MG, 3 MG, 6 MG	39	GNP PEN NEEDLES	145	GRANIX SOSY	123
glyburide TABS	39	GNP PRENATAL TABS	168		

GRASTEK SUBL	3	HAEMOLANCE PLUS LOW FLOW .	136	HEALTHWISE SHORT PEN	
griseofulvin microsize SUSP	42			NEEDLES	146
griseofulvin microsize TABS	42	HAEMOLANCE PLUS MAX FLOW	136	HEALTHWISE UNIFINE PENTIPS	146
griseofulvin ultramicrosize	42				
guaifenesin LIQD 100 MG/5ML, 200		HAEMOLANCE PLUS PEDIATRIC		HEALTHY ACCENTS LANCING	
MG/10ML, 300 MG/15ML	87	FLOW	136	DEVICE MISC	136
guaifenesin LIQD 100 MG/5ML, 200		halcinonide CREA	96	HEALTHY ACCENTS UNIFINE	
MG/10ML	87	halcinonide SOLN 0.1 %	96	PENTIP	146
guaifenesin TABS	87	HALCION 0.25 MG (Use triazolam)		HEALTHY ACCENTS UNILET	
		126		LANCETS	136
guaifenesin TB12 1200 MG	87	HALDOL DECANOATE (Use		H-E-B INCONTROL ADV LANCING	
guaifenesin TB12	87	haloperidol decanoate)	67	MISC	136
guanfacine hcl (adhd)	2	halobetasol propionate CREA	96	H-E-B INCONTROL ALCOHOL .	141
guanfacine hcl	49	halobetasol propionate FOAM	96	H-E-B INCONTROL LANCETS 28G .	136
GUMMI BEAR MULTIVITAMIN/MIN		halobetasol propionate OINT	96	H-E-B INCONTROL LANCETS 30G .	136
CHEW	167	HALOG CREA (Use halcinonide) ..	96		
GVOKE HYOPEN 1-PACK SOAJ		HALOG OINT	96	H-E-B INCONTROL LANCETS 33G .	136
34		HALOG SOLN	96	H-E-B INCONTROL PEN NEEDLES	
GVOKE HYOPEN 2-PACK SOAJ		haloperidol decanoate	67		146
34		haloperidol lactate CONC	67	H-E-B INCONTROL UNIFINE	
GVOKE KIT SOLN	34	haloperidol lactate SOLN	68	PENTIP	146
GVOKE PFS SOSY 1 MG/0.2ML ..	34	haloperidol TABS	68	HEMADY TABS	85
GYNAZOLE-1	201	HARVONI PACK	73	HEMANGEOL SOLN PO	76
GYNE-LOTRIMIN CREA (Use		HARVONI TABS	73	HEMATINIC PLUS VIT/MINERALS	
clotrimazole vaginal)	201	HAVRIX 1440 EL U/ML	200	TABS	124
HADLIMA PUSHTOUCH SOAJ	6	HAVRIX IM 720 EL U/0.5ML	200	HEMGENIX	119
HADLIMA SOSY	6	HEALTHWISE INSULIN		HEMICLOR 12.5 MG	103
HAEGARDA SOLR SC	120	SYR/NEEDLE	146	HEMLIBRA	119
HAEMOLANCE	135	HEALTHWISE MICRON PEN		HEMOFIL M SOLR 250 UNIT, 500	
HAEMOLANCE LOW FLOW		NEEDLES	146	UNIT, 1000 UNIT, 1700 UNIT	119
LANCETS	135	HEALTHWISE MINI PEN NEEDLES		HEPARIN (PORCINE) IN NACL	
HAEMOLANCE PLUS	135		146	SOLN IV 0.45 %-12500 UNIT/250ML	
HAEMOLANCE PLUS HIGH FLOW .		HEALTHWISE PEN NEEDLES ..	146	22	
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HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML22	NEEDLES146	HUMULIN R SOLN IJ36
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heparin (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L 22	HUDSON RCI AEROSOL MASK ADULT MISC 153	HUMULIN R U-500 KWIKPEN SOPN SC36
HEPARIN SOD (PORCINE) IN D5W22	HULIO (2 PEN) AJKT 6	HYCANTIN CAPS 64
heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML 22	HULIO (2 SYRINGE) PSKT 6	hydralazine hcl SOLN51
HEPARIN SODIUM (PORCINE) PF SOLN IJ22	HUMALOG JUNIOR KWIKPEN SOPN 36	hydralazine hcl TABS51
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML23	HUMALOG KWIKPEN SOPN36	HYDREA (Use hydroxyurea)64
heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML22	HUMALOG MIX 50/50 KWIKPEN SUPN36	hydrochlorothiazide CAPS103
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HEPLISAV-B SOSY200	HUMALOG MIX 75/25 SUSP36	hydrocodone bitartrate CP12 11
HETLIOZ CAPS (Use tasimelteon) 127	HUMALOG SOCT36	hydrocodone bitartrate T24A 11
HETLIOZ LQ SUSP 127	HUMALOG SOLN IJ36	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 13
HIBERIX SOLR IJ 199	HUMALOG TEMPO PEN SOPN .. 36	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML 13
HIPREX (Use methenamine hippurate) 53	HUMATE-P SOLR119	HYDROCODONE- ACETAMINOPHEN SOLN13
HM STERILE ALCOHOL PREP .141	HUMATIN4	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 13
HM STERILE PADS PADS130	HUMATROPE CART IJ106	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 13
HM ULTICARE INSULIN SYRINGE . 146	HUMIRA (2 PEN) AJKT6	hydrocortisone (intrarectal)15
HM ULTICARE MINI PEN NEEDLES146	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML 6	hydrocortisone (rectal) EX 2.5 % .. 15
HM ULTICARE SHORT PEN	HUMIRA (2 SYRINGE) PSKT6	hydrocortisone (rectal) EX 15
	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 6	hydrocortisone (topical) CREA 96
	HUMIRA-PSORIASIS/VEIT STARTER AJKT6	hydrocortisone (topical) LOTN 2.5 % .
	HUMULIN 70/30 KWIKPEN SUPN 36	
	HUMULIN 70/30 SUSP36	
	HUMULIN N KWIKPEN SUPN 36	
	HUMULIN N SUSP 36	

