



Preferred Drug List

The Preferred Drug List (PDL) includes a list of drugs covered by your prescription benefit. The PDL is updated regularly and may change. To get the most up-to-date information, you may view the latest formulary on our website at [silversummithealthplan.com](https://www.silversummithealthplan.com) or call us at 1-844-366-2880 (TTY/TDD: 1-844-804-6086).

This Preferred Drug List is searchable. Here is how to search for a drug:

1. Press Control F to open the search tool
2. Type the drug name into the text box
3. Press Enter

SilverSummit Healthplan: Preferred Drug List (PDL)



Pharmacy Program

SilverSummit pays for prescription drugs and some Over-The-Counter (OTC) medicines. Your doctor must write a prescription. Not all drugs are covered. Some drugs need Prior Authorization (PA). Some drugs have limits on age, dose, or quantity.

You can get help by:

- Calling Member Services at 1-844-366-2880
- Using the Drug Lookup Tool at [SSHP Drug Lookup Tool](#)

Pharmacy Benefit Manager (PBM)

SilverSummit works with Express Scripts to process pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM).

Prior Authorizations (PA)

Some drugs on the PDL need PA. Your doctor can send the PA request through Cover My Meds (www.covermymeds.com) or by fax to 1-833-645-2736.

SilverSummit will cover the medicine if:

- You need the drug for medical reasons
- Other drugs on the PDL didn't work
- The drug is not a benefit exclusion

PA requests are reviewed by a licensed pharmacist within 24 hours. If approved, your doctor is sent a fax. If the PA is denied, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Transition Period

New members can get most prescription drugs without PA for 2 fills (up to 68 days) in the first 90 days. Controlled drugs have a 30-day limit. This will give you and your doctor time to switch to drugs on the PDL or request a PA.

96-Hour Emergency Supply Policy

State and Federal Law allows a pharmacy to give up to 4 days of medicine if you are waiting for a PA. Pharmacies will be paid for the 4 day supply even if PA is not approved. Controlled drugs are not included. The pharmacy must call 1-866-399-0928 for approval.

Step Therapy

In Step Therapy, for some drugs to be covered, you may need to try another drug first. If you have already tried it, the drug will be covered. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Dispensing Limits

The pharmacy can give you:

- Up to 34 days per new prescription or refill
- Up to 100 days per maintenance medicine
- 80% of the medicine supply or 25 days must pass before the medicine can be refilled
- 90% for controlled drugs. And you may need a new prescription for some controlled medicines.

Quantity Limits

Some drugs have limits on how much medicine you can get at one time. Your doctor can request PA if needed. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Age Limit

Some medicines on the PDL have age limits. These limits are based on Food and Drug Administration (FDA) rules to keep you safe. If your doctor decides you still need the medicine, they can send a PA request to Pharmacy Services. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Medical Necessity Requests

If a drug is not on the PDL, your doctor can make a medical necessity (MN) PA with notes showing:

- You tried 2 PDL drugs in the same class and used for the same diagnosis
- You can't take PDL drugs due to allergy or other reasons
- You can't take any of the PDL agents for your diagnosis

All requests are checked by a licensed clinical pharmacist. Most reviews are finished within 24 hours unless more information is needed. The pharmacist follows rules from the Pharmacy & Therapeutics Committee. If your request is approved, a fax will be sent to your doctor. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

Appropriate Use and Safety Edits

Your safety is very important to us. One way we help keep you safe is by using point-of-sale (POS) edits when the pharmacy sends your medicine claim. These edits follow Food and Drug Administration (FDA) rules. For example, you can only get one drug from the same therapy group each month.

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor decide you need a brand-name drug that is not preferred, your doctor can request a PA. We will cover the brand-name drug if there is a medical reason you need it. If the PA is not approved, a fax will be sent to your doctor. And you will get a letter with a list of generic medicines that are covered. The letter will tell you about the appeal process.

Over-the-Counter (OTC) Medicines

Some OTC drugs are covered if your doctor writes a prescription. These drugs are listed in the PDL.

Filling a Prescription

You can get your medicine at an in-network pharmacy. To find one, call SilverSummit Member Services or use the Provider Lookup tool on our website. Bring your prescription and your SilverSummit ID card to the pharmacy. The pharmacy may also ask for another ID, like a driver's license or state ID.

Maintenance Medications

Some drugs are called maintenance medications because they treat long-term health problems. If your medicine is part of the Maintenance Drug List, you can get up to a 100-day supply at certain retail pharmacies.

Exclusions

Below you will find a list of things that are not part of the PDL. The 96-hour emergency supply policy does not cover these drugs either.

- Drugs that are experimental
- Drugs without Federal rebates
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for anorexia, weight loss or weight gain
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Bulk powders

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by SilverSummit.

Medical Benefits

Some drugs and medical services are part of SilverSummit's medical benefit and are not covered at retail pharmacies:

- Injectable drugs given at a doctor's office or outpatient clinic.
- Home health products and home infusion therapy, like:
 - Durable medical equipment (DME)
 - Nebulizers and tubing
 - Blood pressure monitors
 - Enteral and parenteral nutrition
 - Injectable antibiotic therapy
 - Chemotherapy
 - Other medical supplies

If a prescriber asks Pharmacy Services for a medical prior authorization, they will be told to contact SilverSummit directly.

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Newly Approved Products

New drugs are reviewed before they are added to the PDL. These medicines will need a PA review until they are added to the PDL. If it is not approved, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines that are covered. It will also tell you about the appeal process.

Contact Information

SilverSummit Healthplan Member Services: 1-844-366-2880

SilverSummit Healthplan Member Services TTY/TDD: 1-844-804-6086

Pharmacy Services Prior Authorizations: 1-855-565-9520

Pharmacy Services ESI Pharmacy Help Desk: 1-833-750-4990

AcariaHealth: 1-855-535-1815

Language Assistance

Do you need this document translated? Do you need help understanding this document? If you do, call SilverSummit Healthplan's Member Service line at 1-844-366-2880. If you are hearing impaired, call our TDD/TTY at 1-844-804-6086. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. SilverSummit Healthplan has a telephone language line available 24 hours a day, 7 days a week.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
P	Preferred: This drug is covered on the drug list.
NP	Non-Preferred: This drug needs prior authorization.
PA	Preferred with Prior Authorization: This drug needs prior authorization.
NF	Non-Formulary: This drug needs prior authorization. Use preferred drug.
REQUIREMENT or LIMITS	
Requirement/Limit	Requirement/Limit Description
AL	Age Limit: Drug is limited to a specific age.
MP	Maintenance Program: Drug can be filled for up to 100 days' supply (3 months' supply) per fill.
PA	Prior Authorization: Review required before prescription can be filled
QL	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both prescription and over the counter coverage
SP	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
Opioid	<p>Opioid medicines can only be filled for 7 days at a time without Prior Authorization. This limit is extended to 30-day fills when a member has a medical history of cancer or palliative care in their records. Opioid fills are limited to 13 fills within 12 month rolling period without Prior Authorization.</p> <p>Additional restrictions may apply for members under the age of 18 years.</p> <p>Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 60 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p style="text-align: right;">**MME = Morphine Milligram Equivalent</p>
Test Strips	Insulin users are limited to 200 strips per month.

STANDARD ABBREVIATIONS			
Dose Form	Dose Form Description	Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated	CSDR	Capsule Delayed Release Sprinkle
AERB	Aerosol, breath activated	DEVI	Device
AERO	Aerosol	ELIX	Elixir
AJKT	Auto-injector Kit	EMUL	Emulsion
AUIJ	Auto-injector	ENEM	Enema
CAPS	Capsule	GRAN	Granules
CHEW	Tablet Chewable	IJ	Injection

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Dose Form	Dose Form Description	Dose Form	Dose Form Description
CONC	Concentrate	IMPL	Implant
CP12	Capsule ER 12 HR	INHA	Inhaler
CP24	Capsule ER 24 HR	INJ	Injectable
CPCR	Capsule ER	IUD	Intrauterine Device
CPDR	Capsule Delayed Release	IV	Intravenous
CPEP	Capsule Enteric Coated Particles	LIQD	Liquid
CPSP	Capsule Sprinkle	LOTN	Lotion
CREA	Cream	SOPN	Solution Pen-injector
LOZG	Lozenge	SOSY	Solution Prefilled Syringe
MISC	Miscellaneous	SRER	Suspension Reconstituted ER
NEBU	Nebulization solution	STRP	Strip
OINT	Ointment	SUBL	Tablet Sublingual
OPHT	Ophthalmic	SUER	Suspension Extended Release
OR	Oral	SUPN	Suspension Pen-injector
PACK	Packet	SUPP	Suppository
PEN	Pen-injector	SUSP	Suspension
PNKT	Pen-injector Kit	SUSR	Suspension Reconstituted
POT	Potassium	SUSY	Suspension Prefilled Syringe
POWD	Powder	SYRP	Syrup
PRSY	Prefilled Syringe	TABS	Tablets
PSKT	Prefilled Syringe Kit	TB12	Tablet ER 12 Hour
PSTE	Paste	TB24	Tablet ER 24 Hour
PT24	Patch 24 Hour	TBCR	Tablet ER
PT72	Patch 72 Hour	TBDP	Tablet Dispersible
PTCH	Patch	TBEC	Tablet Enteric Coated
PTTW	Patch Biweekly	TBEF	Tablet Effervescent
PTWK	Patch Weekly	TBPK	Tablet Therapy Pack
S.O.P.	Sterile Ophthalmic Preparation	TBSO	Tablet Soluble
SHAM	Shampoo	TEST	Diagnostic Test
SOAJ	Solution Auto-injector	TBSO	Tablet Soluble
SOCT	Solution Cartridge	TEST	Diagnostic Test
SOLN	Solution	WAFR	Wafer
SOLR	Solution Reconstituted	XR	Extended Release

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					
Amphetamines					
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)	dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	AL(At least 3 yrs old)	dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)	dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)
amphetamine sulfate TABS	NP	AL(At least 3 yrs old)	DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 yrs old); PA	lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	NP	QL(1 ML daily); AL(At least 6 yrs old)	methamphetamine hcl	NP	AL(At least 3 yrs old)
DESOXYN (Use methamphetamine hcl)	NF	AL(At least 3 yrs old)	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)	VYVANSE CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	NF	QL(2 EA daily); AL(At least 6 yrs old)	VYVANSE CHEW	NP	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	XELSTRYM	NP	AL(At least 6 yrs old)
			Analeptics		
			caffeine citrate SOLN PO 60 MG/3ML	P	QL(45 ML per fill retail; 45 per fill mail)
			Anti-Obesity Agents		
			WEGOVIY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily; 3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	PA	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA	ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	QELBREE	PA	AL(At least 6 yrs old); PA
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	PA	QL(0.072 ML daily; 2.4 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA	STRATTERA (Use atomoxetine hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
ZEPBOUND SOAJ	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
ZEPBOUND SOLN	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	SUNOSI	NP	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			Histamine H3-Receptor Antagonist/Inverse Agonists		
<i>atomoxetine hcl</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	WAKIX	PA	SP; PA
<i>clonidine hcl (adhd) TB12</i>	PA	QL(4 EA daily); AL(At least 6 yrs old); PA	Stimulants - Misc.		
<i>guanfacine hcl (adhd)</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	APTENSIO XR CP24 (Use methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>armodafinil</i>	PA	QL(1 EA daily); PA
			AZSTARYS	NP	AL(At least 6 yrs old)
			CONCERTA TBCR (Use methylphenidate hcl)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			COTEMPLA XR-ODT TBED	NP	AL(At least 6 yrs old)
			DAYTRANA PTCH (Use methylphenidate)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			<i>dexmethylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			<i>dexmethylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
			FOCALIN XR CP24 40 MG (Use dexmethylphenidate hcl)	NF	
			FOCALIN XR CP24 (Use dexmethylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			FOCALIN TABS 10 MG (Use dexmethylphenidate hcl)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS 2.5 MG (Use dexamethylphenidate hcl)	NF	AL(At least 3 yrs old)	QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexamethylphenidate hcl)	NP	AL(At least 3 yrs old)	QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA	RELEXXII TBCR (Use methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)	RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN (Use methylphenidate hcl)	PA	AL(At least 3 yrs old); PA	RITALIN LA CP24 (Use methylphenidate hcl)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl CHEW	NP	AL(At least 3 yrs old)	RITALIN TABS (Use methylphenidate hcl)	NP	AL(At least 3 yrs old)
methylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
methylphenidate hcl CPCR	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	Allergenic Extracts		
methylphenidate hcl SOLN	PA	AL(At least 3 yrs old); PA	GRASTEK SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
methylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA	ORALAIR SUBL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
methylphenidate hcl TB24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	RAGWITEK SUBL	P	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	ALTERNATIVE MEDICINES		
methylphenidate hcl TBCR 10 MG, 20 MG	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	Alternative Medicine - M's		
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	melatonin TABS 3 MG, 5 MG	P	QL(1 EA daily)
methylphenidate PTCH	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
modafinil	NP	QL(1 EA daily)	Aminoglycosides		
NUVIGIL (Use armodafinil)	NP	QL(1 EA daily)	ARIKAYCE	P	SP; PA
PROVIGIL (Use modafinil)	PA	QL(1 EA daily); PA	BETHKIS NEBU (Use tobramycin)	P	SP

Drug Name	Drug Tier	Requirements/Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	P	SP
<i>tobramycin NEBU</i>	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	PA	QL(1 EA daily); SP; PA
RINVOQ LQ SOLN	PA	QL(1 ML daily); SP; PA
RINVOQ TB24	PA	QL(1 EA daily); SP; PA
XELJANZ XR TB24	NP	QL(1 EA daily); SP
XELJANZ SOLN	PA	SP; PA
XELJANZ TABS	PA	QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
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	P	SP

Drug Name	Drug Tier	Requirements/Limits
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	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP
ADALIMUMAB-ADAZ SOAJ	PA	SP; PA
ADALIMUMAB-ADAZ SOSY	PA	SP; PA
ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBIM (2 PEN) AJKT	PA	SP; PA
ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADB (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP	HUMIRA-PSORIASIS/UEVIT STARTER AJKT	PA	QL(0.108 EA daily); SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP	HYRIMOZ-PED>/=40KG CROHN START SOSY	NP	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP	HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ	NP	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP	HYRIMOZ SOAJ	NP	SP
AMJEVITA-PED 10KG TO <15KG SOSY	NP	QL(0.058 ML daily); SP	HYRIMOZ SOSY	NP	SP
AMJEVITA-PED 15KG TO <30KG SOSY	NP	QL(0.015 ML daily); SP	IDACIO-CROHNS/UC STARTER AJKT	NP	SP
AMJEVITA SOAJ 40 MG/0.4ML	NP	QL(0.029 ML daily); SP	IDACIO-PSORIASIS STARTER AJKT	NP	SP
AMJEVITA SOAJ	NP	QL(0.058 ML daily); SP	SIMLANDI (1 PEN) AJKT	NP	SP
AMJEVITA SOSY	NP	QL(0.029 ML daily); SP	SIMLANDI (1 SYRINGE) PSKT	NP	SP
AMJEVITA SOSY	NP	QL(0.058 ML daily); SP	SIMLANDI (2 PEN) AJKT	NP	SP
CYLTEZO (2 PEN) AJKT	NP	SP	SIMLANDI (2 SYRINGE) PSKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP	SIMPONI ARIA SOLN	PA	SP; PA
HADLIMA PUSHTOUCH SOAJ	NP	SP	SIMPONI SOAJ	PA	SP; PA
HADLIMA SOSY	NP	SP	SIMPONI SOSY	PA	SP; PA
HULIO (2 PEN) AJKT	NP	SP	YUFLYMA (1 PEN) AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP	YUFLYMA (2 PEN) AJKT	NP	SP
HUMIRA (2 PEN) AJKT	PA	QL(0.072 EA daily); SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP
HUMIRA (2 SYRINGE) PSKT	PA	QL(0.072 EA daily); SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	PA	QL(0.108 EA daily); SP; PA	YUSIMRY	NP	SP
			Interleukin-1 Blockers		
			ARCALYST	NP	SP
			Interleukin-1 Receptor Antagonist (IL-1Ra)		
			KINERET SOSY	PA	SP; PA
			Interleukin-1beta Blockers		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ILARIS SOLN	NP	SP	CELEBREX 200 MG (<i>Use celecoxib</i>)	NP	QL(2 EA daily)
Interleukin-6 Receptor Inhibitors			CELEBREX 200 MG (<i>Use celecoxib</i>)	NF	QL(2 EA daily)
ACTEMRA ACTPEN SOAJ	PA	SP; PA	<i>celecoxib 200 MG</i>	P	QL(2 EA daily)
ACTEMRA SOLN	PA	SP; PA	<i>celecoxib 100 MG</i>	P	QL(4 EA daily)
ACTEMRA SOSY	PA	SP; PA	<i>celecoxib 400 MG</i>	P	QL(1 EA daily)
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP	<i>celecoxib 50 MG</i>	P	QL(8 EA daily)
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	COXANTO CAPS (<i>Use oxaprozin</i>)	NP	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	COXANTO CAPS (<i>Use oxaprozin</i>)	NF	
KEVZARA SOAJ	PA	SP; PA	DAYPRO TABS (<i>Use oxaprozin</i>)	NP	
KEVZARA SOSY	PA	SP; PA	<i>diclofenac potassium CAPS</i>	NP	
TOFIDENCE	NP	SP	<i>diclofenac potassium TABS</i>	NP	
TYENNE SOAJ	NP	SP	<i>diclofenac sodium TB24</i>	P	
TYENNE SOLN	NP	SP	<i>diclofenac sodium TBEC</i>	P	
TYENNE SOSY	NP	SP	<i>diclofenac w/ misoprostol TBEC</i>	NP	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			DUEXIS (<i>Use ibuprofen-famotidine</i>)	NF	QL(3 EA daily)
ALEVE CAPS (<i>Use naproxen sodium</i>)	NF		EC-NAPROSYN TBEC (<i>Use naproxen</i>)	NF	
ALEVE TABS (<i>Use naproxen sodium</i>)	NF		<i>etodolac CAPS</i>	NP	
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF		<i>etodolac TABS</i>	NP	
ARTHROTEC TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP		<i>etodolac TB24</i>	NP	
CELEBREX 50 MG (<i>Use celecoxib</i>)	NP	QL(8 EA daily)	<i>flurbiprofen TABS 50 MG</i>	P	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NF	QL(1 EA daily)	<i>flurbiprofen TABS 100 MG</i>	NP	
CELEBREX 50 MG (<i>Use celecoxib</i>)	NF	QL(8 EA daily)	<i>ibuprofen-acetaminophen TABS</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NF	QL(4 EA daily)	<i>ibuprofen CAPS</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NP	QL(4 EA daily)	<i>ibuprofen CHEW</i>	P	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NP	QL(1 EA daily)	<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)
			<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
			<i>ibuprofen TABS 400 MG</i>	P	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen TABS 600 MG</i>	P	QL(5 EA daily)	NAPROSYN SUSP (<i>Use naproxen</i>)	NP	QL(200 ML per fill retail; 200 per fill mail)
<i>ibuprofen TABS 800 MG</i>	P	QL(4 EA daily)	NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NF	
<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P		<i>naproxen sodium CAPS</i>	P	
<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P		<i>naproxen sodium TABS 220 MG</i>	P	
INDOCIN SUSP (<i>Use indomethacin</i>)	NF		<i>naproxen sodium TABS</i>	NP	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>naproxen sodium TB24</i>	NP	
<i>indomethacin CPCR</i>	NP		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>indomethacin SUPP</i>	NP		<i>naproxen SUSP</i>	NP	QL(200 ML per fill retail; 200 per fill mail)
<i>indomethacin SUSP</i>	NP		<i>naproxen TABS</i>	P	
<i>ketoprofen CAPS 50 MG</i>	NP		<i>naproxen TBEC</i>	P	
<i>ketoprofen CP24</i>	NP		ORUDIS CAPS 75 MG	NP	
<i>ketorolac tromethamine TABS</i>	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA	<i>oxaprozin CAPS</i>	NP	
LODINE TABS (<i>Use etodolac</i>)	NF		<i>oxaprozin TABS</i>	NP	
LURBIPR TABS 100 MG (<i>Use flurbiprofen</i>)	NF		<i>piroxicam CAPS</i>	P	
LURBIRO TABS 100 MG (<i>Use flurbiprofen</i>)	NP		<i>sulindac TABS</i>	P	
<i>meclofenamate sodium CAPS</i>	NP		TOLECTIN DS CAPS 400 MG (<i>Use tolmetin sodium</i>)	NP	
<i>mefenamic acid CAPS</i>	NP	MP	<i>tolmetin sodium CAPS</i>	NP	
<i>meloxicam TABS</i>	P		<i>tolmetin sodium TABS 600 MG</i>	NP	
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NF		VIMOVO (<i>Use naproxen-esomeprazole magnesium</i>)	NF	
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NF		VYSCOXA PO 10 MG/ML	NP	QL(8 ML daily)
<i>nabumetone</i>	P		ZIPSOR CAPS (<i>Use diclofenac potassium</i>)	NF	
NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	NF		ZYBIC SUSP 7.5 MG/5ML (<i>Use meloxicam</i>)	NP	
NAPRELAN TB24 (<i>Use naproxen sodium</i>)	NP		Phosphodiesterase 4 (PDE4) Inhibitors		
			OTEZLA XR TB24 PO 75 MG	NP	QL(2 EA daily); SP
			OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	QL(2 EA daily); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS	PA	QL(2 EA daily); SP; PA	JOURNAVX	P	QL(3 EA daily; 29 EA per fill retail; 29 per fill mail ; 29 EA per 60 day(s) retail; 29 EA per 60 days mail); AL(At least 18 yrs old)
OTEZLA TBPk	PA	QL(2 EA daily); SP; PA			
Selective Costimulation Modulators					
ORENCIA CLICKJECT SOAJ	PA	QL(0.143 ML daily); SP; PA	Analgesics Other		
ORENCIA SOLR	PA	SP; PA	<i>acetaminophen CAPS 500 MG</i>	P	
ORENCIA SOSY 50 MG/0.4ML	PA	QL(0.058 ML daily); SP; PA	<i>acetaminophen CHEW</i>	P	
ORENCIA SOSY 87.5 MG/0.7ML	PA	QL(0.1 ML daily); SP; PA	<i>acetaminophen LIQD 160 MG/5ML</i>	P	
ORENCIA SOSY 125 MG/ML	PA	QL(0.143 ML daily); SP; PA	<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
Soluble Tumor Necrosis Factor Receptor Agents			<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
ENBREL MINI SOCT	PA	QL(0.143 ML daily); SP; PA	<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P	
ENBREL SURECLICK SOAJ	PA	QL(0.143 ML daily); SP; PA	<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
ENBREL SOLN	PA	QL(0.143 ML daily); SP; PA	FEVERALL INFANTS SUPP	P	
ENBREL SOSY	PA	QL(0.143 ML daily); SP; PA	FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i>)	NF	
Analgesic Combinations			Salicylates		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	<i>aspirin CHEW</i>	P	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P		ASPIRIN SUPP 300 MG	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)	<i>aspirin TABS 325 MG</i>	P	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	QL(4 EA daily)	<i>aspirin TBEC 81 MG, 325 MG</i>	P	
Analgesics - Sodium Channel Pain Signal Inhibitors					