96	hydroxyurea	64	HYSINGLA ER T24A	11
hydrocortisone (topical) OINT 1 %, 2.5 %	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	17	HY-VEE LANCETS	136
hydrocortisone (topical) SOLN 2.5 % 96	hydroxyzine hcl SYRP	17	HY-VEE THIN LANCETS	136
hydrocortisone acetate (rectal)	hydroxyzine hcl TABS	17	HYZAAR (Use losartan potassium & hydrochlorothiazide)	50
hydrocortisone acetate (topical) OINT	hydroxyzine pamoate CAPS	17	ibandronate sodium SOLN	104
HYDROCORTISONE ACETATE CREA	HYFTOR	98	ibandronate sodium TABS	104
hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %	HYMPAVZI	119	IBRANCE CAPS	60
hydrocortisone butyrate CREA	hyoscyamine sulfate ELIX	191	IBRANCE TABS	60
hydrocortisone butyrate LOTN	hyoscyamine sulfate SOLN PO 0.125 MG/ML	191	IBSRELA	115
hydrocortisone butyrate OINT	hyoscyamine sulfate SUBL 0.125 MG	191	ibuprofen CHEW	8
hydrocortisone butyrate SOLN	hyoscyamine sulfate TABS 0.125 MG	191	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	8
hydrocortisone sod succinate 100 MG	hyoscyamine sulfate TB12 0.375 MG 191		ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	8
hydrocortisone TABS	hyoscyamine sulfate TBDP 0.125 MG	191	ibuprofen-famotidine	8
hydrocortisone valerate CREA	HYPERRHO S/D SOSY IM 1500 UNIT	181	ibutilide fumarate	18
hydrocortisone valerate OINT	HYPERSAL NEBU (Use sodium chloride (inhalant))	87	ICAR-C (Use iron-vitamin c)	124
hydrocortisone w/acetic acid	HYPODERMIC NEEDLE	146	icatibant acetate SOSY	120
hydromorphone hcl LIQD	HYRIMOZ SOAJ	7	ICLUSIG	60
HYDROMORPHONE HCL SUPP	HYRIMOZ SOSY	7	icosapent ethyl 0.5 GM	45
hydromorphone hcl TABS	HYRIMOZ-CROHNS/UC STARTER SOAJ	6	icosapent ethyl 1 GM	45
hydromorphone hcl TB24	HYRIMOZ-PED<40KG CROHN STARTER SOSY	6	IDACIO (2 PEN) AJKT	7
hydroxocobalamin acetate SOLN	HYRIMOZ-PED>=40KG CROHN START SOSY	6	IDACIO (2 SYRINGE) PSKT	7
hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	7	IDACIO-CROHNS/UC STARTER AJKT	7
hydroxychloroquine sulfate 300 MG 53			IDACIO-PSORIASIS STARTER AJKT	7
hydroxyprogesterone caproate (antineoplastic)			IDELVION	119
			IDHIFA	60
			IGALMI FILM	126
			IHEALTH COVID-19 RAPID TEST	

KIT	101	IMKELDI SOLN	60	indomethacin CPCR	8
IHEALTH LANCING DEVICE MISC 136		IMODIUM A-D CAPS (Use loperamide hcl)	39	indomethacin SUPP	8
ILARIS SOLN	7	IMODIUM A-D TABS (Use loperamide hcl)	39	indomethacin SUSP	9
ILEVRO	180	IMOVAX RABIES SUSR	200	INFANRIX	191
ILUMYA	92	IMPOYZ CREA 0.025 % (Use clobetasol propionate)	97	INFANTS ADVIL SUSP (Use ibuprofen)	9
IMAAVY SOLN IV 1200 MG/6.5ML 162		IMURAN TABS (Use azathioprine) 163		INFED	125
imatinib mesylate TABS	60	IMVEXXY MAINTENANCE PACK INST	202	INFLECTRA SOLR	113
IMBRUVICA CAPS 140 MG	60	IMVEXXY STARTER PACK INST 202		INFLIXIMAB	113
IMBRUVICA CAPS 70 MG	60	IN TOUCH LANCING DEVICE MISC 136		INFUVITE PEDIATRIC SOLN IV .	168
IMBRUVICA SUSP	60	IN TOUCH STERILE LANCETS 30G	136	INGREZZA CAPS 60 MG	185
IMBRUVICA TABS	60	INBRIJA CAPS	65	INGREZZA CAPS 80 MG	185
IMCIVREE	1	IN-CHECK DIAL FLOW TRAINER DEVI	154	INGREZZA CPPK	185
imipramine hcl TABS	31	IN-CHECK INSPIRATORY FLOW MTR DEVI	154	INGREZZA CPSP 40 MG, 60 MG 185	
imipramine pamoate	31	INCONTROL ULTICARE PEN NEEDLES	146	INJECTAFER	125
imiquimod 3.75 %	98	INCRELEX	106	INLYTA 1 MG	55
imiquimod 5 %	98	INCRUSE ELLIPTA	19	INLYTA 5 MG	55
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	159	indapamide TABS 1.25 MG, 2.5 MG . 103		INNOPRAN XL	76
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	159	INDERAL LA CP24 (Use propranolol hcl)	76	INNOSPIRE REPLACEMENT FILTER MISC	154
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	159	INDERAL XL	76	INPEFA	79
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	160	INDICAID COVID-19 RAPID TEST KIT	101	INQOVI	58
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	160	indomethacin CAPS 25 MG, 50 MG 8		INREBIC	60
IMITREX TABS (Use sumatriptan succinate)	160			INSPIRACHAMBER/LARGE DEVI 154	
				INSPIRACHAMBER/MEDIUM DEVI . 154	
				INSPIRACHAMBER/MOUTHPIECE DEVI	154
				INSPIRACHAMBER/SMALL DEVI 154	