Drug Name	Drug Tier	Requirements/Limits
<i>diflunisal TABS</i>	P	
DOLOBID TABS	P	
<i>salsalate</i>	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 400 MCG (Use <i>fentanyl citrate</i>)	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)
CONZIP CP24 (Use <i>tramadol hcl</i>)	NP	AL(At least 18 yrs old)
DEMEROL SOLN IJ (Use <i>meperidine hcl</i>)	NF	
DILAUDID TABS (Use <i>hydromorphone hcl</i>)	NF	QL(8 EA daily)
DISKETS TBSO 40 MG (Use <i>methadone hcl</i>)	NP	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	PA	QL(0.34 EA daily); PA
<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)
<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)
<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	QL(1 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)
<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)
<i>methadone hcl CONC</i>	NP	
<i>methadone hcl SOLN PO</i>	NP	
<i>methadone hcl TABS</i>	NP	
<i>methadone hcl TBSO</i>	NP	
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP	
METHADOSE CONC (Use <i>methadone hcl</i>)	NP	
<i>morphine sulfate beads</i>	P	QL(1 EA daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)
<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)
<i>morphine sulfate TABS 30 MG</i>	P	
<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use <i>morphine sulfate</i>)	NP	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TBCR 100 MG (Use morphine sulfate)	NF	QL(3 EA daily)	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	QL(6 EA daily); AL(At least 12 yrs old)
NUCYNTA TABS 50 MG, 75 MG, 100 MG (Use tapentadol hcl)	NF		butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	P	QL(4 EA daily); AL(At least 12 yrs old)
oxycodone hcl CAPS	P	QL(6 EA daily)	butalbital-aspirin-caffeine w/cod	P	QL(4 EA daily); AL(At least 12 yrs old)
oxycodone hcl CONC 100 MG/5ML	P	QL(6 ML daily)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	NF	
oxycodone hcl SOLN	P		hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	P	QL(135 ML daily)
oxycodone hcl T12A 20 MG, 40 MG	NP	QL(3 EA daily)	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	QL(180 ML daily)
oxycodone hcl TABS	P	QL(6 EA daily)	hydrocodone-acetaminophen TABS 325 MG-10 MG	P	QL(6 EA daily)
OXYCONTIN T12A	P	QL(3 EA daily)	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	P	QL(8 EA daily)
oxymorphone hcl TB12	NP	QL(2 EA daily)	hydrocodone-acetaminophen TABS 325 MG-5 MG	P	QL(12 EA daily)
QDOLO SOLN (Use tramadol hcl)	NF	AL(At least 18 yrs old)	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	QL(6 EA daily)
ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	NF	QL(6 EA daily)	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)	NF	
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP				
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	NP				
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	AL(At least 18 yrs old)			
tramadol hcl SOLN	NP	AL(At least 18 yrs old)			
TRAMADOL HCL SOLN (Use tramadol hcl)	NP	AL(At least 18 yrs old)			
tramadol hcl TABS 25 MG, 75 MG, 100 MG	NP	AL(At least 18 yrs old)			
tramadol hcl TABS 50 MG	P	AL(At least 18 yrs old)			
tramadol hcl TB24	NP	AL(At least 18 yrs old)			
Opioid Combinations					
acetaminophen w/ codeine SOLN	P	QL(30 ML daily); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	NF	QL(6 EA daily)
PROLATE SOLN	PA	QL(20 ML daily); PA
PROLATE TABS	PA	QL(13 EA daily); PA
<i>tramadol-acetaminophen</i>	P	QL(12 EA daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI (WEEKLY) SOSY	P	SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>	NP	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>	NP	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)
<i>buprenorphine hcl SUBL</i>	P	QL(3 EA daily)
<i>buprenorphine PTWK</i>	NP	
BUTRANS PTWK (Use buprenorphine)	P	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	P	QL(3 EA daily)
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	NP	QL(3 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD (Use testosterone)	NP	
ANDROGEL PUMP GEL TD (Use testosterone)	NF	
FORTESTA GEL TD (Use testosterone)	NF	
JATENZO CAPS	PA	PA
<i>methyltestosterone TABS</i>	P	
NATESTO GEL NA	NP	
TESTIM GEL TD (Use testosterone)	NP	
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.1429 ML daily)
<i>testosterone enanthate SOLN IM</i>	P	QL(0.1429 ML daily)
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone SOLN</i>	NP	
TLANDO CAPS	PA	PA
VOGELXO PUMP GEL TD (Use testosterone)	NP	
VOGELXO GEL TD (Use testosterone)	NP	

Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL TD (<i>Use testosterone</i>)	NF	
XYOSTED SOAJ	PA	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NF	QL(420 ML per fill retail; 420 per fill mail)
<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail; 420 per fill mail)
UCERIS (<i>Use budesonide (intrarectal)</i>)	NF	
Rectal Combinations		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per fill retail; 12 per fill mail)
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %</i>	NP	
LIDOCORT CREA EX 0.5 %-3 % (<i>Use lidocaine-hydrocortisone acetate (rectal)</i>)	NF	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) EX</i>	P	

Drug Name	Drug Tier	Requirements/Limits
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>	P	
<i>alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-800 MG/10ML-80 MG/10ML-800 MG/10ML</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(16.54 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NF	
<i>nitroglycerin CPCR</i>	P	
<i>nitroglycerin OINT</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	P	QL(4 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily)
<i>droperidol SOLN 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS 25 MG (<i>Use hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(4 EA daily)
ATIVAN SOLN (<i>Use lorazepam</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ATIVAN TABS 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 EA daily)
ATIVAN TABS 1 MG (<i>Use lorazepam</i>)	NF	QL(4 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
<i>diazepam TABS</i>	P	AL(At least 18 yrs old)
<i>lorazepam CONC</i>	P	
<i>lorazepam SOLN</i>	P	
LORAZEPAM SOLN 2 MG/ML	P	
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)
<i>oxazepam CAPS 10 MG, 30 MG</i>	P	QL(4 EA daily)
VALIUM TABS (<i>Use diazepam</i>)	NF	AL(At least 18 yrs old)
XANAX TABS (<i>Use alprazolam</i>)	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NF	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	AL(At least 18 yrs old); SP
EXDENSUR SOSY SC 100 MG/ML	NP	AL(At least 12 yrs old); SP
FASENRA PEN SOAJ	PA	SP; PA
FASENRA SOSY	PA	SP; PA
NUCALA SOAJ	PA	AL(At least 6 yrs old); SP; PA
NUCALA SOLR	PA	AL(At least 6 yrs old); SP; PA
NUCALA SOSY	PA	AL(At least 6 yrs old); SP; PA
TEZSPIRE SOAJ	NP	QL(0.07 ML daily); AL(At least 12 yrs old); SP
TEZSPIRE SOSY	NP	QL(0.07 ML daily); AL(At least 12 yrs old); SP
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	NP	QL(0.215 ML daily); SP
XOLAIR SOAJ 150 MG/ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOLR	NP	QL(0.215 EA daily); AL(At least 6 yrs old); SP
XOLAIR SOSY	PA	QL(0.215 ML daily); AL(At least 6 yrs old); SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	MP
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	P	
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	P	MP
SPIRIVA RESPIMAT AERS IN	P	MP
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	MP
TUDORZA PRESSAIR	NP	MP
YUPELRI IN 175 MCG/3ML	NP	MP
Leukotriene Modulators		
ACCOLATE 10 MG (<i>Use zafirlukast</i>)	NF	
ACCOLATE (<i>Use zafirlukast</i>)	NP	
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	P	
<i>montelukast sodium TABS</i>	P	
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NF	
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	
<i>zafirlukast</i>	P	
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old); SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 EA daily)
<i>roflumilast</i>	PA	QL(1 EA daily); PA
Steroid Inhalants		
ALVESCO	NP	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	P	MP
ASMANEX (120 METERED DOSES) AEPB	NP	MP
ASMANEX (14 METERED DOSES) AEPB	NP	MP
ASMANEX (30 METERED DOSES) AEPB	NP	MP
ASMANEX (60 METERED DOSES) AEPB	NP	MP
ASMANEX HFA AERO	NP	MP
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP	MP
<i>budesonide (inhalation) SUSP</i>	P	AL(At least 1 yrs old - Up to 8 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA 44 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	MP
<i>fluticasone propionate (inhalation) AEPB</i>	P	QL(2 EA daily); MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(0.36 GM daily); MP
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 GM daily); MP
PULMICORT FLEXHALER AEPB	P	MP
PULMICORT FLEXHALER AEPB	P	MP
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP
QVAR REDHALER	NP	MP
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P	MP
ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	P	MP
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRSUPRA	NP	QL(1.07 GM daily)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate AERS</i>	NP	QL(0.447 GM daily)
<i>albuterol sulfate AERS</i>	NP	QL(1.2 GM daily)
<i>albuterol sulfate AERS</i>	NP	QL(0.567 GM daily)
<i>albuterol sulfate NEBU</i>	P	QL(2 EA daily)
<i>albuterol sulfate NEBU</i>	P	QL(12 ML daily)
<i>albuterol sulfate SYRP</i>	P	
<i>albuterol sulfate TABS</i>	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use <i>umeclidinium-vilanterol</i>)	P	MP
<i>arformoterol tartrate</i>	NP	MP
BEVESPI AEROSPHERE	NP	MP
BREO ELLIPTA (Use <i>fluticasone furoate-vilanterol</i>)	P	MP
BREO ELLIPTA	P	MP
BREZTRI AEROSPHERE	NP	MP
BROVANA (Use <i>arformoterol tartrate</i>)	NP	MP
BROVANA (Use <i>arformoterol tartrate</i>)	NF	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	MP
COMBIVENT RESPIMAT AERS	P	
DUAKLIR PRESSAIR	NP	MP
DULERA	P	MP
<i>fluticasone furoate-vilanterol</i>	NP	MP
<i>fluticasone-salmeterol AEPB</i>	NP	MP
<i>fluticasone-salmeterol AERO</i>	NP	MP
<i>formoterol fumarate NEBU</i>	NP	MP
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP	QL(3 EA daily)
<i>levalbuterol hcl</i>	PA	QL(9.6 ML daily); PA
<i>levalbuterol tartrate</i>	PA	QL(1 GM daily); PA
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NP	MP
PROAIR RESPICLICK AEPB	NP	QL(0.067 EA daily)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	QL(1.2 GM daily)
SEREVENT DISKUS	P	QL(2 EA daily); MP
STIOLTO RESPIMAT	P	MP
STRIVERDI RESPIMAT	P	MP
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	MP
<i>terbutaline sulfate TABS</i>	P	
TRELEGY ELLIPTA	NP	MP
<i>umeclidinium-vilanterol</i>	NP	MP
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	P	QL(1.2 GM daily)
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	P	QL(0.534 GM daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NP	QL(1 GM daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NF	QL(1 GM daily)
Xanthines		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail; 475 per fill mail)
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Direct Factor Xa Inhibitors			<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(18 ML per fill retail; 18 per fill mail); SP
ELIQUIS (1.5 MG PACK) TBSO PO	NP		<i>fondaparinux sodium</i>	P	SP
ELIQUIS (2 MG PACK) TBSO PO	NP		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
ELIQUIS DVT/PE STARTER PACK TBPBK	P		FRAGMIN SOSY	P	SP
ELIQUIS CPSP PO 0.15 MG	NP		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
ELIQUIS TABS	P		LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP
ELIQUIS TBSO PO 0.5 MG	NP		LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(24 ML per fill retail; 24 per fill mail); SP
<i>rivaroxaban SUSR 1 MG/ML</i>	NP		LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(18 ML per fill retail; 18 per fill mail); SP
<i>rivaroxaban TABS 2.5 MG</i>	NP		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(48 ML per fill retail; 48 per fill mail); SP
SAVAYSA	NP	AL(At least 18 yrs old)	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(60 ML per fill retail; 60 per fill mail); SP
XARELTO STARTER PACK TBPBK	P		LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	QL(36 ML per fill retail; 36 per fill mail); SP
XARELTO SUSR 1 MG/ML (<i>Use rivaroxaban</i>)	NP		Thrombin Inhibitors		
XARELTO TABS	P		<i>dabigatran etexilate mesylate CAPS</i>	NP	QL(2 EA daily)
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>Use rivaroxaban</i>)	P		PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	P	QL(2 EA daily)
Heparins And Heparinoid-Like Agents			PRADAXA CAPS 75 MG (<i>Use dabigatran etexilate mesylate</i>)	NF	QL(2 EA daily)
ARIXTRA (<i>Use fondaparinux sodium</i>)	NP	SP	PRADAXA PACK	NP	QL(2 EA daily); SP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP	ANTICONVULSANTS - Drugs to Treat Seizures		
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(48 ML per fill retail; 48 per fill mail); SP			
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(24 ML per fill retail; 24 per fill mail); SP			
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(60 ML per fill retail; 60 per fill mail); SP			
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(36 ML per fill retail; 36 per fill mail); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMPA Glutamate Receptor Antagonists			Anticonvulsants - Misc.		
FYCOMPA SUSP 0.5 MG/ML (<i>Use perampanel</i>)	NP		APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	NP		BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP
<i>perampanel SUSP 0.5 MG/ML</i>	NP		BANZEL TABS (<i>Use rufinamide</i>)	NP	SP
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	P		<i>brivaracetam SOLN PO 10 MG/ML</i>	NP	SP
Anticonvulsants - Benzodiazepines			<i>brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	NP	SP
<i>clobazam SUSP</i>	P		BRIVIACT SOLN PO 10 MG/ML (<i>Use brivaracetam</i>)	NP	SP
<i>clobazam TABS</i>	P		BRIVIACT SOLN IV 50 MG/5ML (<i>Use brivaracetam</i>)	NF	SP
<i>clonazepam TABS</i>	P	AL(At least 18 yrs old)	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (<i>Use brivaracetam</i>)	NP	SP
<i>clonazepam TBDP</i>	P		<i>carbamazepine CHEW</i>	P	
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF		<i>carbamazepine CP12</i>	P	
<i>diazepam (anticonvulsant) GEL</i>	P		<i>carbamazepine SUSP</i>	P	
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	AL(At least 18 yrs old)	<i>carbamazepine TABS</i>	P	
LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)	<i>carbamazepine TB12</i>	P	
NAYZILAM	PA	PA	CARBATROL CP12 (<i>Use carbamazepine</i>)	NP	
ONFI SUSP (<i>Use clobazam</i>)	NP		DIACOMIT CAPS	NP	SP
ONFI TABS (<i>Use clobazam</i>)	NP		DIACOMIT PACK	NP	SP
SYMPAZAN FILM	NP		ELEPSIA XR TB24	NP	
VALTOCO 10 MG DOSE LIQD	PA	PA	EPIDIOLEX	PA	SP; PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA	EPRONTIA SOLN 25 MG/ML (<i>Use topiramate</i>)	NP	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA	<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	NP	
VALTOCO 5 MG DOSE LIQD	PA	PA	FINTEPLA	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin CAPS</i>	P		<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP	
<i>gabapentin SOLN</i>	P		LYRICA CAPS 25 MG, 50 MG, 100 MG, 150 MG (Use <i>pregabalin</i>)	NF	
<i>gabapentin TABS 600 MG, 800 MG</i>	P		LYRICA CAPS (Use <i>pregabalin</i>)	P	
KEPPRA XR TB24 (Use <i>levetiracetam</i>)	NP		LYRICA SOLN (Use <i>pregabalin</i>)	P	
KEPPRA SOLN PO 100 MG/ML (Use <i>levetiracetam</i>)	NP		LYRICA SOLN (Use <i>pregabalin</i>)	NF	
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i>)	NF		MOTPOLY XR CP24	NP	
KEPPRA TABS (Use <i>levetiracetam</i>)	NP		MYSOLINE (Use <i>primidone</i>)	NF	
<i>lacosamide SOLN IV 200 MG/20ML</i>	P		NEURONTIN CAPS (Use <i>gabapentin</i>)	P	
<i>lacosamide TABS</i>	P		NEURONTIN CAPS 300 MG (Use <i>gabapentin</i>)	NF	
LAMICTAL ODT KIT (Use <i>lamotrigine</i>)	NP		NEURONTIN SOLN (Use <i>gabapentin</i>)	NF	
LAMICTAL ODT TBDP (Use <i>lamotrigine</i>)	NP		NEURONTIN SOLN (Use <i>gabapentin</i>)	P	
LAMICTAL STARTER KIT 25 MG (Use <i>lamotrigine</i>)	NP		NEURONTIN TABS (Use <i>gabapentin</i>)	P	
LAMICTAL XR KIT	NP		<i>oxcarbazepine SUSP</i>	P	
LAMICTAL XR TB24 (Use <i>lamotrigine</i>)	NP		<i>oxcarbazepine TABS</i>	P	
LAMICTAL CHEW (Use <i>lamotrigine</i>)	NP		<i>oxcarbazepine TB24</i>	NP	
LAMICTAL TABS (Use <i>lamotrigine</i>)	NP		OXTELLAR XR TB24 (Use <i>oxcarbazepine</i>)	NP	
<i>lamotrigine CHEW</i>	P		<i>pregabalin CAPS</i>	NP	
<i>lamotrigine KIT 25 MG</i>	P		<i>pregabalin SOLN</i>	NP	
<i>lamotrigine TABS</i>	P		<i>primidone</i>	P	
<i>lamotrigine TB24</i>	P		QUDEXY XR CS24 150 MG, 200 MG (Use <i>topiramate</i>)	NP	
<i>lamotrigine TBDP</i>	P		QUDEXY XR CS24 25 MG, 50 MG, 100 MG (Use <i>topiramate</i>)	NF	
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		<i>rufinamide SUSP</i>	P	SP
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		<i>rufinamide TABS</i>	P	SP
<i>levetiracetam TABS</i>	P				
<i>levetiracetam TB24</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use levetiracetam)	NP		VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	NP	
SPRITAM TB3D	NP		VIMPAT TABS (Use lacosamide)	NP	
SUBVENITE SUSP PO 10 MG/ML	NP		ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	NF	
TEGRETOL SUSP (Use carbamazepine)	NP		ZONISADE SUSP	NP	
TEGRETOL TABS (Use carbamazepine)	NP		zonisamide CAPS	P	
TEGRETOL-XR TB12 (Use carbamazepine)	NP		ZTALMY	PA	QL(36 ML daily); AL(At least 2 yrs old); PA
TOPAMAX SPRINKLE CPSP (Use topiramate)	NP		Carbamates		
TOPAMAX TABS 100 MG (Use topiramate)	NP	QL(300 EA per fill retail; 300 per fill mail)	felbamate SUSP	NP	
TOPAMAX TABS 25 MG, 50 MG, 200 MG (Use topiramate)	NP		felbamate TABS	NP	
topiramate CP24	NP		FELBATOL SUSP (Use felbamate)	NF	
topiramate CPSP 50 MG	NP		FELBATOL TABS (Use felbamate)	P	
topiramate CPSP 15 MG, 25 MG	P		XCOPRI (250 MG DAILY DOSE) TBPK	NP	
topiramate CS24	NP		XCOPRI (350 MG DAILY DOSE) TBPK	NP	
topiramate SOLN 25 MG/ML	NP		XCOPRI TABS	NP	
topiramate TABS 100 MG	P	QL(300 EA per fill retail; 300 per fill mail)	XCOPRI TBPK	NP	
topiramate TABS 25 MG, 50 MG, 200 MG	P		GABA Modulators		
TRILEPTAL SUSP (Use oxcarbazepine)	NP		SABRIL PACK (Use vigabatrin)	NP	SP
TRILEPTAL TABS (Use oxcarbazepine)	NF		SABRIL TABS (Use vigabatrin)	NP	SP
TRILEPTAL TABS (Use oxcarbazepine)	NP		tiagabine hcl	NP	
TROKENDI XR CP24 25 MG, 100 MG, 200 MG (Use topiramate)	NF		vigabatrin PACK	NP	SP
TROKENDI XR CP24 (Use topiramate)	NP		vigabatrin TABS	NP	SP
			VIGAFYDE SOLN	NP	SP
			Hydantoins		
			CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium)	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium)	P	QL(100 ML per fill retail; 100 per fill mail)	DEPAKOTE ER TB24 (Use divalproex sodium)	NP	
DILANTIN (Use phenytoin sodium extended)	P		DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NF	
DILANTIN (Use phenytoin sodium extended)	NF		DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	
DILANTIN	P		DEPAKOTE TBEC (Use divalproex sodium)	NP	
DILANTIN INFATABS CHEW (Use phenytoin)	P		divalproex sodium CSDR	P	
DILANTIN-125 SUSP (Use phenytoin)	P		divalproex sodium TB24	P	
DILANTIN SUSP (Use phenytoin)	NF		divalproex sodium TBEC	P	
fosphenytoin sodium 100 MG PE/2ML	P		valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	P	
fosphenytoin sodium 500 MG PE/10ML	P	QL(100 ML per fill retail; 100 per fill mail)	valproic acid CAPS	P	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
phenytoin sodium extended 200 MG, 300 MG	NP		Alpha-2 Receptor Antagonists (Tetracyclics)		
phenytoin sodium SOLN	P		mirtazapine TABS	P	AL(At least 18 yrs old)
phenytoin CHEW	P		mirtazapine TBDP	P	AL(At least 18 yrs old)
phenytoin SUSP	P		REMERON SOLTAB TBDP (Use mirtazapine)	NP	AL(At least 18 yrs old)
Succinimides			REMERON TABS 15 MG, 30 MG (Use mirtazapine)	NP	AL(At least 18 yrs old)
CELONTIN (Use methsuximide)	P		Antidepressant Combinations		
ethosuximide CAPS	P		AUVELITY	NP	AL(At least 18 yrs old)
ethosuximide SOLN	P		Antidepressants - Misc.		
methsuximide	NP		bupropion hcl TABS	P	AL(At least 18 yrs old)
ZARONTIN CAPS (Use ethosuximide)	NP		bupropion hcl TB12	P	AL(At least 18 yrs old)
ZARONTIN SOLN (Use ethosuximide)	NP		bupropion hcl TB24 150 MG, 300 MG	P	AL(At least 18 yrs old)
Valproic Acid			bupropion hcl TB24 300 MG, 450 MG	NP	AL(At least 18 yrs old)
			FORFIVO XL TB24 (Use bupropion hcl)	NF	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	AL(At least 18 yrs old)
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NP	AL(At least 18 yrs old)
WELLBUTRIN XL TB24 (<i>Use bupropion hcl</i>)	NF	AL(At least 18 yrs old)
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	P	AL(At least 18 yrs old); SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	P	
MARPLAN	P	
NARDIL (<i>Use phenelzine sulfate</i>)	NF	
PARNATE (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA
SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>Use citalopram hydrobromide</i>)	NP	AL(At least 18 yrs old)
<i>citalopram hydrobromide CAPS 30 MG</i>	P	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>Use citalopram hydrobromide</i>)	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide SOLN</i>	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide TABS</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)
<i>escitalopram oxalate SOLN</i>	P	AL(At least 18 yrs old)
<i>escitalopram oxalate TABS</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl CAPS</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl CPDR</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl SOLN</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl TABS</i>	P	AL(At least 18 yrs old)
FLUOXETINE HCL TABS (<i>Use fluoxetine hcl</i>)	NF	
<i>fluvoxamine maleate CP24</i>	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate TABS</i>	P	AL(At least 18 yrs old)
LEXAPRO TABS (<i>Use escitalopram oxalate</i>)	NP	AL(At least 18 yrs old)
<i>paroxetine hcl SUSP</i>	P	AL(At least 18 yrs old)
<i>paroxetine hcl TABS</i>	P	AL(At least 18 yrs old)
<i>paroxetine hcl TB24</i>	NP	AL(At least 18 yrs old)
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP	AL(At least 18 yrs old)
PAXIL SUSP (<i>Use paroxetine hcl</i>)	NF	AL(At least 18 yrs old)
PAXIL TABS (<i>Use paroxetine hcl</i>)	NP	AL(At least 18 yrs old)
PROZAC CAPS (<i>Use fluoxetine hcl</i>)	NP	AL(At least 18 yrs old)
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	P	AL(At least 18 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>Use sertraline hcl</i>)	P	AL(At least 18 yrs old)
<i>sertraline hcl CONC</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl TABS</i>	P	AL(At least 18 yrs old)	EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NP	AL(At least 18 yrs old)
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	AL(At least 18 yrs old)	EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NF	AL(At least 18 yrs old)
ZOLOFT TABS 25 MG (<i>Use sertraline hcl</i>)	NF	AL(At least 18 yrs old)	FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
ZOLOFT TABS (<i>Use sertraline hcl</i>)	NP	AL(At least 18 yrs old)	FETZIMA CP24	NP	AL(At least 18 yrs old)
Serotonin Modulators			PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NP	AL(At least 18 yrs old)
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)	PRISTIQ 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)	VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)	<i>venlafaxine hcl CP24</i>	P	AL(At least 18 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)	<i>venlafaxine hcl TABS</i>	P	AL(At least 18 yrs old)
<i>trazodone hcl TABS</i>	P	AL(At least 18 yrs old)	<i>venlafaxine hcl TB24</i>	P	AL(At least 18 yrs old)
TRINTELLIX	NP	AL(At least 18 yrs old)	Tricyclic Agents		
VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	AL(At least 18 yrs old)	<i>amitriptyline hcl TABS</i>	P	
<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)	<i>amoxapine</i>	P	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			ANAFRANIL (<i>Use clomipramine hcl</i>)	NF	
CYMBALTA CPEP 60 MG (<i>Use duloxetine hcl</i>)	NF		<i>clomipramine hcl</i>	P	
CYMBALTA CPEP 20 MG, 30 MG (<i>Use duloxetine hcl</i>)	NP	AL(At least 18 yrs old)	<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P	
DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)	<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily)
<i>desvenlafaxine succinate</i>	P	AL(At least 18 yrs old)	<i>doxepin hcl CAPS</i>	P	
DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)	<i>doxepin hcl CONC</i>	P	
<i>duloxetine hcl CPEP</i>	P	AL(At least 18 yrs old)	<i>imipramine hcl TABS</i>	P	
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF		<i>imipramine pamoate</i>	P	
			NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NF	QL(2 EA daily)
			NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF	
			<i>nortriptyline hcl CAPS</i>	P	
			<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl</i>	P	
<i>trimipramine maleate CAPS</i>	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	MP
<i>miglitol</i>	P	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	PA	MP; PA
SYMLINPEN 60 SOPN	PA	MP; PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	MP
<i>alogliptin-metformin hcl</i>	NP	MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	MP
<i>dapagliflozin free base-metformin hcl TB24 PO</i>	NP	MP
DAPAGLIFLOZIN-SAXAGLIPTIN	NP	MP
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP
<i>glipizide-metformin hcl</i>	NP	MP
<i>glyburide-metformin</i>	NP	MP
GLYXAMBI	P	MP
INVOKAMET XR TB24	NP	MP
INVOKAMET TABS	P	MP
JANUMET XR TB24	NP	MP
JANUMET TABS	NP	MP
JENTADUETO XR TB24	P	MP
JENTADUETO TABS	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride</i>	NP	MP
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP
<i>saxagliptin-metformin hcl</i>	NP	MP
SEGLUROMET	NP	MP
<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	MP
<i>sitagliptin free base-metformin hcl TB24</i>	NP	MP
SOLIQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP
STEGLUJAN	NP	MP
SYNJARDY XR TB24	P	MP
SYNJARDY TABS	P	MP
TRIJARDY XR	NP	MP
XIGDUO XR TB24 PO 1000 MG-2.5 MG	P	MP
XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP
ZITUVIMET XR TB24	P	MP
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin free base-metformin hcl</i>)	P	MP
Antidiabetic-Antibodies		
TZIELD	PA	QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); SP; PA
Biguanides		
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NF	
<i>metformin hcl SOLN</i>	PA	MP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
<i>metformin hcl TB24</i>	P	MP
RIOMET SOLN (<i>Use metformin hcl</i>)	NP	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
<i>dextrose (diabetic use) CHEW 4 GM</i>	P	QL(1.67 EA daily)
<i>dextrose (diabetic use) GEL</i>	P	
<i>diazoxide</i>	P	
GLUCAGON EMERGENCY	NP	
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	NF	
<i>glucagon SOLR IJ 1 MG</i>	NP	
<i>glucagon SOLR IJ 1 MG</i>	P	
GVOKE HYPOPEN 1-PACK SOAJ	NP	
GVOKE HYPOPEN 2-PACK SOAJ	NP	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	
PROGLYCEM (<i>Use diazoxide</i>)	NF	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)
TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate</i>	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA	NP	MP
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl</i>	NP	MP
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	P	MP
TRADJENTA	P	MP
ZITUVIO 25 MG, 50 MG, 100 MG (<i>Use sitagliptin</i>)	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
<i>exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML</i>	NP	QL(0.08 ML daily); AL(At least 18 yrs old); MP
<i>liraglutide</i>	NP	QL(0.3 ML daily); AL(At least 10 yrs old); MP
MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	NP	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	NP	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 18 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA	APIDRA SOLN	NP	MP
			BASAGLAR KWIKPEN SOPN	NP	MP
			BASAGLAR TEMPO PEN SOPN	NP	MP
			FIASP FLEXTOUCH SOPN	NP	MP
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA	FIASP PENFILL SOCT	NP	MP
			FIASP PUMPCART SOCT	NP	
			FIASP SOLN	NP	MP
			HUMALOG JUNIOR KWIKPEN SOPN	NP	MP
OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA	HUMALOG KWIKPEN SOPN	NP	MP
			HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
			HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
			HUMALOG MIX 75/25 SUSP	P	MP
RYBELSUS TABS	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA	HUMALOG TEMPO PEN SOPN	NP	MP
			HUMALOG SOCT	NP	MP
			HUMALOG SOLN IJ	NP	MP
			HUMULIN 70/30 KWIKPEN SUPN	P	MP
TRULICITY	PA	QL(0.072 ML daily); AL(At least 10 yrs old); MP; PA	HUMULIN 70/30 SUSP	P	MP
			HUMULIN N KWIKPEN SUPN	P	MP
VICTOZA (Use <i>liraglutide</i>)	PA	QL(0.3 ML daily); AL(At least 10 yrs old); MP; PA	HUMULIN N SUSP	P	MP
			HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP
Insulin			HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
ADMELOG SOLOSTAR SOPN	NP	MP	HUMULIN R SOLN IJ	P	MP
ADMELOG SOLN IJ	NP	MP	INSULIN ASPART FLEXPEN SOPN	P	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		INSULIN ASPART SOLN IJ	P	MP
APIDRA SOLOSTAR SOPN	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP	NOVOLIN 70/30 FLEXPEN SUPN	P	MP
INSULIN DEGLUDEC SOLN	NP	MP	NOVOLIN 70/30 RELION SUSP	P	MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP	NOVOLIN 70/30 SUSP	P	MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP	NOVOLIN N FLEXPEN RELION SUPN	P	MP
INSULIN GLARGINE-YFGN SOLN	NP	MP	NOVOLIN N FLEXPEN SUPN	P	MP
INSULIN GLARGINE-YFGN SOPN	NP	MP	NOVOLIN N RELION SUSP	P	MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP	NOVOLIN N SUSP	P	MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP	NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP
INSULIN LISPRO PROT & LISPRO SUPN	P	MP	NOVOLIN R FLEXPEN SOPN IJ	P	MP
INSULIN LISPRO SOLN IJ	P	MP	NOVOLIN R RELION SOLN IJ	P	MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	MP	NOVOLIN R SOLN IJ	P	MP
KIRSTY SOPN SC 100 UNIT/ML	NP	MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP
LANTUS SOLOSTAR SOPN	P	MP	NOVOLOG FLEXPEN RELION SOPN	P	MP
LANTUS SOLN	P	MP	NOVOLOG FLEXPEN SOPN	P	MP
LEVEMIR FLEXPEN SOPN	NP	MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP
LEVEMIR SOLN	NP	MP	NOVOLOG MIX 70/30 RELION SUSP	P	MP
LYUMJEV KWIKPEN SOPN	NP	MP	NOVOLOG MIX 70/30 SUSP	P	MP
LYUMJEV TEMPO PEN SOPN	NP	MP	NOVOLOG PENFILL SOCT	P	MP
LYUMJEV SOLN	NP	MP	NOVOLOG RELION SOLN IJ	P	MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP	NOVOLOG SOLN IJ	P	MP
MERILOG SOLN SC 100 UNIT/ML	NP	MP	REZVOGLAR KWIKPEN	NP	
MYXREDLIN	P		SEMGLEE (YFGN) SOLN	NP	MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	MP	SEMGLEE (YFGN) SOPN	NP	MP
			TOUJEO MAX SOLOSTAR SOPN	P	MP

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SOPN	P	MP
TRESIBA FLEXTOUCH SOPN	P	MP
TRESIBA SOLN	P	MP
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	MP
pioglitazone hcl	P	MP
Meglitinide Analogues		
nateglinide	NP	MP
repaglinide	P	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin TABS PO 5 MG, 10 MG	NP	MP
INVOKANA	P	MP
JARDIANCE	P	MP
STEGLATRO	NP	MP
Sulfonylureas		
glimepiride 1 MG, 2 MG, 4 MG	P	MP
glipizide TABS	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide)	NF	
GLUCOTROL XL TB24 5 MG (Use glipizide)	NP	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	

Drug Name	Drug Tier	Requirements/Limits
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
loperamide hcl CAPS	P	QL(8 EA daily); RX/OTC
loperamide hcl TABS	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox TABS	P	SP; PA
JADENU TABS (Use deferasirox)	NF	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
naloxone hcl LIQD	P	RX/OTC
naloxone hcl SOCT	P	QL(5 ML per fill retail; 5 per fill mail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(5 ML per fill retail; 5 per fill mail)
naloxone hcl SOSY 2 MG/2ML	P	
naloxone hcl SOSY 0.4 MG/ML	P	QL(5 ML per fill retail; 5 per fill mail)
naltrexone hcl	P	