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INSPIREASE RESERVOIR BAGS 154		INSUPEN SENSITIVE	146	IQIRVO	115
INSPIRA (Use eplerenone)	50	INSUPEN ULTRAFIN	146	irbesartan	48
INSPIRA (Use eplerenone)	51	INSUPEN32G EXTR3ME	146	irbesartan-hydrochlorothiazide	50
INSULIN ASP PROT & ASP FLEXPEN SUPN	36	INTELENCE (Use etravirine)	71	IRESSA (Use gefitinib)	56
INSULIN ASPART FLEXPEN SOPN . 36		INTELENCE 25 MG	71	iron combinations CAPS	124
INSULIN ASPART PENFILL SOCT 36		INTELISWAB COVID-19 RAPID TEST KIT	101	iron-vitamin c	124
INSULIN ASPART PROT & ASPART SUSP	36	INTRAROSA	201	irrigation solutions, physiological	164
INSULIN ASPART SOLN IJ	36	INTUNIV (Use guanfacine hcl (adhd))	2	ISENTRESS CHEW	71
INSULIN DEGLUDEC FLEXTOUCH SOPN	36	INVANZ IJ (Use ertapenem sodium) . 52		ISENTRESS HD TABS	71
INSULIN DEGLUDEC SOLN	36	INVEGA 1.5 MG (Use paliperidone) 67		ISENTRESS PACK	71
INSULIN GLARGINE MAX SOLOSTAR SOPN	36	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	67	ISENTRESS TABS	71
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	37	INVEGA HAFYERA	67	isoniazid SOLN	54
INSULIN GLARGINE-YFGN SOLN 37		INVEGA SUSTENNA	67	isoniazid SYRP	54
INSULIN GLARGINE-YFGN SOPN 37		INVEGA TRINZA	67	isoniazid TABS	54
INSULIN LISPRO (1 UNIT DIAL) SOPN	37	INVELTYS SUSP	179	isopropyl alcohol-glycerin	181
INSULIN LISPRO JUNIOR KWIKPEN SOPN	37	INVOKAMET TABS	32	ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	16
INSULIN LISPRO PROT & LISPRO SUPN	37	INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	32	isosorbide dinitrate TABS	16
INSULIN LISPRO SOLN IJ	37	INVOKAMET XR TB24 500 MG-50 MG	32	isosorbide dinitrate-hydralazine hcl 79	
INSULIN SYRINGE	146	INVOKANA	38	isosorbide mononitrate TABS	16
INSULIN SYRINGE-NEEDLE U-100 146		INZIRQO SUSR PO 10 MG/ML ..	103	ISOSORBIDE MONONITRATE TABS	16
		IOPIDINE	177	isosorbide mononitrate TB24	16
		IPOL	200	isotretinoin	89
		ipratropium bromide (nasal)	172	isradipine CAPS	77
		ipratropium bromide SOLN 0.02 %	19	ISTALOL SOLN (Use timolol maleate (ophth))	176
				ISTODAX SOLR (Use romidepsin)	60
				ISTURISA 1 MG	103

ISTURISA 10 MG103	JANUVIA35	KALYDECO PACK 5.8 MG, 13.4 MG 188
ISTURISA 5 MG103	JARDIANCE38	KALYDECO TABS188
ITOVEBI 3 MG60	JATENZO CAPS14	KAMELEON LUBRICATED MISC 130
ITOVEBI 9 MG60	JAYPIRCA60	KANUMA107
itraconazole CAPS42	JENTADUETO TABS32	KAPSPARGO SPRINKLE CS24 ...75
itraconazole SOLN42	JENTADUETO XR TB2432	KAPVAY TB12 (Use clonidine hcl (adhd))2
ivabradine hcl TABS81	JESDUVROQ123	KARBINAL ER SUER (Use carbinoxamine maleate)43
ivermectin (rosacea)99	JIVI119	KATERZIA77
ivermectin16	JOENJA162	KAZANO (Use alogliptin-metformin hcl)33
IWILFIN64	JORNAY PM CP242	KEBILIDI107
IXIARO200	JOURNAVX10	KENALOG AERS (Use triamcinolone acetonide (topical))97
IXINITY SOLR119	JUBBONTI SOSY SC 60 MG/ML 104	KENALOG-10 SUSP85
IYUZEH SOLN180	JUBLIA90	KENALOG-40 SUSP (Use triamcinolone acetonide)85
J & J GAUZE PADS130	JULUCA71	KENALOG-80 SUSP85
J & J GAUZE SPONGES 12-PLY MISC130	JUXTAPID 20 MG, 30 MG47	KENDALL HYDROPHILIC FOAM DRESS PADS130
J & J GAUZE SPONGES 16-PLY MISC130	JUXTAPID 5 MG, 10 MG47	KENGREAL122
J & J GAUZE SPONGES 8-PLY MISC130	JYLAMVO SOLN PO55	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)25
JADENU SPRINKLE PACK (Use deferasirox)39	JYNARQUE TABS 15 MG (Use tolvaptan)110	KEPPRA TABS (Use levetiracetam) . 25
JADENU TABS (Use deferasirox) .39	JYNARQUE TABS 30 MG (Use tolvaptan)110	KEPPRA XR TB24 (Use levetiracetam)24
JAKAFI60	JYNARQUE TBPK 15 MG (Use tolvaptan)110	KERENDIA109
JALYN (Use dutasteride-tamsulosin hcl)117	JYNNEOS200	KERLIX SPONGES PADS130
JANSSEN COVID-19 VACCINE .200	KALBITOR121	KERYDIN (Use tavaborole)90
JANUMET TABS32	KALETRA SOLN71	KESIMPTA185
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG32	KALETRA TABS (Use lopinavir-ritonavir)71	
JANUMET XR TB24 1000 MG-50 MG32	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)71	
	KALYDECO PACK 25 MG, 50 MG, 75 MG188	