Drug Name	Drug Tier	Requirements/Limits
NARCAN LIQD (<i>Use naloxone hcl</i>)	P	RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	PA	SP; PA
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	QL(4 EA per fill retail; 4 per fill mail)
<i>granisetron hcl TABS</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl SOSY</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
<i>ondansetron hcl TABS 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW 25 MG	P	RX/OTC
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NF	
<i>dimenhydrinate TABS</i>	P	
<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	P	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	P	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	PA	PA
MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	PA	PA
MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>aprepitant CAPS 40 MG, 80 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>aprepitant CAPS 125 MG</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>aprepitant CPPK PO</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
EMEND BIPACK CAPS 80 MG (Use aprepitant)	NP	QL(2 EA per fill retail; 2 per fill mail)
EMEND TRIPACK CPPK PO (Use aprepitant)	NP	QL(3 EA per fill retail; 3 per fill mail)
EMEND SOLR (Use fosaprepitant dimeglumine)	NP	QL(1 EA per fill retail; 1 per fill mail)
EMEND SUSR	NP	QL(1 EA per fill retail; 1 per fill mail)
FOCINVEZ SOLN	NP	QL(1 ML per fill retail; 1 per fill mail)
fosaprepitant dimeglumine SOLR	P	QL(1 EA per fill retail; 1 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
nystatin TABS	P	QL(6 EA daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (Use fluconazole)	NF	QL(70 ML per fill retail; 70 per fill mail)
DIFLUCAN TABS 100 MG (Use fluconazole)	NF	QL(1 EA daily)
DIFLUCAN TABS 200 MG (Use fluconazole)	NF	QL(2 EA daily)
fluconazole SUSR	P	QL(70 ML per fill retail; 70 per fill mail)
fluconazole TABS 100 MG	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
fluconazole TABS 150 MG	P	QL(2 EA per fill retail; 2 per fill mail)
fluconazole TABS 200 MG	P	QL(2 EA daily)
fluconazole TABS 50 MG	P	QL(7 EA per fill retail; 7 per fill mail)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	P	QL(60 ML daily)
chlorpheniramine maleate TABS	P	QL(120 EA per fill retail; 120 per fill mail)
dexchlorpheniramine maleate SOLN	P	
Antihistamines - Ethanolamines		
CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	NF	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
diphenhydramine hcl CAPS	P	QL(4 EA daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ML per fill retail; 240 per fill mail)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS (Use fexofenadine hcl)	NF	
cetirizine hcl CAPS	NP	
cetirizine hcl CHEW	P	
cetirizine hcl SOLN PO	P	RX/OTC
cetirizine hcl TABS	P	

Drug Name	Drug Tier	Requirements/Limits
CLARINEX TABS (Use desloratadine)	NP	
CLARINEX TABS (Use desloratadine)	NF	
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use loratadine)	NF	
CLARITIN REDITABS TBDP (Use loratadine)	NF	
CLARITIN REDITABS TBDP (Use loratadine)	NF	
CLARITIN CHEW (Use loratadine)	NF	
CLARITIN SOLN (Use loratadine)	NF	
CLARITIN TABS (Use loratadine)	NF	
DESLORATADINE SOLN PO 0.5 MG/ML	NP	
desloratadine TABS	NP	
desloratadine TBDP	NP	
fexofenadine hcl SUSP	NP	
fexofenadine hcl TABS 60 MG, 180 MG	NP	
levocetirizine dihydrochloride SOLN	P	RX/OTC
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine CHEW	P	
loratadine SOLN	P	
loratadine TABS	P	
loratadine TBDP 10 MG	P	
ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	NF	
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NF	
Antihistamines - Phenothiazines		

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	
Angiotensin-like Protein Inhibitors		
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA
EVKEEZA 345 MG/2.3ML	PA	QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); SP; PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	MP
NEXLIZET	NP	
VYTORIN (Use ezetimibe-simvastatin)	NP	MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA (Use omega-3-acid ethyl esters)	NF	
omega-3-acid ethyl esters	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VASCEPA (Use icosapent ethyl)	NF		fenofibrate CAPS	NP	
Bile Acid Sequestrants			fenofibrate TABS 40 MG, 120 MG	NP	
cholestyramine light PACK	NP		fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	P	
cholestyramine light PACK	P		fenofibric acid	NP	
cholestyramine light POWD	P		FENOGLIDE TABS (Use fenofibrate)	NF	
cholestyramine light POWD	NP		FIBRICOR 35 MG (Use fenofibric acid)	NF	
cholestyramine PACK	P		FIBRICOR 105 MG (Use fenofibric acid)	NP	
cholestyramine POWD	P		gemfibrozil TABS	P	
colesevelam hcl PACK	P		LIPOFEN CAPS (Use fenofibrate)	P	
colesevelam hcl TABS	P		LOPID TABS (Use gemfibrozil)	NP	
COLESTID FLAVORED PACK (Use colestipol hcl)	NF		TRICOR TABS 145 MG (Use fenofibrate)	NP	
COLESTID GRAN (Use colestipol hcl)	NP		TRICOR TABS 48 MG (Use fenofibrate)	NF	
COLESTID TABS (Use colestipol hcl)	NP		TRILIPIX (Use choline fenofibrate)	NF	
colestipol hcl GRAN	P		HMG CoA Reductase Inhibitors		
colestipol hcl PACK	P		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
colestipol hcl TABS	P		ATORVALIQ SUSP	NP	MP
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP		atorvastatin calcium TABS	P	MP
QUESTRAN PACK (Use cholestyramine)	NP		CRESTOR TABS 10 MG (Use rosuvastatin calcium)	NP	QL(2 EA daily); MP
QUESTRAN POWD (Use cholestyramine)	NP		CRESTOR TABS 5 MG (Use rosuvastatin calcium)	NP	MP
WELCHOL PACK (Use colesevelam hcl)	NP		CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)	NP	QL(1 EA daily); MP
WELCHOL TABS (Use colesevelam hcl)	NP		fluvastatin sodium CAPS	NP	MP
Fibric Acid Derivatives			fluvastatin sodium TB24	NP	MP
choline fenofibrate	P		LESCOL XL TB24 (Use fluvastatin sodium)	NF	
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	P				

Drug Name	Drug Tier	Requirements/Limits
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NP	MP
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	MP
LIVALO (<i>Use pitavastatin calcium</i>)	NP	MP
<i>lovastatin TABS</i>	P	MP
<i>pitavastatin calcium</i>	NP	MP
<i>pravastatin sodium</i>	P	MP
<i>rosuvastatin calcium TABS 5 MG</i>	P	MP
<i>rosuvastatin calcium TABS 20 MG, 40 MG</i>	P	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS 10 MG</i>	P	QL(2 EA daily); MP
<i>simvastatin TABS</i>	P	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	MP
ZYPITAMAG 2 MG, 4 MG	NP	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	
ZETIA (<i>Use ezetimibe</i>)	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 2 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>niacin (antihyperlipidemic) TBCR</i>	P	
Proprotein Convertase Subtilisin/Kexin Type 9		

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>Use quinapril hcl</i>)	NP	MP
ALTACE CAPS 1.25 MG, 5 MG (<i>Use ramipril</i>)	NP	MP
ALTACE CAPS 10 MG (<i>Use ramipril</i>)	NF	
<i>benazepril hcl</i>	P	MP
<i>captopril</i>	P	MP
<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP
<i>enalapril maleate TABS</i>	P	MP
EPANED SOLN (<i>Use enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP
<i>fosinopril sodium</i>	NP	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (<i>Use benazepril hcl</i>)	NP	MP
<i>moexipril hcl</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	NP	MP
QBRELIS SOLN	NP	MP
<i>quinapril hcl</i>	NP	MP
<i>ramipril CAPS</i>	P	MP
<i>trandolapril</i>	NP	MP
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	MP
ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	MP
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	MP
<i>candesartan cilexetil</i>	NP	MP
COZAAR (<i>Use losartan potassium</i>)	NP	MP
DIOVAN TABS (<i>Use valsartan</i>)	NP	MP
EDARBI	NP	MP
<i>irbesartan</i>	NP	MP
<i>losartan potassium</i>	P	MP
MICARDIS 20 MG (<i>Use telmisartan</i>)	NF	
MICARDIS 40 MG, 80 MG (<i>Use telmisartan</i>)	NP	MP
<i>olmesartan medoxomil</i>	P	MP
<i>telmisartan</i>	NP	MP
<i>valsartan SOLN</i>	P	MP
<i>valsartan TABS</i>	P	MP
Antiadrenergic Antihypertensives		
CARDURA 8 MG (<i>Use doxazosin mesylate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	
<i>clonidine hcl TABS</i>	P	
<i>clonidine PTWK</i>	P	
<i>doxazosin mesylate</i>	P	MP
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	MP
<i>prazosin hcl CAPS</i>	NP	MP
<i>terazosin hcl</i>	P	MP
TEZRULY PO 1 MG/ML	NP	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	MP
<i>amlodipine besylate-benazepril hcl</i>	P	MP
<i>amlodipine besylate-olmesartan medoxomil</i>	P	MP
<i>amlodipine besylate-valsartan</i>	P	MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	MP
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP
<i>atenolol & chlorthalidone</i>	P	MP
AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	MP
AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	MP

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

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>hydralazine hcl TABS</i>	P	
<i>minoxidil 2.5 MG, 10 MG</i>	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	P	
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81.6 MG</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
URETRON D/S TABS 81.6 MG	P	
Glycopeptides		
FIRVANQ SOLR PO (<i>Use vancomycin hcl</i>)	NF	QL(300 ML per fill retail; 300 per fill mail)
VANCOCIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NF	QL(4 EA daily)
VANCOCIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NF	QL(8 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail; 14 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail)
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(0.467 EA daily)
Leprostotics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN (<i>Use clindamycin palmitate hydrochloride</i>)	NF	QL(100 ML per fill retail; 100 per fill mail)
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(100 ML per fill retail; 100 per fill mail)
Monobactams		
CAYSTON	PA	AL(At least 7 yrs old); SP; PA
Oxazolidinones		
<i>linezolid SOLN</i>	PA	PA
<i>linezolid SUSR</i>	PA	PA
<i>linezolid TABS</i>	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SOLN (<i>Use linezolid</i>)	NF	
ZYVOX SUSR (<i>Use linezolid</i>)	PA	PA
ZYVOX TABS (<i>Use linezolid</i>)	PA	PA
Urinary Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine mandelate</i>	P	
METHENAMINE MANDELATE 0.5 GM, 1 GM	P	
<i>nitrofurantoin</i>	PA	PA
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 EA daily)
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TBCR (<i>Use pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN (<i>Use rifabutin</i>)	NF	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	PA	PA
CYCLOPHOSPHAMIDE TABS 50 MG	PA	PA
GLEOSTINE (<i>Use lomustine</i>)	NF	
LEUKERAN	P	
<i>lomustine</i>	PA	PA
MYLERAN TABS	P	

Drug Name	Drug Tier	Requirements/Limits
TEMODAR SOLR	P	SP; PA
<i>temozolomide CAPS</i>	PA	SP; PA
Antimetabolites		
<i>capecitabine</i>	PA	SP; PA
JYLAMVO SOLN PO	PA	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	PA	PA
<i>mercaptopurine TABS</i>	PA	PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	PA	PA
ONUREG TABS	PA	SP; PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NF	
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	PA	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	PA
XELODA (<i>Use capecitabine</i>)	NF	SP
XELODA (<i>Use capecitabine</i>)	PA	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	PA	SP; PA
INLYTA	PA	SP; PA
LENVIMA (10 MG DAILY DOSE)	PA	SP; PA
LENVIMA (12 MG DAILY DOSE)	PA	SP; PA
LENVIMA (14 MG DAILY DOSE)	PA	SP; PA
LENVIMA (18 MG DAILY DOSE)	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (20 MG DAILY DOSE)	PA	SP; PA
LENVIMA (24 MG DAILY DOSE)	PA	SP; PA
LENVIMA (4 MG DAILY DOSE)	PA	SP; PA
LENVIMA (8 MG DAILY DOSE)	PA	SP; PA
Antineoplastic - Antibodies		
LOQTORZI	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	PA	SP; PA
TUKYSA	PA	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	PA	SP; PA
VENCLEXTA TABS	PA	SP; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	PA	SP; PA
<i>gefitinib</i>	PA	SP; PA
GILOTRIF	PA	SP; PA
IRESSA (<i>Use gefitinib</i>)	PA	SP; PA
LAZCLUZE	PA	SP; PA
TAGRISSO	PA	SP; PA
TARCEVA (<i>Use erlotinib hcl</i>)	NF	SP
VIZIMPRO	PA	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	SP; PA
ERIVEDGE	PA	SP; PA
ODOMZO	PA	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	PA	SP; PA
AKEEGA	PA	SP; PA
<i>anastrozole</i>	PA	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARIMIDEX (Use anastrozole)	PA	PA	exemestane	PA	PA
AROMASIN (Use exemestane)	PA	PA	FARESTON (Use toremifene citrate)	PA	MP; PA
bicalutamide	PA	PA	FEMARA (Use letrozole)	PA	PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	INLURIYO TABS PO 200 MG	PA	SP; PA
CASODEX (Use bicalutamide)	PA	PA	letrozole	PA	PA
ELIGARD SC 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA	leuprolide acetate (3 month) INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
ELIGARD SC 45 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	leuprolide acetate KIT IJ 1 MG/0.2ML	PA	Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); SP; PA
ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA	LIFYORLI (125 MG DOSE) CPPK PO	PA	PA
ELIGARD KIT SC 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA	LIFYORLI (150 MG DOSE) CPPK PO	PA	PA
EMCYT	P	SP	LUPRON DEPOT (1-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA
ERLEADA	PA	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA
EULEXIN	P		LUPRON DEPOT (4-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	<i>pomalidomide</i> 1 MG, 2 MG, 3 MG, 4 MG	PA	SP; PA
LUTRATE DEPOT INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	PA	SP; PA
LYSODREN	PA	SP; PA	Antineoplastic - Menin Inhibitors		
<i>megestrol acetate SUSP</i>	P		KOMZIFTI CAPS PO 200 MG	PA	SP; PA
<i>megestrol acetate TABS</i>	PA	PA	REVUFORJ	PA	SP; PA
NILANDRON (<i>Use nilutamide</i>)	NF		REVUFORJ 25 MG	PA	PA
<i>nilutamide</i>	PA	PA	Antineoplastic - PDGFR-alpha Inhibitors		
NUBEQA	PA	SP; PA	AYVAKIT	PA	SP; PA
ORGOVYX	PA	SP; PA	Antineoplastic - Protease Activators		
ORSERDU	PA	SP; PA	MODEYSO CAPS PO 125 MG	PA	SP; PA
SOLTAMOX SOLN	PA	MP; PA	Antineoplastic - XPO1 Inhibitors		
<i>tamoxifen citrate TABS</i>	PA	MP; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA
<i>toremifene citrate</i>	PA	MP; PA	XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA
TRELSTAR MIXJECT 3.75 MG	PA	SP; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA
XTANDI CAPS	PA	SP; PA	XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA
XTANDI TABS	PA	SP; PA	XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA
YONSA	PA	SP; PA	XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA
ZOLADEX	P	SP; PA	Antineoplastic Combinations		
ZYTIGA (<i>Use abiraterone acetate</i>)	PA	SP; PA	AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			INQOVI	PA	SP; PA
WELIREG	PA	SP; PA	KISQALI FEMARA (200 MG DOSE)	PA	SP; PA
Antineoplastic - Immunomodulators			KISQALI FEMARA (400 MG DOSE)	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE)	PA	SP; PA	GAVRETO	PA	SP; PA
LONSURF	PA	SP; PA	GLEEVEC TABS (<i>Use imatinib mesylate</i>)	PA	SP; PA
Antineoplastic Enzyme Inhibitors			GOMEKLI CAPS PO 1 MG, 2 MG	PA	SP; PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	PA	SP; PA	GOMEKLI TBSO PO 1 MG	PA	SP; PA
AFINITOR TABS (<i>Use everolimus</i>)	PA	SP; PA	HYRNUO TABS PO 10 MG	PA	SP; PA
ALECENSA	PA	SP; PA	IBRANCE CAPS	PA	SP; PA
ALUNBRIG TABS	PA	SP; PA	IBRANCE TABS	PA	SP; PA
ALUNBRIG TBPK	PA	SP; PA	IBTROZI CAPS PO 200 MG	PA	SP; PA
AUGTYRO	PA	SP; PA	ICLUSIG	PA	SP; PA
BALVERSA	PA	SP; PA	IDHIFA	PA	SP; PA
BOSULIF CAPS	PA	SP; PA	<i>imatinib mesylate</i> TABS	PA	SP; PA
BOSULIF TABS	PA	SP; PA	IMBRUVICA CAPS	PA	SP; PA
BRAFTOVI 75 MG	PA	SP; PA	IMBRUVICA SUSP	PA	SP; PA
BRUKINSA PO 160 MG	PA	SP; PA	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	SP; PA
BRUKINSA	PA	SP; PA	IMKELDI SOLN	PA	SP; PA
CABOMETYX TABS	PA	SP; PA	INREBIC	PA	SP; PA
CALQUENCE	PA	SP; PA	ISTODAX SOLR (<i>Use romidepsin</i>)	NF	SP; PA
CAPRELSA	PA	SP; PA	ITOVEBI	PA	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	SP; PA	JAKAFI	PA	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	PA	SP; PA	JAYPIRCA	PA	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	PA	SP; PA	KISQALI (200 MG DOSE)	PA	SP; PA
COPIKTRA	PA	SP; PA	KISQALI (400 MG DOSE)	PA	SP; PA
COTELLIC	PA	SP; PA	KISQALI (600 MG DOSE)	PA	SP; PA
DANZITEN	PA	SP; PA	KOSELUGO	PA	SP; PA
<i>dasatinib</i>	PA	SP; PA	KOSELUGO PO 5 MG, 7.5 MG	PA	SP; PA
ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA	KRAZATI	PA	SP; PA
<i>everolimus</i> TABS	PA	PA	<i>lapatinib ditosylate</i>	PA	SP; PA
<i>everolimus</i> TABS	PA	SP; PA	LORBRENA	PA	SP; PA
<i>everolimus</i> TBSO	PA	SP; PA	LUMAKRAS	PA	SP; PA
FOTIVDA	PA	SP; PA	LYNPARZA TABS	PA	SP; PA
GAVRETO	PA	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE)	PA	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
LYTGOBI (16 MG DAILY DOSE)	PA	SP; PA	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	SP; PA
LYTGOBI (20 MG DAILY DOSE)	PA	SP; PA	ROZLYTREK CAPS	PA	SP; PA
MEKINIST SOLR	PA	SP; PA	ROZLYTREK PACK	PA	SP; PA
MEKINIST TABS	PA	SP; PA	RUBRACA	PA	SP; PA
MEKTOVI	PA	SP; PA	RYDAPT	PA	SP; PA
NERLYNX	PA	SP; PA	SCEMBLIX	PA	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	PA	SP; PA	<i>sorafenib tosylate</i>	PA	SP; PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA	SPRYCEL (<i>Use dasatinib</i>)	PA	SP; PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA	STIVARGA	PA	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	PA	SP; PA	<i>sunitinib malate</i>	PA	SP; PA
NINLARO	PA	SP; PA	SUTENT (<i>Use sunitinib malate</i>)	PA	SP; PA
OGSIVEO 100 MG, 150 MG	PA	SP; PA	TABRECTA	PA	SP; PA
OJEMDA SUSR	PA	SP; PA	TAFINLAR CAPS	PA	SP; PA
OJEMDA TABS	PA	SP; PA	TAFINLAR TBSO	PA	SP; PA
OJJAARA	PA	SP; PA	TALZENNA	PA	SP; PA
<i>pazopanib hcl</i>	PA	SP; PA	TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	PA	SP; PA
PEMAZYRE	PA	SP; PA	TAZVERIK	PA	SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	SP; PA	TEPMETKO	PA	SP; PA
PIQRAY (200 MG DAILY DOSE)	PA	SP; PA	TIBSOVO	PA	SP; PA
PIQRAY (250 MG DAILY DOSE)	PA	SP; PA	TRUQAP TABS	PA	SP; PA
PIQRAY (300 MG DAILY DOSE)	PA	SP; PA	TRUQAP TBPk	PA	SP; PA
QINLOCK	PA	SP; PA	TURALIO 125 MG	PA	SP; PA
RETEVMO CAPS	PA	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	PA	SP; PA
RETEVMO TABS	PA	SP; PA	VANFLYTA	PA	SP; PA
REZLIDHIA	PA	SP; PA	VERZENIO	PA	SP; PA
			VITRAKVI CAPS	PA	SP; PA
			VITRAKVI SOLN	PA	SP; PA
			VONJO	PA	SP; PA
			VORANIGO	PA	SP; PA
			VOTRIENT (<i>Use pazopanib hcl</i>)	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPS	PA	SP; PA	<i>benztropine mesylate SOLN</i>	P	
XALKORI CPSP	PA	SP; PA	<i>benztropine mesylate TABS</i>	P	
XOSPATA	PA	SP; PA	Antiparkinson Dopaminergics		
ZEJULA TABS	PA	SP; PA	<i>amantadine hcl CAPS</i>	P	
ZELBORAF	PA	SP; PA	<i>amantadine hcl SOLN</i>	P	
ZOLINZA	PA	SP; PA	<i>amantadine hcl TABS</i>	P	
ZYDELIG	PA	SP; PA	APOKYN SOCT	NP	SP
ZYKADIA TABS	PA	SP; PA	<i>apomorphine hydrochloride SOCT</i>	NP	SP
Antineoplastics Misc.			<i>carbidopa-levodopa CPCR</i>	P	
<i>bexarotene</i>	PA	SP; PA	<i>carbidopa-levodopa-entacapone</i>	P	
HYDREA (<i>Use hydroxyurea</i>)	NF		<i>carbidopa-levodopa TABS</i>	P	
HYDREA (<i>Use hydroxyurea</i>)	PA	PA	<i>carbidopa-levodopa TBCR</i>	P	
<i>hydroxyurea</i>	PA	PA	<i>carbidopa-levodopa TBDP</i>	P	
MATULANE	PA	SP; PA	CREXONT CPCR	NP	
TARGRETIN (<i>Use bexarotene</i>)	NF	SP	DHIVY TABS	NP	
<i>tretinoin (chemotherapy)</i>	PA	SP; PA	DUOPA SUSP	NP	
Chemotherapy Rescue/Antidote/Protective Agents			GOCOVRI CP24	NP	SP
IWILFIN	PA	SP; PA	INBRIJA CAPS	NP	
<i>leucovorin calcium TABS</i>	P		MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
<i>mesna TABS</i>	P	SP	NEUPRO	NP	
MESNEX TABS	P	SP	ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old); SP
Mitotic Inhibitors			<i>pramipexole dihydrochloride TABS</i>	P	
<i>etoposide CAPS</i>	PA	SP; PA	<i>pramipexole dihydrochloride TB24</i>	NP	
Topoisomerase I Inhibitors			<i>ropinirole hydrochloride TABS</i>	P	
HYCAMTIN CAPS	PA	SP; PA	<i>ropinirole hydrochloride TB24</i>	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease					
Antiparkinson Adjunctive Therapy					
<i>carbidopa</i>	NP				
LODOSYN (<i>Use carbidopa</i>)	NF				
Antiparkinson Anticholinergics					

Drug Name	Drug Tier	Requirements/Limits
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (<i>Use carbidopa-levodopa</i>)	NP	
SINEMET TABS 100 MG-10 MG (<i>Use carbidopa-levodopa</i>)	NP	
SINEMET TABS 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 150 (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>Use rasagiline mesylate</i>)	NP	
<i>rasagiline mesylate</i>	NP	
XADAGO	PA	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	NP	
GEODON 40 MG, 60 MG (<i>Use ziprasidone hcl</i>)	NF	AL(At least 18 yrs old)
GEODON (<i>Use ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
LATUDA (<i>Use lurasidone hcl</i>)	NP	AL(At least 18 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
Benzisoxazoles		
ERZOFRI	NP	AL(At least 18 yrs old); SP
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
INVEGA 3 MG, 6 MG, 9 MG (<i>Use paliperidone</i>)	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA	<i>clozapine TABS</i>	P	AL(At least 18 yrs old)
<i>paliperidone</i>	P	AL(At least 18 yrs old)	<i>clozapine TBDP</i>	P	AL(At least 18 yrs old)
PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA	CLOZARIL TABS 50 MG, 200 MG (<i>Use clozapine</i>)	NF	AL(At least 18 yrs old)
RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	PA	AL(At least 18 yrs old); SP; PA	CLOZARIL TABS 25 MG, 100 MG (<i>Use clozapine</i>)	NP	AL(At least 18 yrs old)
RISPERDAL SOLN (<i>Use risperidone</i>)	NP	AL(At least 18 yrs old)	<i>loxapine succinate</i>	P	QL(4 EA daily)
RISPERDAL TABS 3 MG (<i>Use risperidone</i>)	NF	AL(At least 18 yrs old)	<i>olanzapine TABS</i>	P	AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	P	AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TABS</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TB24</i>	P	AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)	SAPHRIS 5 MG, 10 MG (<i>Use asenapine maleate</i>)	NF	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	SAPHRIS (<i>Use asenapine maleate</i>)	NP	AL(At least 18 yrs old)
UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA	SECUADO	NP	AL(At least 18 yrs old)
Butyrophenones			SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
HALDOL DECANOATE (<i>Use haloperidol decanoate</i>)	NF		SEROQUEL TABS (<i>Use quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
<i>haloperidol decanoate</i>	P		VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
<i>haloperidol lactate CONC</i>	P		ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); SP; PA
<i>haloperidol lactate SOLN</i>	P		ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NP	AL(At least 18 yrs old)
<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P		ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NF	
<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily)	ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NF	AL(At least 18 yrs old)
Dibenzapines			ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (<i>Use olanzapine</i>)	NP	AL(At least 18 yrs old)
<i>asenapine maleate</i>	P	AL(At least 18 yrs old)	ZYPREXA TABS (<i>Use olanzapine</i>)	NF	AL(At least 18 yrs old)
			Dihydroindolones		