ketoconazole (topical) CREA90	130	KONVOMEF SUSR 197
ketoconazole (topical) FOAM90	KIMONO SPECIAL DEVI131	KORLYM (Use mifepristone (hyperglycemia))34
ketoconazole (topical) SHAM 2 % .90	KINERET SOSY7	KOSELUGO61
ketoconazole42	KINNEY LANCETS 136	KOVALTRY 119
KETODAN91	KINNEY THIN LANCETS136	KP PRENATAL MULTIVITAMINS TABS169
ketoprofen CAPS 25 MG9	KINRAY INSULIN SYRINGE 146	K-PHOS NO 2116
ketoprofen CP24 9	KINRIX SUSY191	K-PHOS TABS (Use potassium phosphate monobasic) 161
ketorolac tromethamine (ophth) . 180	KISQALI (200 MG DOSE)60	KRAZATI 61
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML9	KISQALI (400 MG DOSE)61	KRINTAFEL53
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY9	KISQALI (600 MG DOSE)61	KROGER AUTOLET LANCING DEVICE MISC 136
ketorolac tromethamine TABS9	KISQALI FEMARA (200 MG DOSE) . 58	KROGER HEALTHPRO LANCET 26G136
ketotifen fumarate (ophth) 0.035 % 180	KISQALI FEMARA (400 MG DOSE) . 58	KROGER LANCETS136
KEVEYIS (Use dichlorphenamide) 102	KISQALI FEMARA (600 MG DOSE) . 58	KROGER LANCETS SUPER THIN 136
KEVZARA SOAJ7	KISUNLA183	KROGER LANCETS THIN 136
KEVZARA SOSY7	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)4	KROGER PEN NEEDLES146
KHINDIVI SOLN PO 1 MG/ML85	KLARON (Use sulfacetamide sodium (acne))89	KRYSTEXXA118
KIMONO COLORS DEVI130	KLONOPIN TABS (Use clonazepam)23	K-TAB TBCR 10 MEQ, 20 MEQ (Use potassium chloride)161
KIMONO MAXX-LARGE FLARE MISC130	KLONOPIN TABS 1 MG (Use clonazepam) 23	KUVAN PACK (Use sapropterin dihydrochloride)107
KIMONO MICRO THIN MISC 130	KLOXXADO LIQD40	KUVAN TABS (Use sapropterin dihydrochloride)107
KIMONO MICRO THIN PLUS MISC . 130	KOATE SOLR 119	K-Y ME & YOU EXTRA LUBRICATED DEVI 131
KIMONO MISC 131	KOATE-DVI SOLR 500 UNIT, 1000 UNIT 119	K-Y ME & YOU INTENSE DEVI ..131
KIMONO PLUS MISC 130	KOGENATE FS KIT119	KYLEENA 84
KIMONO PS MISC 130	KOMBIGLYZE XR (Use saxagliptin- metformin hcl)33	KYMRIAH 56
KIMONO PS PLUS MISC 130		
KIMONO SENSATION MISC130		
KIMONO SENSATION PLUS MISC		

labetalol hcl SOLN	75	LAMICTAL XR TB24 (Use	lansoprazole CPDR	194
LABETALOL HCL SOLN	75	lamotrigine)	lansoprazole TBDD	194
LABETALOL HCL SOSY 10 MG/2ML		lamivudine (hbv) TABS	lanthanum carbonate CHEW	116
.....	75	lamivudine SOLN	LANTIDRA	32
labetalol hcl TABS 100 MG, 200 MG,		lamivudine TABS	LANTUS SOLN	37
300 MG	75	lamivudine-zidovudine	LANTUS SOLOSTAR SOPN	37
labetalol hcl TABS 400 MG	75	lamotrigine CHEW	LANZO MISC	136
lacosamide SOLN IV 200 MG/20ML .		lamotrigine KIT 25 MG	lapatinib ditosylate	61
25		lamotrigine TABS	LASIX TABS (Use furosemide) ...	103
lacosamide SOLN PO 10 MG/ML, 50		lamotrigine TB24	latanoprost SOLN	180
MG/5ML, 100 MG/10ML	25	lamotrigine TBDP	LATUDA (Use lurasidone hcl)	67
lacosamide TABS	25	LAMPIT	LATUDA 80 MG (Use lurasidone hcl)	67
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lamotrigine)	25	LANOXIN SOLN IJ (Use digoxin) ..	LENVIMA (18 MG DAILY DOSE) .55	
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(Use lamotrigine)	25	LANREOTIDE ACETATE		
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25				
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LIDODERM PTCH (Use lidocaine)	99	LITETOUCH MASK MEDIUM MISC	154	lofexidine hcl	183
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		NEOSTIGMINE METHYLSULFATE RFID SOSY (Use neostigmine methylsulfate)	54
		neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	54
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NEXIUM PACK (Use esomeprazole magnesium)	194	nifedipine CAPS	77	nitroglycerin CPCR	17
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NEXVIAZYME	108	nilutamide	57	NITROLINGUAL SOLN TL (Use nitroglycerin)	17
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PALFORZIA (6 MG DAILY DOSE) CSPK	4	pantoprazole sodium TBEC	196	paroxetine hcl SUSP	30
PALFORZIA (80 MG DAILY DOSE) CSPK	4	PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML	195	paroxetine hcl TABS	30
PALFORZIA INITIAL ESCALATION CSPK	4	PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	195	paroxetine hcl TB24	30
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		PEPCID AC TABS (Use famotidine) . 192			
		PEPCID TABS (Use famotidine) . 192			