Drug Name	Drug Tier	Requirements/Limits
<i>molindone hcl</i>	P	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
Phenothiazines		
<i>chlorpromazine hcl SOLN 25 MG/ML</i>	P	
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily)
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 EA daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl CONC</i>	P	
<i>fluphenazine hcl ELIX</i>	P	
<i>fluphenazine hcl SOLN</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 EA daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine edisylate 10 MG/2ML</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 EA daily)
<i>trifluoperazine hcl TABS</i>	P	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA PRSY	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	NP	AL(At least 18 yrs old); SP
ABILIFY TABS (<i>Use aripiprazole</i>)	NP	AL(At least 18 yrs old)
<i>aripiprazole SOLN PO</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TABS</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TBDP</i>	P	AL(At least 18 yrs old)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	PA	AL(At least 18 yrs old); SP; PA
ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	PA	AL(At least 18 yrs old); SP; PA
ARISTADA INITIO	PA	AL(At least 18 yrs old); SP; PA
OPIZA FILM	NP	AL(At least 18 yrs old)
REXULTI	P	AL(At least 18 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN	P	QL(90 ML per fill retail; 90 per fill mail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
<i>sodium hypochlorite SOLN EX</i>	P	
Iodine Antiseptics		
<i>povidone-iodine SOLN 10 %</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	EMTRIVA CAPS (<i>Use emtricitabine</i>)	NF	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	EMTRIVA SOLN	P	QL(24 ML daily)
APRETUDE	P		EPIVIR SOLN (<i>Use lamivudine</i>)	NF	QL(30 ML daily)
APTIVUS CAPS	P	QL(4 EA daily)	EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 EA daily)
<i>atazanavir sulfate CAPS</i>	P	QL(2 EA daily)	EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA	EVOTAZ	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	FUZEON SOLR	P	SP
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	GENVOYA	P	QL(1 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	INTELENCE 100 MG (<i>Use etravirine</i>)	NF	QL(4 EA daily)
DELSTRIGO	P	QL(1 EA daily)	INTELENCE 25 MG	P	QL(4 EA daily)
DESCOVY	P	QL(1 EA daily)	INTELENCE 200 MG (<i>Use etravirine</i>)	NF	QL(2 EA daily)
DOVATO	P		ISENTRESS HD TABS	P	QL(2 EA daily)
EDURANT 25 MG (<i>Use rilpivirine hcl</i>)	NF	QL(1 EA daily)	ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
EDURANT PED PO 2.5 MG	P		ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)	ISENTRESS PACK	P	QL(2 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)	ISENTRESS TABS	P	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	JULUCA	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
<i>efavirenz TABS</i>	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NF	QL(4 EA daily)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NF	QL(6 EA daily)
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine SOLN</i>	P	QL(30 ML daily)	REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)
<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)	REYATAZ PACK	P	QL(6 EA daily)
<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)	<i>rilpivirine hcl 25 MG</i>	P	QL(1 EA daily)
<i>lamivudine-zidovudine</i>	P	QL(2 EA daily)	<i>ritonavir TABS</i>	P	QL(12 EA daily)
<i>lopinavir-ritonavir SOLN</i>	P	QL(160 ML per fill retail; 160 per fill mail)	RUKOBIA	P	
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)	SELZENTRY SOLN	P	
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)	SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)	SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)	STRIBILD	P	QL(1 EA daily)
<i>nevirapine SUSP</i>	P	QL(40 ML daily)	SUNLENCA SOLN	P	SP
<i>nevirapine TABS</i>	P	QL(2 EA daily)	SUNLENCA TABS PO 300 MG	P	SP
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)	SUNLENCA TBPk 300 MG	P	SP
NORVIR CAPS	P	QL(12 EA daily)	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
NORVIR PACK	P	QL(12 EA daily)	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
NORVIR TABS (<i>Use ritonavir</i>)	NF	QL(12 EA daily)	SYMTUZA	P	QL(1 EA daily)
ODEFSEY	P	QL(1 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)
PIFELTRO	P	QL(1 EA daily)	TIVICAY PD TBSO	P	
PREZCOBIX	P		TIVICAY TABS 50 MG	P	
PREZISTA SUSP	P	QL(12 ML daily)	TRIUMEQ PD TBSO	P	
PREZISTA TABS 150 MG	P	QL(3 EA daily)	TRIUMEQ TABS	P	QL(1 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily)	TROGARZO	P	SP
PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NF	QL(2 EA daily)	TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NF	QL(1 EA daily)	TYBOST	P	QL(1 EA daily)
RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 EA daily)	VIRACEPT TABS 250 MG	P	QL(9 EA daily)
RETROVIR SOLN	P		VIRACEPT TABS 625 MG	P	QL(4 EA daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)	VIREAD POWD	P	QL(8 GM daily)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(30 ML daily)
<i>zidovudine CAPS</i>	P	QL(6 EA daily)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)
<i>zidovudine TABS</i>	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	PA	AL(At least 12 yrs old); SP; PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 EA daily)
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	P	
BARACLUDE TABS (<i>Use entecavir</i>)	NF	
<i>entecavir TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP
EPCLUSA TABS	NP	SP
HARVONI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
LEDIPASVIR-SOFOSBUVIR TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
MAVYRET PACK	PA	SP; PA
MAVYRET TABS	PA	SP; PA
PEGASYS SOLN	P	SP
PEGASYS SOSY	P	SP
<i>ribavirin (hepatitis c) CAPS</i>	P	SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	SP; PA
SOVALDI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
SOVALDI TABS	NP	QL(28 EA per fill retail; 28 per fill mail ; 28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
<i>acyclovir CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir SUSP</i>	P		<i>betaxolol hcl</i>	NP	MP
<i>acyclovir TABS PO</i>	P		<i>bisoprolol fumarate</i>	P	MP
<i>famciclovir</i>	P		BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use <i>nebivolol hcl</i>)	NF	
<i>valacyclovir hcl</i>	P		BYSTOLIC (Use <i>nebivolol hcl</i>)	NP	MP
VALTREX (Use <i>valacyclovir hcl</i>)	NP		KAPSPARGO SPRINKLE CS24	NP	MP
Influenza Agents			LOPRESSOR SOLN PO 10 MG/ML	NP	MP
<i>oseltamivir phosphate CAPS</i>	P		LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NP	MP
<i>oseltamivir phosphate SUSR</i>	P		<i>metoprolol succinate TB24</i>	P	MP
RAPIVAB	NP		<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	P	MP
RELENZA DISKHALER	P		<i>metoprolol tartrate TABS</i>	P	MP
<i>rimantadine hydrochloride TABS</i>	P		<i>nebivolol hcl</i>	P	MP
TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NF		TENORMIN TABS 25 MG, 50 MG (Use <i>atenolol</i>)	NF	
TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NP		TENORMIN TABS (Use <i>atenolol</i>)	NP	MP
TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP		TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NP	MP
XOFLUZA (40 MG DOSE) 40 MG	NP		TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
XOFLUZA (80 MG DOSE) 80 MG	NP		Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			BETAPACE AF (Use <i>sotalol hcl (afib/afll)</i>)	NP	MP
Alpha-Beta Blockers			BETAPACE TABS 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i>)	NP	MP
<i>carvedilol</i>	P	MP	CORGARD TABS 20 MG, 40 MG (Use <i>nadolol</i>)	NF	
<i>carvedilol phosphate</i>	NP	MP	HEMANGEOL SOLN PO	PA	SP; MP; PA
COREG (Use <i>carvedilol</i>)	NF		INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NP	MP
COREG CR (Use <i>carvedilol phosphate</i>)	NF		INDERAL XL	NP	MP
<i>labetalol hcl TABS</i>	P	MP	INNOPRAN XL	NP	MP
Beta Blockers Cardio-Selective			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	MP
<i>acebutolol hcl CAPS</i>	P	MP			
<i>atenolol TABS</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pindolol TABS</i>	NP	MP	<i>nifedipine CAPS</i>	P	MP
<i>propranolol hcl CP24</i>	P	MP	<i>nifedipine TB24</i>	P	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP	<i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>	NP	MP
<i>propranolol hcl TABS</i>	P	MP	NORLIQVA SOLN	NP	MP
<i>sotalol hcl (afib/afl)</i>	P	MP	NORVASC TABS (Use <i>amlodipine besylate</i>)	NP	MP
<i>sotalol hcl TABS</i>	P	MP	NORVASC TABS 5 MG, 10 MG (Use <i>amlodipine besylate</i>)	NF	
SOTYLIZE SOLN PO	NP	MP	NYMALIZE SOLN 6 MG/ML	NP	MP
<i>timolol maleate TABS</i>	NP	MP	PROCARDIA XL TB24 (Use <i>nifedipine</i>)	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
Calcium Channel Blockers			SULAR 8.5 MG, 17 MG, 34 MG (Use <i>nisoldipine</i>)	NP	MP
<i>amlodipine besylate TABS</i>	P	MP	TIAZAC (Use <i>diltiazem hcl extended release beads</i>)	NF	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NF		VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	P	MP
CARDIZEM LA TB24 (Use <i>diltiazem hcl</i>)	NF		<i>verapamil hcl CP24</i>	P	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i>)	NF		<i>verapamil hcl SOLN 2.5 MG/ML</i>	P	MP
CONJUPRI (Use <i>levamlodipine maleate</i>)	NF		<i>verapamil hcl TABS</i>	P	MP
<i>diltiazem hcl coated beads CP24</i>	P	MP	<i>verapamil hcl TBCR</i>	P	MP
<i>diltiazem hcl extended release beads</i>	P	MP	VERELAN PM CP24 (Use <i>verapamil hcl</i>)	NP	MP
<i>diltiazem hcl CP12</i>	P	MP	VERELAN CP24 (Use <i>verapamil hcl</i>)	NF	
<i>diltiazem hcl CP24</i>	P	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl TABS</i>	P	MP	Cardiac Glycosides		
<i>diltiazem hcl TB24</i>	P	MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP	<i>digoxin TABS 125 MCG, 250 MCG</i>	P	
<i>felodipine</i>	P	MP			
<i>isradipine CAPS</i>	NP	MP			
KATERZIA	NP	MP			
<i>levamlodipine maleate</i>	NP	MP			
<i>nicardipine hcl CAPS</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	MP
ENTRESTO CPSP	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use <i>sacubitril-valsartan</i>)	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
OPSYNVI	NP	SP
<i>sacubitril-valsartan TABS</i>	PA	QL(2 EA daily); AL(At least 1 yrs old); MP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	MP
Impotence Agents		
CIALIS 5 MG (Use <i>tadalafil</i>)	PA	PA
<i>tadalafil 5 MG</i>	PA	PA
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 1 TEPK	PA	SP; PA
ORENITRAM MONTH 2 TEPK	PA	SP; PA
ORENITRAM MONTH 3 TEPK	PA	SP; PA
ORENITRAM TBCR	PA	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL KIT SOLN IN	PA	SP; PA
TYVASO STARTER KIT SOLN IN	PA	SP; PA
TYVASO SOLN IN	PA	SP; PA
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	AL(At least 18 yrs old); SP
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	PA	AL(At least 18 yrs old); SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan TABS</i>	NP	SP
<i>bosentan TBSO 32 MG</i>	NP	SP
LETAIRIS (Use <i>ambrisentan</i>)	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS (Use <i>bosentan</i>)	PA	SP; PA
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NF	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	SP
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	SP
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	PA	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	NP	SP
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); SP; MP
CORLANOR TABS (Use <i>ivabradine hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>ivabradine hcl TABS</i>	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 EA daily); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	MP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefprozil SUSR</i>	P	
<i>cefprozil TABS</i>	P	
<i>cefuroxime axetil TABS</i>	P	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	PA	PA
<i>cefdinir SUSR</i>	PA	PA
<i>cefixime CAPS</i>	NP	
<i>cefixime SUSR</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime TABS</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	PA	PA
<i>cefpodoxime proxetil TABS</i>	PA	PA
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	PA	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	
BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i>)	NF	QL(1 EA daily)
BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 EA daily)
FEMLYV TBDP	P	
<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	QL(1 EA daily)
LO LOESTRIN FE TABS	P	QL(1 EA daily)
NATAZIA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CAPS</i>	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CHEW</i>	P	QL(1 EA daily)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily)
<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily)
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)
SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)
TYBLUME CHEW	P	QL(1 EA daily)
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-PROVERA SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 1 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
Progestin Contraceptives - IUD		
KYLEENA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
LILETTA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)
OPILL	P	
SLYND	P	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	PA	AL(At least 2 yrs old); SP; PA
<i>budesonide CPEP</i>	NP	
<i>budesonide TB24</i>	NP	
CORTEF TABS (Use <i>hydrocortisone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORTISONE ACETATE TABS	P		<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P	
<i>deflazacort SUSP</i>	PA	SP; PA	<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>deflazacort TABS</i>	PA	SP; PA	<i>prednisolone SOLN</i>	P	
DEXAMETHASONE INTENSOL CONC	P		<i>prednisolone TABS</i>	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)	PREDNISONE INTENSOL CONC	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)	<i>prednisone SOLN</i>	P	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)	<i>prednisone TABS</i>	P	
<i>dexamethasone ELIX</i>	P		<i>prednisone TBEC 1 MG, 2 MG</i>	PA	PA
<i>dexamethasone SOLN</i>	P		<i>prednisone TBPK</i>	P	
<i>dexamethasone TABS</i>	P		UCERIS TB24 (Use budesonide)	NF	
EMFLAZA SUSP (Use <i>deflazacort</i>)	PA	SP; PA	Mineralocorticoids		
EMFLAZA TABS (Use <i>deflazacort</i>)	PA	SP; PA	<i>fludrocortisone acetate TABS</i>	P	
EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA	COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>hydrocortisone TABS</i>	P		Antitussives		
MEDROL TABS (Use <i>methylprednisolone</i>)	NF		<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)
MEDROL TBPK (Use <i>methylprednisolone</i>)	NF		<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P		<i>dextromethorphan polistirex SUER</i>	P	
<i>methylprednisolone TBPK</i>	P		HYCODAN SOLN (Use <i>hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)	Cough/Cold/Allergy Combinations		
			<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>guaifenesin-codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)	LOHIST-D LIQD	P	
<i>cetirizine-pseudoephedrine</i>	NP		<i>loratadine & pseudoephedrine TB12</i>	P	
CLARINEX-D 12 HOUR TB12	NP		<i>loratadine & pseudoephedrine TB24</i>	P	
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NF		MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	P	QL(120 ML per fill retail; 120 per fill mail)
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NF		MUCINEX DM MAXIMUM STRENGTH TB12 (<i>Use dextromethorphan-guaifenesin</i>)	NF	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P		MUCINEX DM TB12 (<i>Use dextromethorphan-guaifenesin</i>)	NF	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P		<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P		<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P		<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		<i>promethazine & phenylephrine SYRP</i>	P	
<i>fexofenadine-pseudoephedrine TB12</i>	NP		<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
<i>fexofenadine-pseudoephedrine TB24</i>	NP		<i>promethazine w/codeine SYRP</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
			<i>promethazine-dm SYRP</i>	P	
			<i>promethazine-phenylephrine-codeine</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P		<i>adapalene-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	P		<i>adapalene CREA</i>	NP	AL(Up to 20 yrs old)
<i>pseudoephedrine-ibuprofen TABS</i>	P		<i>adapalene GEL</i>	P	AL(Up to 20 yrs old); RX/OTC
QC TRIACTING DAYTIME CHILDRENS SYRP	P		<i>adapalene GEL</i>	NP	AL(Up to 20 yrs old)
Expectorants			AKLIEF	NP	AL(Up to 20 yrs old)
GERI-TUSSIN SYRP	P		ATRALIN GEL (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
<i>guaifenesin LIQD</i>	P		AVAR CLEANSER LIQD 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>guaifenesin TB12</i>	P		AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NF		AVAR-E EMOLLIENT CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
MUCINEX TB12 (<i>Use guaifenesin</i>)	NF		AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
Misc. Respiratory Inhalants			BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	AL(Up to 20 yrs old)
NEBUSAL NEBU 3 %, 6 % (<i>Use sodium chloride (inhalant)</i>)	NF		<i>benzoyl peroxide BAR</i>	P	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P		<i>benzoyl peroxide CREA 10 %</i>	P	
Mucolytics			<i>benzoyl peroxide-erythromycin GEL</i>	P	AL(Up to 20 yrs old)
<i>acetylcysteine SOLN</i>	P		<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
Acne Products			<i>benzoyl peroxide LIQD 4 %</i>	P	
ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	<i>benzoyl peroxide LOTN 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC
ACZONE (<i>Use dapsone (topical)</i>)	NF	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	AL(Up to 20 yrs old)	erythromycin (acne aid) GEL	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	AL(Up to 20 yrs old)	erythromycin (acne aid) PADS	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) FOAM	NP	AL(Up to 20 yrs old)	erythromycin (acne aid) SOLN	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	P	AL(Up to 20 yrs old)	isotretinoin 10 MG, 20 MG, 40 MG	P	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
clindamycin phosphate (topical) LOTN	P	AL(Up to 20 yrs old)	KLARON (Use sulfacetamide sodium (acne))	NF	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	P	AL(Up to 20 yrs old)	ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	P	AL(Up to 20 yrs old)	PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	AL(Up to 20 yrs old)	PLEXION LOTN (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)	RETIN-A MICRO (Use tretinoin microsphere)	NF	
clindamycin phosphate-tretinoin	NP	AL(Up to 20 yrs old)	RETIN-A MICRO PUMP (Use tretinoin microsphere)	NF	
dapsone (topical)	NP	AL(Up to 20 yrs old)	RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)	NF	AL(Up to 20 yrs old)
DIFFERIN CREA (Use adapalene)	NP	AL(Up to 20 yrs old)	RETIN-A CREA (Use tretinoin)	NF	AL(Up to 20 yrs old)
DIFFERIN GEL 0.1 % (Use adapalene)	NF	AL(Up to 20 yrs old); RX/OTC	RETIN-A GEL (Use tretinoin)	NF	AL(Up to 20 yrs old)
DIFFERIN GEL (Use adapalene)	NP	AL(Up to 20 yrs old)	SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)	sulfacetamide sodium (acne)	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NF	AL(Up to 20 yrs old)	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NP	AL(Up to 20 yrs old)	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	AL(Up to 20 yrs old)
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	AL(Up to 20 yrs old)			
EPSOLAY CREA	NP	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	AL(Up to 20 yrs old)	ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NF	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	<i>bacitracin zinc OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin-polymyxin b OINT</i>	P	
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	CENTANY AT KIT	NP	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SULFACLEANSE 8/4 SUSP 8 %-4 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SULFAMEZ WASH EMUL 10 %-1 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	<i>mupirocin calcium (topical)</i>	NP	
SUMADAN	NP	AL(Up to 20 yrs old)	<i>mupirocin OINT</i>	P	
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SUMAXIN CP	NP		<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SUMAXIN PADS	NP	AL(Up to 20 yrs old)	XEPI	NP	
TAZAROTENE FOAM	NP		Antifungals - Topical		
<i>tretinoin microsphere 0.08 %</i>	NP	AL(Up to 20 yrs old)	<i>clotrimazole (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)	<i>clotrimazole (topical) SOLN</i>	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(30 ML per fill retail; 30 per fill mail)
TWYNEO	NP	AL(Up to 20 yrs old)	<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
WINLEVI	NP	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)	TINACTIN CREA (<i>Use tolnaftate</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>tolnaftate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT ATHLETES FOOT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)	Antihistamines-Topical		
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)	ITCH RELIEF CREA	P	
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)	Anti-inflammatory Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>diclofenac epolamine PTCH EX</i>	NP	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NF	QL(45 GM per fill retail; 45 per fill mail)	<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
<i>miconazole nitrate (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	QL(112 GM per fill retail; 112 per fill mail)
<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	NP	
<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	FLECTOR PTCH EX (<i>Use diclofenac epolamine</i>)	NF	
<i>nystatin (topical) POWD EX</i>	P	QL(60 GM per fill retail; 60 per fill mail)	PENNSAID SOLN EX 2 % (<i>Use diclofenac sodium (topical)</i>)	NF	
<i>nystatin-triamcinolone CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin-triamcinolone OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>terbinafine hcl (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>diclofenac sodium (actinic keratoses) EX</i>	P	
			EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	QL(40 GM per fill retail; 40 per fill mail)
			<i>fluorouracil (topical) CREA 0.5 %</i>	P	
			<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)
			<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
			VALCHLOR	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antipruritics - Topical			COSENTYX SOSY 75 MG/0.5ML	PA	QL(0.036 ML daily); SP; PA
<i>camphor & menthol LOTN</i>	P	QL(222 ML per fill retail; 222 per fill mail)	COSENTYX SOSY 150 MG/ML	PA	QL(0.072 ML daily); SP; PA
<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	ICOTYDE TABS PO 200 MG	NP	
PRUDOXIN (<i>Use doxepin hcl (antipruritic)</i>)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	ILUMYA	NP	SP
ZONALON (<i>Use doxepin hcl (antipruritic)</i>)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
Antipsoriatics			OTULFI SOLN SC 45 MG/0.5ML	NP	SP
BIMZELX SOAJ	NP	SP	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
BIMZELX SOSY	NP	SP	PYZCHIVA SC 45 MG/0.5ML	PA	SP; PA
<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	PA	SP; PA
<i>calcipotriene CREA</i>	P	QL(120 GM per fill retail; 120 per fill mail)	SELARSDI SOLN SC 45 MG/0.5ML	NP	SP
CALCIPOTRIENE FOAM	P		SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>calcipotriene OINT</i>	P		SKYRIZI PEN SOAJ	NP	SP
<i>calcipotriene SOLN</i>	P		SKYRIZI SOSY	NP	SP
<i>calcitriol (topical)</i>	NP		SORILUX FOAM	NP	
COSENTYX (300 MG DOSE) SOSY	PA	QL(0.072 ML daily); SP; PA	SOTYKTU	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	PA	QL(0.072 ML daily); SP; PA	SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 12 yrs old); SP
COSENTYX SENSOREADY PEN SOAJ	PA	QL(0.072 ML daily); SP; PA	SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 12 yrs old); SP
COSENTYX UNOREADY SOAJ	PA	QL(0.072 ML daily); SP; PA	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
COSENTYX SOLN	PA	SP; PA	STELARA SOSY	NP	QL(0.018 ML daily); SP
			STEQEYMA SC	NP	SP
			STEQEYMA	NP	SP
			TALTZ SOAJ	NP	SP
			TALTZ SOSY	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene CREA</i>	NP	AL(Up to 20 yrs old)	<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>tazarotene GEL</i>	NP	AL(Up to 20 yrs old)	<i>selenium sulfide SHAM 1 %</i>	P	QL(240 ML per fill retail; 240 per fill mail)
TAZORAC CREA (<i>Use tazarotene</i>)	NF	AL(Up to 20 yrs old)	SELSUN BLUE CARE MENS MAX STR LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)
TAZORAC GEL (<i>Use tazarotene</i>)	NF	AL(Up to 20 yrs old)	SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP	SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP	SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NF	QL(240 ML per fill retail; 240 per fill mail)
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	<i>sulfacetamide sodium GEL</i>	NP	
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	QL(0.018 ML daily); SP	<i>sulfacetamide sodium LIQD</i>	NP	AL(Up to 20 yrs old)
USTEKINUMAB-TTWE	NP	SP	Antivirals - Topical		
USTEKINUMAB-TTWE SC	NP	SP	<i>acyclovir topical CREA</i>	NP	
VECTICAL (<i>Use calcitriol topical</i>)	NP		<i>acyclovir topical OINT</i>	P	
VTAMA	NP		DENAVIR (<i>Use penciclovir</i>)	NF	
YESINTEK SOLN 45 MG/0.5ML	PA	SP; PA	<i>docosanol</i>	P	
YESINTEK SOSY	PA	SP; PA	<i>penciclovir</i>	NP	
Antiseborrheic Products			ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NF	
OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF		ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF	
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	AL(Up to 20 yrs old)	Burn Products		
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	AL(Up to 20 yrs old)	SILVADENE (<i>Use silver sulfadiazine</i>)	NF	QL(50 GM per fill retail; 50 per fill mail)
<i>selenium sulfide LOTN 1 %</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>silver sulfadiazine</i>	P	QL(50 GM per fill retail; 50 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Corticosteroids - Topical			<i>clobetasol propionate emulsion</i>	NP	
<i>alclometasone dipropionate CREA</i>	NP		<i>clobetasol propionate CREA 0.05 %</i>	P	
<i>alclometasone dipropionate OINT</i>	NP		<i>clobetasol propionate FOAM</i>	NP	
APEXICON E CREA	NP		<i>clobetasol propionate GEL 0.05 %</i>	P	
<i>betamethasone dipropionate (topical) CREA</i>	P		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	P		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	P		<i>clobetasol propionate OINT 0.05 %</i>	P	
<i>betamethasone dipropionate augmented CREA</i>	P		<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	
<i>betamethasone dipropionate augmented LOTN</i>	NP		CLOBEX SPRAY LIQD (Use <i>clobetasol propionate</i>)	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	NF	
<i>betamethasone dipropionate augmented OINT</i>	NP		CLOBEX SHAM (Use <i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate CREA</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>betamethasone valerate FOAM</i>	NP		CLODERM (Use <i>clocortolone pivalate</i>)	NF	
<i>betamethasone valerate LOTN</i>	NP		DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>betamethasone valerate OINT</i>	NP		DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		<i>desonide CREA</i>	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desonide LOTN</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	NP		<i>desonide OINT</i>	NP	
			<i>desoximetasone CREA</i>	NP	
			<i>desoximetasone GEL</i>	NP	
			<i>desoximetasone LIQD</i>	NP	
			<i>desoximetasone OINT</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail; 60 per fill mail)	HALOBETASOL PROPIONATE LOTN 0.05 %	NP	
<i>diflorasone diacetate CREA</i>	NP	QL(30 GM per fill retail; 30 per fill mail)	<i>halobetasol propionate OINT</i>	P	
<i>diflorasone diacetate OINT</i>	NP		HALOG CREA (Use <i>halcinonide</i>)	NP	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NP		HALOG CREA (Use <i>halcinonide</i>)	NF	
ENSTILAR FOAM	NP		HALOG SOLN 0.1 % (Use <i>halcinonide</i>)	NP	
EPIFOAM FOAM	P		<i>hydrocortisone (topical) CREA</i>	P	RX/OTC
<i>fluocinolone acetonide CREA</i>	NP		<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>fluocinolone acetonide OIL</i>	NP		<i>hydrocortisone (topical) LOTN 2.5 %</i>	NP	
<i>fluocinolone acetonide OINT</i>	NP		<i>hydrocortisone (topical) OINT</i>	P	
<i>fluocinolone acetonide SOLN</i>	P		<i>hydrocortisone (topical) OINT</i>	P	RX/OTC
<i>fluocinonide emulsified base</i>	NP		<i>hydrocortisone acetate (topical) OINT</i>	P	
<i>fluocinonide CREA</i>	P		HYDROCORTISONE ACETATE CREA	P	
<i>fluocinonide GEL</i>	NP		<i>hydrocortisone butyrate CREA</i>	NP	
<i>fluocinonide OINT</i>	P		<i>hydrocortisone butyrate OINT</i>	NP	
<i>fluocinonide SOLN</i>	P		<i>hydrocortisone butyrate SOLN</i>	NP	
<i>flurandrenolide LOTN</i>	NP		HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>fluticasone propionate CREA 0.05 %</i>	P		<i>hydrocortisone valerate CREA</i>	P	
<i>fluticasone propionate LOTN</i>	NP		<i>hydrocortisone valerate OINT</i>	NP	
<i>fluticasone propionate OINT</i>	P		LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NF	
<i>halcinonide CREA</i>	NP		LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NP	
<i>halcinonide SOLN 0.1 %</i>	NP				
<i>halobetasol propionate CREA</i>	P				
<i>halobetasol propionate FOAM</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate CREA</i>	P	
<i>mometasone furoate OINT</i>	P	
<i>mometasone furoate SOLN</i>	P	
PANDEL	NP	
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP	
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP	
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	P	
TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NP	
TOPICORT CREA (<i>Use desoximetasone</i>)	NP	
TOPICORT GEL (<i>Use desoximetasone</i>)	NP	
TOPICORT OINT (<i>Use desoximetasone</i>)	NP	
TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>triamcinolone acetonide (topical) LOTN</i>	P	
<i>triamcinolone acetonide (topical) OINT</i>	P	
ULTRAVATE LOTN	NP	
ULTRAVATE LOTN	NP	
VANOS CREA (<i>Use fluocinonide</i>)	NF	
Diaper Rash Products		
<i>diaper rash products OINT</i>	P	
Eczema Agents		

Drug Name	Drug Tier	Requirements/Limits
ADBRY SOAJ	PA	AL(At least 18 yrs old); SP; PA
ADBRY SOSY	PA	AL(At least 12 yrs old); SP; PA
ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); SP
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); SP; PA
EBGLYSS SOSY	NP	AL(At least 12 yrs old); SP
OPZELURA	NP	
Emollient/Keratolytic Agents		
GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
<i>urea CREA 40 %</i>	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
<i>urea LOTN 40 %</i>	P	QL(240 GM per fill retail; 240 per fill mail)
UREDEB CREA 39 % (<i>Use urea</i>)	NF	
UREMEZ-40 CREA 40 % (<i>Use urea</i>)	NF	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
Emollients		
<i>emollient OINT</i>	P	
EUCERIN INTENSIVE REPAIR OINT	P	

Drug Name	Drug Tier	Requirements/Limits
GOLD BOND ULTIMATE HEALING OINT	P	
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	AL(At least 18 yrs old); SP
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
Immunosuppressive Agents - Topical		
<i>ELIDEL (Use pimecrolimus)</i>	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)
<i>pimecrolimus</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
RAYASAL CREA	NP	
Liniments		
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)
<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NP	QL(4 EA daily)
Local Anesthetics - Topical		
<i>AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)</i>	NF	
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)
<i>capsaicin CREA 0.075 %</i>	P	QL(57 GM per fill retail; 57 per fill mail)
<i>capsaicin CREA 0.025 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>capsaicin CREA 0.1 %</i>	P	QL(127.5 GM per fill retail; 127.5 per fill mail)
<i>capsaicin PTCH</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>capsaicin PTCH</i>	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>CAPZASIN-HP CREA (Use capsaicin)</i>	NF	QL(127.5 GM per fill retail; 127.5 per fill mail)
<i>CAPZASIN-P CREA 0.035 % (Use capsaicin)</i>	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLLAVERA GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)
<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)
LIDO BDK KIT 2.5 %-2.5 % (Use <i>lidocaine-prilocaine</i>)	NF		<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC	<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)	<i>lidocaine-menthol PTCH 4 %-4 %</i>	NP	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
<i>lidocaine hcl CREA 4 %</i>	NP	QL(30 GM per fill retail; 30 per fill mail)	<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC	<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)
<i>lidocaine hcl CREA 4 %</i>	NP	QL(60 GM per fill retail; 60 per fill mail)	<i>lidocaine OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>lidocaine hcl GEL 2 %</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>lidocaine-prilocaine CREA</i>	P	
<i>lidocaine hcl LIQD</i>	NP		<i>lidocaine-prilocaine KIT</i>	P	
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)	<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)	<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)	LIDODERM PTCH (Use <i>lidocaine</i>)	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)		
LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC		SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC	
LIDOPIN CREA 3 % (<i>Use lidocaine hcl</i>)	NF	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC			ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIVIXIL PAK KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF				Misc. Topical		
PLIAGLIS CREA	NP		CERAVE THERAPEUTIC HAND CREAM CREA	P			
PREMIUM LIDOCAINE OINT 5 % (<i>Use lidocaine</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)	<i>dimethicone (topical) CREA 1 %</i>	P			
PRILOVIX PLUS KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF		<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)		
PRILOVIX KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF		Phosphodiesterase 4 (PDE4) Inhibitors - Topical				
PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	EUCRISA	PA	PA		
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)	ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)		
QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)	ZORYVE CREA EX 0.3 %	NP			
			ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)		
			ZORYVE FOAM EX	NP			
			Protectives Against UV Radiation				
			AVEENO PROTECT+HYDRATE SPF60 LOTN	P			
			CETAPHIL DAILY FACIAL SPF 50 LOTN	P			
			COPPERTONE BABY PURE & SIMPLE LOTN	P			
			COPPERTONE COMPLETE SPF30 LOTN	P			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPPERTONE GLOW PROTECT & TAN LOTN	P		METROCREAM CREA (Use metronidazole (topical))	NF	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE GLOW SHIMMER SPF15 LOTN	P		metronidazole (topical) CREA	P	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE GLOW SHIMMER SPF30 LOTN	P		metronidazole (topical) GEL 0.75 %	P	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE GLOW SHIMMER SPF50 LOTN	P		metronidazole (topical) LOTN	P	
COPPERTONE KIDS PURE & SIMPLE LOTN	P		Scabicides & Pediculicides		
COPPERTONE LIMITED EDITION LOTN	P		ELIMITE CREA (Use permethrin)	NP	
COPPERTONE OIL FREE FACE SPF30 LOTN	P		ivermectin (pediculicide)	NP	
COPPERTONE OIL FREE FACE SPF50 LOTN	P		malathion	NP	
COPPERTONE PURE & SIMPLE FACE LOTN	P		NATROBA (Use spinosad)	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P		OVIDE (Use malathion)	NP	
COPPERTONE SPORT CLEAR LOTN	P		permethrin CREA	P	
COPPERTONE TANNING SPF 8 LOTN	P		PERMETHRIN CREA 5 % (Use permethrin)	P	
COPPERTONE TANNING SPF15 LOTN	P		permethrin LIQD EX	P	
COPPERTONE ULTRAGUARD SPF70+ LOTN	P		pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
COPPERTONE WATERBABIES SPF50 LOTN	P		pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	NP	
EUCERIN REDNESS RELIEF DAY LOTN	P		pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
KERI AGE DEFY & PROTECT LOTN	P		spinosad	NP	
SPORT SUNSCREEN SPF50 LOTN	P		STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
sunscreens LOTN	P		VANALICE GEL	NP	
WATER BABIES SPF50 LOTN (Use sunscreens)	NF		Tar Products		
Rosacea Agents			coal tar extract SHAM 0.5 %	P	
			Wound Care Products		

Drug Name	Drug Tier	Requirements/Limits
FILSUVEZ	PA	QL(23.4 GM daily); PA
VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE REDI-CODE+ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX AMP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX JAZZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX PRESTO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARETOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE TITANIUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE TALK SYSTEM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CVS TRUE METRIX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DIATRUE PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY STEP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK PLUS II TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CVS KETONE CARE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	EASY TOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TRAK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TRAK II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYGLUCO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX 15 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EQ BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVOLUTION AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA 6 CONNECT/GTEL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA D40/G31 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TEST N'GO ADV-VOICE-6 CON	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA G20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TN'G ADVANCE PRO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA TN'G/TN'G VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORACARE TEST N GO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE INSULINX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE LITE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE PRECISION NEO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE GD40 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GE100 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GHT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUETRACK TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD VITAL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOSE METER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	HW EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MM EASY TOUCH GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MYGLUCOHEALTH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
INFINITY BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	NEUTEK 2TEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NOVA MAX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETOSTIX STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MICRODOT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	POGO AUTOMATIC TEST CARTRIDGES TEST	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
ONETOUCH ULTRA STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRECISION XTRA BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRECISION XTRA KETONE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
OPTIUMEZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V8/V9 GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY NO CODING BLOOD GLUC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET AC BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION ULTIMA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PREMIER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PRIME TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GT333 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SMARTEST BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETEST TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETRACK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT

Drug Name	Drug Tier	Requirements/Limits
PRODUCTS		
Dietary Management Products		
ELFOLATE TABS	P	
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
L-METHYLFOLATE TABS	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PERTZYE CPEP	NP	
VIKACE TABS	NP	
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	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>MAXZIDE TABS (Use triamterene & hydrochlorothiazide)</i>	NF	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily)	ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NP	
<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 EA daily)	<i>alendronate sodium SOLN</i>	NP	
Loop Diuretics			<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
<i>bumetanide TABS</i>	P		AELVIA TBEC (<i>Use risedronate sodium</i>)	NP	
BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	NF		AUKELSO SOLN SC 120 MG/1.7ML	PA	SP; PA
<i>furosemide SOLN IJ 10 MG/ML</i>	P		BILDYOS SOSY SC 60 MG/ML	PA	SP; PA
FUROSEMIDE SOLN IJ	P		BILPREVDA SOLN SC 120 MG/1.7ML	PA	SP; PA
<i>furosemide TABS</i>	P		BINOSTO TBEF	NP	
LASIX TABS (<i>Use furosemide</i>)	NF		BOMYNTRA SOLN SC 120 MG/1.7ML	PA	SP; PA
SOANZ TABS 20 MG	P	QL(1 EA daily)	BOMYNTRA SOSY SC 120 MG/1.7ML	PA	SP; PA
<i>toremide TABS</i>	P	QL(1 EA daily)	BONSITY SOPN 560 MCG/2.24ML	PA	PA
Potassium Sparing Diuretics			BOSAYA SOSY SC 60 MG/ML	PA	SP; PA
ALDACTONE TABS (<i>Use spironolactone</i>)	NF		<i>calcitonin (salmon) IJ</i>	NP	
<i>amiloride hcl TABS</i>	P	QL(4 EA daily)	<i>calcitonin (salmon) NA</i>	P	
<i>spironolactone TABS</i>	P		CONEXXENCE SOSY SC 60 MG/ML	PA	SP; PA
Thiazides and Thiazide-Like Diuretics			ENOBY SOSY SC 60 MG/ML	PA	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	P		EVENTY	PA	SP; PA
<i>hydrochlorothiazide CAPS</i>	P		FORTEO SOPN (<i>Use teriparatide</i>)	PA	PA
<i>hydrochlorothiazide TABS</i>	P		FOSAMAX PLUS D	NP	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P		FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	
<i>metolazone</i>	P		<i>ibandronate sodium SOLN</i>	NP	SP
ENDOCRINE AND METABOLIC AGENTS - MISC.			<i>ibandronate sodium TABS</i>	P	
- Drugs to Treat Bone Disease and Regulate Hormones			JUBBONTI SOSY SC 60 MG/ML	PA	SP; PA
Bone Density Regulators					
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP		SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
OSENVELT SOLN SC 120 MG/1.7ML	PA	SP; PA	SKYTROFA	NP	SP
PROLIA SOSY	PA	SP; PA	SOGROYA	NP	SP
<i>risedronate sodium TABS</i>	P		ZOMACTON SOLR SC	NP	SP
<i>risedronate sodium TBEC</i>	NP		Hormone Receptor Modulators		
STOBOCLO SOSY SC 60 MG/ML	PA	SP; PA	EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 EA daily)
<i>teriparatide SOPN</i>	PA	PA	<i>raloxifene hcl</i>	P	QL(1 EA daily)
TERIPARATIDE SOPN	PA	PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
TYMLOS	PA	SP; PA	FENSOLVI (6 MONTH) SC	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
WYOST SOLN SC 120 MG/1.7ML	PA	SP; PA	LUPRON DEPOT-PED (1-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA
XGEVA SOLN	PA	SP; PA	LUPRON DEPOT-PED (3-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA
XTRENBO SOLN SC 120 MG/1.7ML	PA	SP; PA	LUPRON DEPOT-PED (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
GnRH/LHRH Antagonists			SUPPRELIN LA	PA	SP; PA
ORLISSA	PA	SP; PA	SYNAREL	PA	SP; PA
Growth Hormone Receptor Antagonists			TRIPTODUR	PA	SP; PA
SOMAVERT	NP	AL(At least 18 yrs old); SP			
Growth Hormones					
GENOTROPIN MINIQUICK PRSY	PA	SP; PA			
GENOTROPIN CART SC	PA	SP; PA			
HUMATROPE CART IJ	NP	SP			
NGENLA	NP	AL(At least 3 yrs old); SP			
NORDITROPIN FLEXPRO SOPN	PA	SP; PA			
NUTROPIN AQ NUSPIN 10 SOPN	PA	SP; PA			
NUTROPIN AQ NUSPIN 20 SOPN	PA	SP; PA			
NUTROPIN AQ NUSPIN 5 SOPN	PA	SP; PA			
OMNITROPE SOCT	NP	SP			
OMNITROPE SOLR SC	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Menopausal Symptoms Suppressants			YORVIPATH 420 MCG/1.4ML		
LYNKUET CAPS PO 60 MG	PA	QL(2 EA daily); PA		PA	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
VEOZAH	PA	QL(1 EA daily); PA	YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
Metabolic Modifiers			Natriuretic Peptides		
BRINEURA	PA	AL(At least 3 yrs old); SP; PA	VOXZOGO	PA	AL(Up to 17 yrs old); SP; PA
<i>calcitriol CAPS</i>	P		Posterior Pituitary Hormones		
CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers))	NF	QL(30 ML daily)	DDAVP PF SOLN IJ (Use desmopressin acetate)	NF	SP; PA
CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NF	QL(30 ML daily)	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	SP; PA
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NF	QL(3 EA daily)	DDAVP TABS (Use desmopressin acetate)	NF	QL(3 EA daily)
ELFABRIO	PA	AL(At least 18 yrs old); SP; PA	<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail; 5 per fill mail); PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA	<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)	<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)	<i>desmopressin acetate TABS</i>	P	QL(3 EA daily)
RAYALDEE	PA	AL(At least 18 yrs old); PA	Somatostatic Agents		
ROCALTROL CAPS (Use <i>calcitriol</i>)	NF		<i>octreotide acetate KIT</i>	P	SP; PA
STRENSIQ	PA	SP; PA	SANDOSTATIN LAR DEPOT KIT (Use <i>octreotide acetate</i>)	NF	SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA	Vasopressin Receptor Antagonists		
XPHOZAH	NP	SP	JYNARQUE TBPK 15 MG (Use <i>tolvaptan</i>)	NF	SP; PA
YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA	<i>tolvaptan TBPK 15 MG</i>	P	SP; PA
			ESTROGENS - Hormone Replacement/Modifying Drugs		
			Estrogen Combinations		

Drug Name	Drug Tier	Requirements/Limits
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NF	QL(1 EA daily)
COMBIPATCH PTTW	P	QL(0.29 EA daily)
estradiol & norethindrone acetate TABS	P	QL(1 EA daily)
MYFEMBREE	PA	PA
norethindrone acetate-ethinyl estradiol	P	
ORIAHNN	PA	MP; PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NF	QL(0.143 EA daily)
ESTRACE TABS (Use estradiol)	NF	
estradiol PTTW	P	QL(0.29 EA daily)
estradiol PTWK	P	QL(0.143 EA daily)
estradiol TABS	P	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 EA daily)
MINIVELLE PTTW (Use estradiol)	NF	QL(0.29 EA daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (Use estradiol)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits
Infections		
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NP	
levofloxacin SOLN PO	PA	PA
levofloxacin TABS	PA	PA
moxifloxacin hcl TABS	PA	PA
ofloxacin 300 MG, 400 MG	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (Use prucalopride succinate)	NP	
prucalopride succinate	NP	
Antiflatulents		
simethicone CHEW 80 MG	P	
simethicone SUSP	P	QL(30 ML per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	PA	SP; PA
CTEXLI TABS PO 250 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Gallstone Solubilizing Agents			AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NP	
<i>chenodiol</i>	PA	AL(At least 18 yrs old); SP; PA	AZULFIDINE TABS (Use sulfasalazine)	NP	
URSO 250 TABS (Use <i>ursodiol</i>)	NF	QL(7 EA daily)	<i>balsalazide disodium CAPS</i>	NP	
<i>ursodiol CAPS</i>	P	QL(3 EA daily)	CANASA SUPP (Use <i>mesalamine</i>)	NP	
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	SP; PA
Gastrointestinal Chloride Channel Activators			CIMZIA (2 SYRINGE) PSKT	PA	SP; PA
AMITIZA (Use <i>lubiprostone</i>)	NP	QL(2 EA daily)	CIMZIA KIT	PA	SP; PA
<i>lubiprostone</i>	PA	QL(2 EA daily); PA	CIMZIA-STARTER PSKT	PA	SP; PA
Gastrointestinal Stimulants			COLAZAL CAPS (Use <i>balsalazide disodium</i>)	NF	
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); SP; PA	DELZICOL CPDR (Use <i>mesalamine</i>)	NF	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		DIPENTUM	NP	
<i>metoclopramide hcl TABS</i>	P		ENTYVIO PEN SOAJ	NP	SP
REGLAN TABS (Use <i>metoclopramide hcl</i>)	NF		ENTYVIO SOLR	NP	SP
Hepatotropics			IMULDOSA SOLN IV 130 MG/26ML	NP	SP
REZDIFFRA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	INFLECTRA SOLR	PA	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors			INFLIXIMAB	PA	SP; PA
BYLVAY (PELLETS) CPSP	PA	SP; PA	LIALDA TBEC (Use <i>mesalamine</i>)	NP	
BYLVAY CAPS	PA	SP; PA	LIALDA TBEC (Use <i>mesalamine</i>)	NF	
LIVMARLI	PA	SP; PA	<i>mesalamine w/ cleanser</i>	NP	
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	PA	SP; PA	<i>mesalamine CP24</i>	P	
Inflammatory Bowel Agents			<i>mesalamine CPCR</i>	NP	
APRISO CP24 (Use <i>mesalamine</i>)	NF		<i>mesalamine CPDR</i>	NP	
AVSOLA	PA	SP; PA	<i>mesalamine ENEM</i>	NP	
			<i>mesalamine SUPP</i>	P	
			<i>mesalamine TBEC 800 MG</i>	NP	
			<i>mesalamine TBEC 1.2 GM</i>	P	

Drug Name	Drug Tier	Requirements/Limits
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOLN	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR	NP	
PENTASA CPCR (Use mesalamine)	NP	
REMICADE	NP	SP
RENFLEXIS	PA	SP; PA
ROWASA (Use mesalamine w/ cleanser)	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP
SKYRIZI SOLN	NP	SP
STARJEMZA SOLN IV 130 MG/26ML	NP	SP
STELARA 130 MG/26ML	NP	SP
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP
TREMFYA SOLN IV	NP	SP
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPIITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	AL(At least 18 yrs old); SP
ZYMFENTRA (2 PEN) AJKT	NP	AL(At least 18 yrs old); SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	AL(At least 18 yrs old); SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl</i>	NP	QL(2 EA daily)
<i>alosectron hcl</i>	PA	QL(2 EA daily); PA
IBSRELA	NP	
LINZESS	PA	QL(1 EA daily); PA
LOTRONEX (Use <i>alosectron hcl</i>)	PA	QL(2 EA daily); PA
VIBERZI	PA	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	PA	QL(1 EA daily); PA
SYMPROIC	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Phosphate Binder Agents		
AURYXIA 210 MG (Use <i>ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>ferric citrate</i>	NP	
FOSRENOL CHEW (Use <i>lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NP	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate</i> PACK	P	
<i>sevelamer carbonate</i> TABS	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	P	
<i>potassium citrate (alkalinizer)</i> TBCR	P	
<i>sodium citrate & citric acid</i>	P	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Genitourinary Irrigants		
ARGYLE STERILE SALINE 0.9 % (<i>Use sodium chloride (gu irrigant)</i>)	NF	
CURITY STERILE SALINE 0.9 % (<i>Use sodium chloride (gu irrigant)</i>)	NF	
<i>sodium chloride (gu irrigant)</i> 0.9 %	P	
Hyperoxaluria Agents		
OXLUMO	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA SOLN	PA	AL(At least 9 yrs old); SP; PA
RIVFLOZA SOSY	PA	AL(At least 9 yrs old); SP; PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	NP	SP; MP
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
AVODART (<i>Use dutasteride</i>)	NF	
CARDURA XL	NP	MP
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	
<i>finasteride</i>	P	
JALYN (<i>Use dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR (<i>Use finasteride</i>)	NP	
RAPAFLO (<i>Use silodosin</i>)	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	
UROXATRAL (<i>Use alfuzosin hcl</i>)	NF	
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 95 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol</i> 200 MG	NP	
<i>allopurinol</i> 100 MG, 300 MG	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>colchicine CAPS</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)	FEIBA	PA	SP; PA
<i>colchicine TABS</i>	PA	PA	FIBRYGA	P	SP
<i>febuxostat</i>	P		HEMGENIX	PA	AL(At least 18 yrs old); SP; PA
GLOPERBA SOLN PO	NP		HEMLIBRA	PA	SP; PA
MITIGARE CAPS (<i>Use colchicine</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	SP; PA
ULORIC (<i>Use febuxostat</i>)	NP		HUMATE-P SOLR	PA	SP; PA
Uricosurics			HYMPAVZI	PA	SP; PA
<i>probenecid</i>	P		IDELVION	PA	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	PA	SP; PA
Antihemophilic Products			JIVI	PA	SP; PA
ADVATE	PA	SP; PA	KCENTRA	PA	SP; PA
ADYNOVATE	PA	SP; PA	KOATE-DVI SOLR 1000 UNIT	PA	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	PA	SP; PA	KOATE SOLR	PA	SP; PA
ALHEMO	PA	AL(At least 12 yrs old); SP; PA	KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	SP; PA
ALPHANATE SOLR	PA	SP; PA	KOVALTRY	PA	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	PA	SP; PA	NOVOEIGHT	PA	SP; PA
ALPROLIX	PA	SP; PA	NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	SP; PA	NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	SP; PA
BENEFIX KIT	PA	SP; PA	NUWIQ KIT	PA	SP; PA
BEQVEZ	PA	AL(At least 18 yrs old); SP; PA	NUWIQ SOLR	PA	SP; PA
COAGADEX	PA	SP; PA	OBIZUR	PA	SP; PA
CORIFACT	PA	SP; PA	PROFILNINE	PA	SP; PA
ELOCTATE	PA	SP; PA	QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); SP; PA
ESPEROCT	PA	SP; PA	QFITLIA SOLN SC 20 MG/0.2ML	PA	AL(At least 12 yrs old); SP; PA
			REBINYN	PA	SP; PA
			RECOMBINATE SOLR	PA	SP; PA
			RIASTAP	P	SP