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SCEMBLIX 20 MG, 40 MG	62	SEMGLEE (YFGN) SOPN	38	SHOPKO ON-THE-GO LANCETS 30G	139
SCENESSE	99	SE-NATAL 19 CHEW	169	SHOPKO UNIFINE PENTIPS ...	148
scopolamine	40	SE-NATAL 19 TABS	169	SHOPKO UNIFINE PENTIPS PLUS	148
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	83	sennosides CAPS	128	SHOPKO UNILET LANCETS 28G	139
SECUADO	68	sennosides CHEW	128	SHOPKO UNILET LANCETS 30G	139
SECURESAFE HYPODERMIC NEEDLE	148	sennosides LIQD	128	SIDESTREAM ADULT FACE MASK MISC	157
SECURESAFE INSULIN SYRINGE .	148	sennosides SYRP 8.8 MG/5ML ..	128	SIDESTREAM PEDIATRIC FACE MASK MISC	157
SECURESAFE SAFETY PEN NEEDLES	148	sennosides TABS 8.6 MG, 15 MG, 25 MG	128	SIDESTREAM PLS ADULT FACE MASK MISC	157
SECURESAFE SYRINGE/NEEDLE .	148	SENOKOT TABS (Use sennosides)	128	SIGNIFOR	110
SEGLENTIS	13	SENSIPAR (Use cinacalcet hcl) .	108	SIGNIFOR LAR	110
SEGLUROMET	33	SEREVENT DISKUS	21	SIKLOS TABS	122
SELARSDI SOLN IV 130 MG/26ML	114	SEROQUEL TABS (Use quetiapine fumarate)	68	sildenafil citrate (pulmonary hypertension) SUSR	80
SELARSDI SOSY SC 45 MG/0.5ML .	93	SEROQUEL XR TB24 (Use quetiapine fumarate)	68	sildenafil citrate (pulmonary hypertension) TABS	80
SELARSDI SOSY SC 90 MG/ML ..	93	SEROSTIM SC 4 MG, 5 MG, 6 MG	106	SILICONE MASK/ADULT MISC ..	157
SELECT-LITE LANCING DEVICE MISC	139	SERTRALINE HCL CAPS	30	SILICONE MASK/INFANT MISC .	157
selegiline hcl CAPS	66	sertraline hcl CONC	30	SILICONE MASK/PEDIATRIC MISC .	157
selegiline hcl TABS	66	sevelamer carbonate PACK	116	SILIGENTLE FOAM DRESSING	
selenium sulfide LOTN 2.5 %	93	sevelamer carbonate TABS	116		

PADS	130	sirolimus SOLN	164	sodium chloride (gu irrigant) 0.9 %	116
SILIQ	93	sirolimus TABS	164	sodium chloride (inhalant) NEBU 0.9 %	87
silodosin	117	SIRTURO	54	sodium citrate & citric acid	116
SILVADENE (Use silver sulfadiazine)	94	SITAGLIPT BASE-METFORM HCL ER TB24	33	SODIUM EDECRIN (Use ethacrynate sodium)	103
silver sulfadiazine	94	SITAGLIPTIN	35	sodium ferric gluconate complex in sucrose	125
SIMBRINZA	177	SITAGLIPTIN BASE-METFORMIN HCL TABS	33	sodium fluoride (dental) CREA ...	165
simethicone CAPS 125 MG	112	SIVEXTRO SOLR	52	sodium fluoride (dental) GEL	165
simethicone CHEW	112	SIVEXTRO TABS	52	sodium fluoride (dental) PSTE DT	165
simethicone SUSP 20 MG/0.3ML	112	SKYCLARYS	173	sodium fluoride (dental) SOLN 0.2 %	165
SIMLANDI (1 PEN) AJKT	7	SKYLA	84	SODIUM FLUORIDE 5000 ENAMEL GEL	165
SIMLANDI (2 PEN) AJKT	7	SKYRIZI PEN SOAJ	93	SODIUM FLUORIDE 5000 SENSITIVE GEL	165
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	7	SKYRIZI SOCT	114	sodium fluoride CHEW	161
SIMPLE DIAGNOSTICS LANCING DEV MISC	139	SKYRIZI SOLN	114	sodium fluoride SOLN 0.5 MG/ML	161
SIMPLICITY COVID-19 AT-HOME 101		SKYRIZI SOSY	93	SODIUM OXYBATE SOLN	183
SIMPONI ARIA SOLN	7	SKYSONA	184	sodium phenylbutyrate POWD ...	109
SIMPONI SOAJ	7	SKYTROFA	106	sodium phenylbutyrate TABS	109
SIMPONI SOSY	7	SLO-NIACIN TBCR 500 MG (Use niacin)	204	sodium phosphates ENEM 19 GM/118ML-7 GM/118ML	128
SIMULECT	164	SLO-NIACIN TBCR 750 MG (Use niacin)	204	sodium polystyrene sulfonate POWD	164
simvastatin TABS	46	SLYND	84	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	164
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	66	SM ALCOHOL PREP	142	sodium sulfate-potassium sulfate-magnesium sulfate	127
SINGLE-LET	139	SM STERILE PADS	130	SOFOSBUVIR-VELPATASVIR TABS	74
SINGULAIR CHEW (Use montelukast sodium)	19	SM TRUEDRAW LANCING DEVICE MISC	139		
SINGULAIR PACK (Use montelukast sodium)	19	SMART DIABETES VANTAGE LANCING MISC	139		
SINGULAIR TABS (Use montelukast sodium)	19	SMARTEST LANCETS 28G	139		
		SOD FLUORIDE-POTASSIUM NITRATE GEL	165		

SOF-WICK PADS	130	MG/0.2ML, 90 MG/0.3ML	110	SPIRIVA RESPIMAT AERS	19
SOGROYA	106	SOMAVERT	106	SPIRO PD DEVI	157
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	171	SOOLANTRA (Use ivermectin (rosacea))	100	spironolactone & hydrochlorothiazide	102
solifenacin succinate TABS	198	SOOTHENEB NBL 100 ADULT MASK MISC	157	spironolactone SUSP	103
SOLIQUEA	33	SOOTHENEB NBL 100 CHILD MASK MISC	157	spironolactone TABS	103
SOLIRIS	120	SOOTHENEB NBL 100 MED CUP MISC	157	SPORANOX CAPS (Use itraconazole)	43
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl)	190	SOOTHENEB NBL 100 MESH CAP MISC	157	SPORANOX SOLN (Use itraconazole)	43
SOLOSEC	4	SOOTHENEB NBL 100 MESH CAP MISC	157	SPRITAM TB3D	26
SOLTAMOX SOLN	57	sorafenib tosylate	62	SPRYCEL (Use dasatinib)	62
SOLU-CORTEF (Use hydrocortisone sod succinate)	86	SORILUX FOAM	93	STALEVO 100 (Use carbidopa- levodopa-entacapone)	66
SOLU-CORTEF	86	sotalol hcl (afib/afi)	76	STALEVO 125 (Use carbidopa- levodopa-entacapone)	66
SOLU-MEDROL (PF)	86	sotalol hcl TABS	76	STALEVO 150 (Use carbidopa- levodopa-entacapone)	66
SOLU-MEDROL	86	SOTYKTU	93	STALEVO 200 (Use carbidopa- levodopa-entacapone)	66
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (Use methylprednisolone sod succ)	86	SOTYLIZE SOLN PO	76	STALEVO 50 (Use carbidopa- levodopa-entacapone)	66
SOLUS V2 LANCETS 28G	139	SOVALDI PACK	74	STALEVO 75 (Use carbidopa- levodopa-entacapone)	66
SOLUS V2 LANCING DEVICE MISC 139		SOVALDI TABS	74	STAMARIL SUSR	201
SOLUS V2 TWIST LANCETS 30G 139		SOVUNA 200 MG	53	STEGLATRO	38
SOLUVITA ACD WITH FLUORIDE SOLN	167	SOVUNA 300 MG	53	STEGLUJAN	33
SOLUVITA SOLN	161	SPEEDY SWAB COVID-19 ANTIGEN KIT	101	STELARA 130 MG/26ML	114
SOLUVITA WITH FLUORIDE SOLN . 167		SPEVIGO SOLN	93	STELARA SOSY	93
SOMA TABS (Use carisoprodol) .	171	SPEVIGO SOSY	93	STEQEYMA	114
SOMATULINE DEPOT 120 MG/0.5ML	110	SPIKEVAX SUSP	201	STEQEYMA	93
SOMATULINE DEPOT 60		SPIKEVAX SUSY	201	STERILANCE TL	139
		spinosad	100	STIMUFEND	124
		SPINRAZA	174		
		SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	19		

STIOLTO RESPIMAT	21	CREA 10 %-2 %, 10 %-5 %	89	sulfasalazine TABS	114
STIVARGA	62	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	89	sulfasalazine TBEC	114
STOBOCLO SOSY SC 60 MG/ML 105		sulfacetamide sodium w/ sulfur FOAM	89	sulindac TABS	9
STRATTERA (Use atomoxetine hcl) . 2		sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	89	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...	89
STRENSIQ	109	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	89	sumatriptan	160
streptomycin sulfate SOLR	4	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	89	sumatriptan succinate SOAJ 4 MG/0.5ML	160
STRIBILD	72	sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %	89	sumatriptan succinate SOAJ 6 MG/0.5ML	160
STRIVERDI RESPIMAT	21	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	89	sumatriptan succinate SOCT 4 MG/0.5ML	160
STROMEKTOL (Use ivermectin) .	16	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	89	sumatriptan succinate SOCT 6 MG/0.5ML	160
SUBLOCADE SOSY	14	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	89	sumatriptan succinate SOLN 6 MG/0.5ML	160
SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate)	14	sulfacetamide sodium w/ sulfur SUSP	89	sumatriptan succinate TABS	160
sucralfate SUSP	192	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	89	sumatriptan-naproxen sodium ...	159
sucralfate TABS	192	SULFACETAMIDE SODIUM- SULFUR SUSP	89	SUMAXIN PADS	89
SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	172	sulfacetamide sod-prednisolone SOLN	180	sunitinib malate	62
SUDAFED SINUS CONGESTION TABs (Use pseudoephedrine hcl) 173		sulfadiazine TABS	189	SUNLENCA SOLN	72
SUFLAVE	127	sulfamethoxazole-trimethoprim SOLN	51	SUNLENCA TABS PO 300 MG ...	72
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	78	sulfamethoxazole-trimethoprim SUSP	51	SUNLENCA TBPK 300 MG	72
sulfacetamide sodium (acne)	89	sulfamethoxazole-trimethoprim TABS	51	SUNOSI	2
sulfacetamide sodium (ophth) OINT 178		SULFAMYLON CREA	94	SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	203
sulfacetamide sodium (ophth) SOLN . 178		SULFAMYLON PACK 5 % (Use mafenide acetate)	94	SUPER THIN LANCETS	139
sulfacetamide sodium GEL	94			SUPPRELIN LA	107
sulfacetamide sodium LIQD	94			SUPRAX CAPS (Use cefixime) ...	82
sulfacetamide sodium w/ sulfur				SUPRAX SUSR 200 MG/5ML (Use cefixime)	82
				SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-	

magnesium sulfate)127	lamivudine-tenofovir disoproxil fumarate)72	TACLONEX OINT (Use calcipotriene-betamethasone dipropionate)97
SURE COMFORT ALCOHOL PREP142	SYMLINPEN 120 SOPN32	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)97
SURE COMFORT INSULIN SYRINGE148	SYMLINPEN 60 SOPN32	tacrolimus (topical) OINT98
SURE COMFORT LANCETS 18G 139	SYMPAZAN FILM24	tacrolimus CAPS164
SURE COMFORT LANCETS 21G 139	SYMPROIC115	tadalafil (pulmonary hypertension) TABS80
SURE COMFORT LANCETS 23G 139	SYMTUZA72	tadalafil 5 MG79
SURE COMFORT LANCETS 28G 139	SYNAGIS SOLN181	TADLIQ SUSP80
SURE COMFORT LANCETS 30G 139	SYNALAR (CREAM)97	TAFINLAR CAPS63
SURE COMFORT LANCING PEN MISC139	SYNALAR (OINTMENT)97	TAFINLAR TBSO63
SURE COMFORT PEN NEEDLES 148	SYNALAR CREA (Use fluocinolone acetonide)97	tafluprost181
SURELITE LANCETS139	SYNALAR OINT (Use fluocinolone acetonide)97	TAGRISSE56
SUSTOL PRSY40	SYNALAR SOLN (Use fluocinolone acetonide)97	TAKHZYRO SOLN121
SUTAB127	SYNALAR TS97	TAKHZYRO SOSY 150 MG/ML ..121
SUTENT (Use sunitinib malate) ..62	SYNAREL107	TAKHZYRO SOSY 300 MG/2ML .121
SWIM EAR (Use isopropyl alcohol (otic))181	SYNJARDY TABS33	TALICIA197
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)21	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG33	TALTZ SOAJ93
SYMBRAVO TABS PO159	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG33	TALTZ SOSY 80 MG/ML93
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) 184	SYNTHROID TABS (Use levothyroxine sodium)191	TALZENNA 0.1 MG, 0.35 MG63
SYMDEKO188	SYPRINE (Use trientine hcl)162	TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG63
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)72	SYRINGE LUER LOCK148	TAMIFLU CAPS 30 MG, 75 MG (Use oseltamivir phosphate)74
SYMFI LO (Use efavirenz-	SYRINGE LUER SLIP148	TAMIFLU CAPS 45 MG (Use oseltamivir phosphate)74
	SYSTANE ULTRA SOLN (Use polyethylene glycol-propylene glycol (ophth))176	TAMIFLU SUSR (Use oseltamivir phosphate)74
	TABLOID55	tamoxifen citrate TABS57
	TABRECTA63	tamsulosin hcl117
		TARCEVA 100 MG, 150 MG (Use

erlotinib hcl)56	TECHLITE LANCETS 30G 139	terconazole vaginal CREA 201
TARCEVA 25 MG (Use erlotinib hcl) . 56	TECHLITE PEN NEEDLES148	terconazole vaginal SUPP 201
TARGRETIN (Use bexarotene (topical))92	TECHLITE PLUS PEN NEEDLES 148	teriflunomide 186
TARGRETIN (Use bexarotene) ...64	TEGADERM FOAM PADS 130	teriparatide SOPN 105
TARPEYO CPDR86	TEGRETOL SUSP (Use carbamazepine)26	TERIPARATIDE SOPN105
TASCENSO ODT 186	TEGRETOL TABS (Use carbamazepine)26	TESTIM GEL TD (Use testosterone) . 14
TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)63	TEGRETOL-XR TB12 (Use carbamazepine)26	testosterone cypionate SOLN IM .. 14
tasimelteon CAPS 127	TEGSEDI188	testosterone enanthate SOLN IM ..14
TASMAR (Use tolcapone)65	TEKTURNA (Use aliskiren fumarate)50	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM 15
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TAVALISSE121	telmisartan-amlodipine 50	testosterone SOLN15
TAVNEOS120	telmisartan-hydrochlorothiazide ...50	TETANUS-DIPHTHERIA TOXOIDS TD SUSP 191
TAYTULLA CAPS (Use norethin acet & estrad-fe)83	temazepam126	tetrabenazine 12.5 MG 185
tazarotene CREA 93	temozolomide CAPS55	tetrabenazine 25 MG 185
TAZAROTENE FOAM89	TENIVAC INJ 191	tetracaine hcl (ophth) 179
tazarotene GEL93	tenofovir disoproxil fumarate TABS 72	tetracycline hcl CAPS190
TAZVERIK63	TENORETIC 100 (Use atenolol & chlorthalidone) 50	TETRACYCLINE HCL TABS190
TDVAX SUSP191	TENORETIC 50 (Use atenolol & chlorthalidone) 50	TEZRULY PO 1 MG/ML 49
TECARTUS56	TENORMIN TABS (Use atenolol) . 76	TEZSPIRE SOAJ 19
TECELRA56	TEPEZZA 106	TEZSPIRE SOSY19
TECFIDERA CDPK (Use dimethyl fumarate)186	TEPMETKO63	THALITONE103
TECFIDERA CPDR (Use dimethyl fumarate)186	terazosin hcl49	THALOMID 50 MG, 100 MG 163
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TECHLITE LANCETS139	terbutaline sulfate TABS21	theophylline SOLN22
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theophylline TB24	22	TICOVAC	201	TLANDO CAPS	15
THERANATAL CORE NUTRITION TABS	170	TIGAN SOLN	40	TNKASE	122
THERATEARS EXTRA SOLN (Use carboxymethylcellulose sodium (ophth))	176	tigecycline	189	TOBI NEBU (Use tobramycin)	4
thiamine hcl SOLN	204	TIGECYCLINE	189	TOBI PODHALER CAPS	4
thiamine hcl TABS	204	TIGLUTIK SUSP	173	TOBRADEX OINT	180
thiamine mononitrate TABS 100 MG . 204		TIKOSYN (Use dofetilide)	18	TOBRADEX ST SUSP	180
thiamine mononitrate TABS 250 MG . 204		timolol	176	TOBRADEX SUSP (Use tobramycin- dexamethasone)	180
THINLETS GP LANCETS	139	timolol maleate (ophth) SOLG	177	tobramycin (ophth) SOLN	178
THIOLA EC TBEC 100 MG (Use tiopronin)	117	timolol maleate (ophth) SOLN	177	tobramycin NEBU	4
THIOLA EC TBEC 300 MG (Use tiopronin)	117	timolol maleate TABS	76	tobramycin NEBU	5
THIOLA TABS (Use tiopronin) ...	117	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	177	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	4
thioridazine hcl	69	TIMOPTIC OCUDOSE SOLN 0.5 % (Use timolol maleate (ophth))	177	tobramycin sulfate SOLR	4
thiothixene	69	TIMOPTIC SOLN (Use timolol maleate (ophth))	177	tobramycin-dexamethasone SUSP 180	
THRESHOLD IMT MISC	158	TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	177	TOBREX OINT	178
THRESHOLD PEP DEVI	158	TINACTIN CREA (Use tolnaftate) .	91	TODAYS HEALTH LANCING DEVICE MISC	139
THRIVITE RX TABS	170	tinidazole	51	TODAYS HEALTH MINI PEN NEEDLES	148
THYMOGLOBULIN	164	tiopronin TABS	118	TODAYS HEALTH PEN NEEDLES . 148	
THYQUIDITY SOLN PO	191	tiopronin TBEC 100 MG	118	TODAYS HEALTH SHORT PEN NEEDLE	148
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	191	tiopronin TBEC 300 MG	118	TODAYS HEALTH THIN LANCETS 28G	139
tiagabine hcl 16 MG	27	tiotropium bromide monohydrate CAPS	19	TODAYS HEALTH THIN LANCETS 30G	139
tiagabine hcl 2 MG, 4 MG, 12 MG .	27	TIVICAY PD TBSO	72	TOFIDENCE	7
TIAZAC (Use diltiazem hcl extended release beads)	78	TIVICAY TABS 50 MG	72	TOLAK CREA	92
TIBSOVO	63	tizanidine hcl CAPS 2 MG	171	tolcapone	65
ticagrelor 60 MG, 90 MG	122	tizanidine hcl CAPS 4 MG	171		
		tizanidine hcl CAPS 6 MG	171		
		tizanidine hcl TABS 2 MG	171		
		tizanidine hcl TABS 4 MG	171		

tolmetin sodium CAPS	9	TOUJEO MAX SOLOSTAR SOPN	38	tranylcypromine sulfate	29
tolmetin sodium TABS 600 MG	9			TRAVATAN Z SOLN (Use travoprost)	
tolnaftate CREA	91	TOUJEO SOLOSTAR SOPN	38		181
TOLSURA CAPS	43	TOVET	97	TRAVEL LANCETS	139
tolterodine tartrate CP24	198	TOVIAZ (Use fesoterodine fumarate)		TRAVEL LANCETS ADVANCED	
tolterodine tartrate TABS	198		198	28G	139
tolvaptan TABS 15 MG	110	TRACLEER TABS (Use bosentan)		travoprost SOLN	181
tolvaptan TABS 30 MG	110	80		trazodone hcl TABS	30
tolvaptan TBPK 15 MG	110	TRACLEER TBSO	80	TRECATOR	54
TOPAMAX SPRINKLE CPSP (Use		TRADJENTA	35	TRELEGY ELLIPTA	21
topiramate)	26	tramadol hcl CP24 100 MG, 200 MG,		TRELSTAR MIXJECT	58
		300 MG	12		
TOPAMAX TABS (Use topiramate)		TRAMADOL HCL SOLN (Use		TREMFYA CROHNS INDUCTION	
26		tramadol hcl)	12	SOAJ SC 200 MG/2ML	115
TOPICORT CREA (Use		tramadol hcl SOLN	12	TREMFYA ONE-PRESS SOAJ 100	
desoximetasone)	97	tramadol hcl TABS 100 MG	12	MG/ML	93
TOPICORT GEL (Use		tramadol hcl TABS 25 MG	12	TREMFYA PEN SOAJ SC 200	
desoximetasone)	97	tramadol hcl TABS 50 MG	12	MG/2ML	115
TOPICORT OINT (Use		tramadol hcl TABS 75 MG	12	TREMFYA SOLN IV	115
desoximetasone)	97	tramadol hcl TABS 75 MG	12	TREMFYA SOSY	93
TOPICORT SPRAY LIQD (Use		tramadol hcl TB24	12	TRESIBA FLEXTOUCH SOPN	38
desoximetasone)	97	tramadol hcl TB24	13	TRESIBA SOLN	38
topiramate CP24	26	tramadol-acetaminophen	13	tretinoin (chemotherapy)	64
topiramate CPSP 15 MG, 25 MG ..	26	trandolapril	48	tretinoin CREA 0.025 %, 0.05 %, 0.1	
topiramate CPSP 50 MG	26	trandolapril-verapamil hcl	50	%	89
topiramate CS24	26	tranexamic acid SOLN 1000		tretinoin CREA 0.025 %	89
topiramate TABS	26	MG/10ML	126	tretinoin GEL 0.01 %, 0.025 %, 0.05	
TOPPER DRESSING SPONGES		tranexamic acid TABS	126	%	90
MISC	130	TRANEXAMIC ACID-NACL (Use		tretinoin microsphere	89
TOPROL XL TB24 (Use metoprolol		tranexamic acid-sodium chloride) 125		TRETEN	120
succinate)	76	TRANEXAMIC ACID-NACL	125	TREXALL TABS 5 MG, 7.5 MG, 10	
toremifene citrate	57	tranexamic acid-sodium chloride	125	MG, 15 MG	55
torsemide TABS	103	TRANSDERM-SCOP (Use		triamcinolone acetonide (mouth)	165
TOSYMRA	160	scopolamine)	41	triamcinolone acetonide (nasal)	

AERO	172	1000 MG-5 MG-10 MG	33	TROKENDI XR CP24 25 MG (Use topiramate)	27
triamcinolone acetonide (topical)		TRIJARDY XR 1000 MG-5 MG-25 MG	33	tropicamide SOLN 0.5 %	177
AERS	97	TRIKAFTA TBPK	188	tropicamide SOLN 1 %	177
triamcinolone acetonide (topical)		TRIKAFTA THPK	188	tropium chloride CP24	198
CREA	97	TRILEPTAL SUSP (Use oxcarbazepine)	26	tropium chloride TABS	198
triamcinolone acetonide (topical)		TRILEPTAL TABS (Use oxcarbazepine)	26	TRUDHESA	159
LOTN	97	TRILEPTAL TABS (Use oxcarbazepine)	27	TRUE COMFORT ALCOHOL PREP PADS	142
triamcinolone acetonide (topical)		TRILIPIX (Use choline fenofibrate) 46		TRUE COMFORT INSULIN SYRINGE	148
OINT 0.05 %	97	trimethobenzamide hcl CAPS	41	TRUE COMFORT PEN NEEDLES 148	
triamcinolone acetonide (topical)		trimethoprim TABS	51	TRUE COMFORT PRO ALCOHOL PREP	142
OINT	97	trimipramine maleate CAPS	31	TRUE COMFORT PRO INSULIN SYR	148
triamcinolone acetonide SUSP 40 MG/ML	86	TRINATAL RX 1 TABS	170	TRUE COMFORT PRO PEN NEEDLES	148
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	102	TRINTELLIX	30	TRUE COMFORT SAFETY LANCETS	139
triamterene & hydrochlorothiazide TABs	102	TRIPTODUR	107	TRUE COMFORT SAFETY PEN NEEDLE	148
triamterene CAPS	103	TRIUMEQ PD TBSO	72	TRUE COMFORT TWIST TOP LANCETS	139
triazolam	126	TRIUMEQ TABS	72	TRUE COVER DEVI	131
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	50	TROGARZO	72	TRUE METRIX BLOOD GLUCOSE TEST STRP	101
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TRULICITY	35	TUKYSA	56	TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)	10
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ZEGALOGUE SOSY	35	ZETIA (Use ezetimibe)	47	ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	128
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