Drug Name	Drug Tier	Requirements/Limits
RIXUBIS SOLR	PA	SP; PA
ROCTAVIAN	PA	AL(At least 18 yrs old); SP; PA
SEVENFACT	PA	SP; PA
TRETTEN	PA	SP; PA
VONVENDI	PA	SP; PA
WILATE KIT	PA	SP; PA
XYNTHA	PA	SP; PA
XYNTHA SOLOFUSE	PA	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	PA	SP; PA
<i>icatibant acetate SOSY</i>	PA	SP; PA
Complement Inhibitors		
BERINERT KIT	PA	SP; PA
CINRYZE SOLR IV	PA	SP; PA
HAEGARDA SOLR SC	PA	SP; PA
RUCONEST	PA	SP; PA
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TBPk	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	PA	SP; PA
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	PA	SP; PA
KALBITOR	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	PA	SP; PA
ORLADEYO	PA	SP; PA
TAKHZYRO SOLN	PA	SP; PA
TAKHZYRO SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	PA	QL(2 EA daily); PA
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	NP	QL(2 EA daily)
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	PA	SP; PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPk	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Agents for Gaucher Disease			ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA
CERDELGA	P	SP; PA			
CEREZYME 400 UNIT	P	SP; PA			
<i>miglustat</i>	P	SP; PA			
VPRIV	P	SP; PA			
ZAVESCA (<i>Use miglustat</i>)	NF	SP; PA	ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); SP; PA
Agents for Sickle Cell Disease					
CASGEVY	PA	AL(At least 12 yrs old); SP; PA	ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA
DROXIA CAPS	P				
LYFGENIA	PA	AL(At least 12 yrs old); SP; PA	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
Cobalamins					
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P		ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA
Folic Acid/Folates					
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA
<i>folic acid TABS 1 MG</i>	P	RX/OTC			
Hematopoietic Gene Therapy			ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	PA	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); SP; PA
ZYNTEGLO	PA	AL(At least 4 yrs old); SP; PA			
Hematopoietic Growth Factors			ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA	EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP
			EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP	PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail); SP
EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP	PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
FULPHILA	NP	SP	PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP
FYLNETRA	NP	SP	PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP
GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP	PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP
GRANIX SOSY	NP	QL(0.8 ML daily); SP	REBLOZYL	NP	AL(At least 18 yrs old); SP
LEUKINE SOLR IJ	NP	SP	RELEUKO SOSY	NP	SP
MIRCERA	NP	SP	RETACRIT	PA	SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	ROLVEDON	NP	SP
NEULASTA SOLN SC 4 MG/0.4ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	STIMUFEND	NP	SP
NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA	UDENYCA ONBODY SOSY	NP	SP
NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA	UDENYCA SOAJ	NP	SP
NIVESTYM SOLN	NP	SP	UDENYCA SOSY	NP	SP
NIVESTYM SOSY	NP	SP	VAFSEO 150 MG	NP	QL(4 EA daily); SP
NYPOZI	NP	SP	VAFSEO 300 MG	NP	QL(2 EA daily); SP
NYVEPRIA	PA	SP; PA	ZARXIO	NP	QL(8.5 ML daily); SP
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	ZIEXTENZO	NP	SP
			Hematopoietic Mixtures		

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FERRETT'S TABS	P	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	P	
<i>ferrous gluconate TABS</i>	P	
<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
<i>ferrous sulfate dried TBCR</i>	P	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	P	
<i>ferrous sulfate TBEC</i>	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>iron sucrose 20 MG/ML</i>	P	
<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
VENOFER 20 MG/ML (Use iron sucrose)	NF	
Stem Cell Mobilizers		
MOZOBIL (Use plerixafor)	NF	SP; PA
<i>plerixafor</i>	P	SP; PA
XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP
<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	P	
<i>diphenhydramine hcl (sleep) LIQD</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	
<i>doxylamine succinate (sleep)</i>	P	
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM	P	
<i>phenobarbital sodium SOLN</i>	P	
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
SILENOR (Use <i>doxepin hcl (sleep)</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>zaleplon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)
DORAL (<i>Use quazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>zolpidem tartrate TABS</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>estazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>zolpidem tartrate TBCR</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>eszopiclone</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	Orexin Receptor Antagonists		
<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)
HALCION 0.25 MG (<i>Use triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	DAYVIGO	NP	AL(At least 18 yrs old)
HALCION 0.25 MG (<i>Use triazolam</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)	QUVIVIQ	NP	AL(At least 18 yrs old)
LUNESTA (<i>Use eszopiclone</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)	Selective Melatonin Receptor Agonists		
<i>midazolam hcl SOLN IJ</i>	P		HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP
MIDAZOLAM HCL SOLN IJ	P		HETLIOZ CAPS (<i>Use tasimelton</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>midazolam hcl SYRP</i>	P		<i>ramelteon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	ROZEREM (<i>Use ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL (<i>Use temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>tasimelton CAPS</i>	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	LAXATIVES - Bowel Treatment Drugs		
<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	Bulk Laxatives		
<i>triazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)
			KONSYL DAILY FIBER PACK 100 %	P	
			<i>psyllium CAPS 0.52 GM</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>	P	
SB FIB LAX ORANGE POWD 30 %, 33 %	P	
Electrolyte-based Osmotic Laxatives		
FLEET ENEMA PR (<i>Use sodium phosphate monobasic-sodium phosphate dibasic</i>)	NF	
<i>magnesium citrate 1.745 GM/30ML</i>	P	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)
MILK OF MAGNESIA CONCENTRATE SUSP	P	
<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P	
Laxative Combinations		
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ML per fill retail; 4000 per fill mail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT (<i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NF	
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P	
<i>lactulose SOLN</i>	P	
MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NF	QL(34 EA daily)
PEDIA-LAX SUPP	P	
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
SORBITOL PO 70 %	P	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	QL(1 EA daily)
<i>senna SYRP 176 MG/5ML</i>	P	
<i>sennosides LIQD</i>	P	
<i>sennosides SYRP</i>	P	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P	
Surfactant Laxatives		
<i>docusate calcium</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
DOCUSATE SODIUM SYRP	P	
<i>docusate sodium TABS</i>	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin</i> PACK	P		DIFICID TABS 200 MG (Use <i>fidaxomicin</i>)	NP	
<i>azithromycin</i> SUSR	P		<i>fidaxomicin</i> TABS 200 MG	NP	
<i>azithromycin</i> TABS	P		MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP		Bandages-Dressings-Tape		
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP		ADHESIVE/LARGE/3"X4" PADS	P	
ZITHROMAX SUSR (Use <i>azithromycin</i>)	NP		ADHESIVE/MEDIUM/2"X3" PADS	P	
ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i>)	NP		AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC
Clarithromycin			AMD FOAM DRESSING PADS	P	RX/OTC
<i>clarithromycin</i> SUSR	P		BAND-AID ALL-IN-ONE GAUZE LG PADS	P	
<i>clarithromycin</i> TABS	P		BAND-AID GAUZE LARGE PADS	P	RX/OTC
<i>clarithromycin</i> TB24	P		BAND-AID GAUZE MEDIUM PADS	P	
Erythromycins			BAND-AID GAUZE SMALL PADS	P	
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP		BAND-AID HURT-FREE NON-STICK PADS	P	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP		BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP		COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
<i>erythromycin</i> base CPEP	P		COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC
<i>erythromycin</i> base TABS	P		COVRSITE COVER DRESSING PADS	P	RX/OTC
<i>erythromycin</i> base TBEC	NP		COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC
<i>erythromycin</i> base TBEC	P		CURITY ALL PURPOSE SPONGES PADS	P	
<i>erythromycin ethylsuccinate</i> SUSR	P		CURITY AMD ANTIMICROBIAL SPNGE PADS	P	
<i>erythromycin ethylsuccinate</i> TABS	P		CURITY COVER SPONGE PADS	P	
<i>erythromycin ethylsuccinate</i> TABS	NP				
<i>erythromycin stearate</i> TABS 250 MG	P				
Fidaxomicin					
DIFICID SUSR	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY DRESSING SPONGES PADS	P	RX/OTC	EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC	EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC
CURITY GAUZE PADS	P		EXCILON DRAIN SPONGES PADS	P	RX/OTC
CURITY NON-ADHERENT STRIPS PADS	P		EXCILON IV SPONGES PADS	P	
CURITY SPONGES PADS	P		FT ADHESIVE PADS/SHEER PADS	P	
CVS ADHESIVE PAD 4"X4" PADS	P		GAUZE DRESSING PADS	P	RX/OTC
CVS ADHESIVE PAD 6"X6" PADS	P		GAUZE PADS PADS	P	
CVS ADHESIVE PADS 2.25"X3" PADS	P		GAUZE TYPE VII MEDI-PAK PADS	P	
CVS ANTIBACTERIAL GAUZE PADS	P		GNP SHEER ADHESIVE PADS	P	
CVS GAUZE PAD STERILE PADS	P	RX/OTC	GNP STERILE GAUZE PADS	P	
CVS GAUZE STERILE PADS	P	RX/OTC	GNP WATERPROOF ADHESIVE 4"X4" PADS	P	
CVS GAUZE PADS	P		HM ADHESIVE ANTIBACTERIAL PADS	P	
DERMACEA DRAIN SPONGES PADS	P	RX/OTC	HM STERILE PADS PADS	P	
DERMACEA GAUZE SPONGE PADS	P		J & J ADHESIVE LARGE PADS	P	
DERMACEA IV DRAIN SPONGES PADS	P		J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC
DERMACEA IV SPONGES PADS	P		J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC
DERMACEA NON-WOVEN SPONGES PADS	P		J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE PADS	P		J & J GAUZE PADS	P	
DERMACEA X-RAY SPONGES PADS	P	RX/OTC	J & J NON-STICK LARGE PADS	P	
DRYMAX EXTRA PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAM DRESS PADS	P	
EQ GAUZE PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAM PLUS PADS	P	
EQL GAUZE STERILE PADS	P		KERLIX SPONGES PADS	P	RX/OTC
EQL GAUZE PADS	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MIRASORB SPONGES MISC	P		SURGICAL GAUZE SPONGE PADS	P	
MOLESKIN FOAM PADS	P		THERAGAUZE PADS	P	
NEXCARE ABSOLUTE WATERPROOF PADS	P		TOPPER DRESSING SPONGES MISC	P	RX/OTC
NU GAUZE 4PLY PADS	P	RX/OTC	Contraceptives		
NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC	AIMSCO LUBRICATED MISC	P	
OIL EMULSIONS DRESSING/NON-ADH PADS	P		CAYA DPRH	P	
POLYMEM FILM DOT PADS	P		DUREX EXTRA SENSITIVE THIN DEVI	P	
POLYMEM NON-ADHESIVE PADS	P	RX/OTC	DUREX EXTRA SENSITIVE THIN MISC	P	
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC	DUREX TROPICAL MISC	P	
QC BORDER ISLAND GAUZE PADS	P		FANTASY LUBRICATED/SPERMICI DE MISC	P	
QC STERILE PADS PADS	P		FANTASY LUBRICATED MISC	P	
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC	FC2 FEMALE CONDOM	P	
RESTORE CONTACT LAYER PADS	P		FEMCAP DEVI	P	
RESTORE FOAM DRESSING PADS	P	RX/OTC	KAMELEON LUBRICATED MISC	P	
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC	KIMONO COLORS DEVI	P	
RESTORE TRIO ABSORBENT DRESS PADS	P		KIMONO MAXX-LARGE FLARE MISC	P	
SILIGENTLE FOAM DRESSING PADS	P		KIMONO MICRO THIN PLUS MISC	P	
SM ADHESIVE PADS 2"X3" PADS	P		KIMONO PLUS MISC	P	
SM STERILE PADS	P	RX/OTC	KIMONO PS PLUS MISC	P	
SOF-WICK PADS	P	RX/OTC	KIMONO PS MISC	P	
STERILE GAUZE PADS	P		KIMONO SENSATION PLUS MISC	P	
STERILE PADS	P		KIMONO SENSATION MISC	P	
			KIMONO SPECIAL DEVI	P	
			KIMONO MISC	P	
			MAXX PLUS MISC	P	
			MAXX MISC	P	
			OMNIFLEX DIAPHRAGM	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX CONDOMS MISC	P		TRUSTEX RIA LUBRICATED MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	
REALITY LATEX/ULTRA THIN DEVI	P		WIDE-SEAL DIAPHRAGM 60	P	
TROJAN BARESKIN DEVI	P		WIDE-SEAL DIAPHRAGM 65	P	
TROJAN MAGNUM MISC	P		WIDE-SEAL DIAPHRAGM 70	P	
TROJAN ULTRA THIN/SPERMICIDAL MISC	P		WIDE-SEAL DIAPHRAGM 75	P	
TROJAN ULTRA THIN MISC	P		WIDE-SEAL DIAPHRAGM 80	P	
TROJAN-ENZ LUBRICATED MISC	P		WIDE-SEAL DIAPHRAGM 85	P	
TROJAN-ENZ/SPERMICIDAL MISC	P		WIDE-SEAL DIAPHRAGM 90	P	
TRUE COVER DEVI	P		WIDE-SEAL DIAPHRAGM 95	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P		Diabetic Supplies		
TRUSTEX LUB/RIBBED/STUDDED MISC	P		ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	P		ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUSTEX LUB/SPERMICIDE XL MISC	P		ACCU-CHEK FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUSTEX LUBRICATED EX LARGE MISC	P		ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUSTEX LUBRICATED EXTRA ST MISC	P		ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	P				
TRUSTEX LUBRICATED MISC	P				
TRUSTEX NATURAL CONDOMS + LUBE MISC	P				
TRUSTEX RIA LUB/SPERMICIDE MISC	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ACTI-LANCE UNIVERSAL 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ADVANCED MOBILE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	ADVANTAGE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACTI-LANCE LITE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AQUALANCE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
AGAMATRIX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ASSURE LANCE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ASSURE LANCE LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE PLUS SAFETY 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ASSURE LANCE PLUS SAFETY 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BIOTEL CARE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE PLATINUM METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
AUTO-LANCET MINI MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CAREONE LANCET SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARETOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS N FELIZ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S FIT BLOOD GLUC MON DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST MC LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
CARETOUCH MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CLEVER CHOICE COMFORT EZ	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CHOSEN SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CLEVER CHOICE LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE VOICE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CLEVER CHOICE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHEK AUTO-CODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CLEVER CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHEK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CLEVER CHOICE TALK SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	COAGUCHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSURED LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT ONE KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPLET LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DEXCOM G6 TRANSMITTER	PA	MP; PA	DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DRUG MART UNILET LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			EASY TOUCH LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			EASY TOUCH LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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EASY TOUCH LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			EASY TRAK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	ELEMENT CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ELEMENT PLUS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX NG BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE WAVE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EMBRACE PRESSURE ACTIVATED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVERSENSE 365 SMART TRANSMIT	NP	MP
EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EVERSENSE E3 SMART TRANSMITTER	NP	MP
EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EXTENDED INFUSION SET 23"/6MM MISC	NP	MP
			EXTENDED INFUSION SET 23"/9MM MISC	NP	MP
			EXTENDED INFUSION SET 32"/6MM MISC	NP	MP
			EXTENDED INFUSION SET 32"/9MM MISC	NP	MP
			EXTENDED INFUSION SET 43"/6MM MISC	NP	MP
			EXTENDED INFUSION SET 43"/9MM MISC	NP	MP
			EXTENDED RESERVOIR 3ML MISC	NP	MP

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FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FORA TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA TN'G VOICE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V10/V12/D10/D20 TEST KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP

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FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE TEST N GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FREESTYLE LIBRE 3 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

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FREESTYLE LITE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE UNISTICK II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GE100 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLOBAL INJECT EASE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD EXPRESSION MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCOM LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCOM LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCOM LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCOM MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD SHINE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD SHINE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GUARDIAN CONNECT TRANSMITTER	NP	MP
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GUARDIAN LINK 3 TRANSMITTER	NP	MP
GNP STERILE LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP TRUE METRIX GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	H-E-B INCONTROL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GOJJI STERILE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	H-E-B INCONTROL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	H-E-B INCONTROL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GUARDIAN 4 TRANSMITTER	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HM EMBRACE TALK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	KROGER HEALTHPRO LANCET 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
IHEALTH GLUCO+ KIT 10 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ILET CONTACT DETACH 23" 6MM MISC	NP	MP; RX/OTC	LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET INFUSION-FLEX 23" 6MM MISC	NP	MP; RX/OTC	LANCETS 28G THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET INFUSION-INSET 23" 6MM MISC	NP	MP; RX/OTC			
ILET INFUSION-INSET 32" 6MM MISC	NP	MP; RX/OTC			
ILET INSULIN PUMP DEVI	NP	MP			
ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC			
ILET STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC			
ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS MICRO THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LANCETS SUPER THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LANCETS ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MEDLANCE PLUS LITE 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			MEDLANCE PLUS SPECIAL 0.8MM	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			MEDLANCE PLUS SUPERLITE 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED MIO ADVANCE INFUSE SET MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	MINIMED PUMP RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MINIMED QUICK SET INF SET 18" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED QUICK SET INF SET 23" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET NEXT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED QUICK SET INF SET 32" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED QUICK SET INF SET 43" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED QUICK-SERTER MISC	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC
MINIMED 630G INSULIN PUMP KIT	NP	MP	MINIMED RESERVOIR 1.8ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED 780G INSULIN PUMP KIT	NP	MP	MINIMED RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED SILHOUETTE INF SET 32" MISC	P	QL(0.72 EA daily)
			MINIMED SILHOUETTE INF SET 43" MISC	P	QL(0.72 EA daily)
			MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	MYGLUCOHEALTH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	NOVA SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MOBI 2ML CARTRIDGE MISC	NP	MP	NOVA SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MODD1 PATIENT WELCOME KIT KIT	NP	MP	NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MODD1 SUPPLY KIT KIT	NP		NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
			OMNIPOD 5 G7 INTRO (GEN 5) KIT	NP	MP
			OMNIPOD 5 G7 PODS (GEN 5) MISC	NP	MP

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	MP; PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	MP; PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	MP
OMNIPOD DASH INTRO (GEN 4) KIT	PA	MP; PA
OMNIPOD DASH PDM (GEN 4) KIT	NP	MP
OMNIPOD DASH PODS (GEN 4) MISC	PA	MP; PA
OMNIPOD GO KIT	NP	MP
ON CALL EXPRESS MONITORING SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ONETOUCH DELICA SAFETY LANCING	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ONETOUCH ULTRASOFT 2 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PERFECT POINT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PHARMACIST CHOICE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	PRODIGY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

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PRODIGY POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PX LANCETS ULTRA THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PRODIGY TWIST TOP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QC LANCETS SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY VOICE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	QC UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QC UNILET LANCETS MICRO THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PURE COMFORT SAFETY LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PX LANCETS MICROTHIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET CONTROL HIGH/NORMAL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	RELION PREMIER CLASSIC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
REFUAH PLUS MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION PREMIER COMPACT SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	RELION PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCET DEVICES 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION ULTRA THIN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION MICRO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

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RIGHTEST GL300 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PERSONA STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SIMPLERA SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PRONTO STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PROTEGE STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SIMPLERA SYSTEM	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SMARTEST PROTEGE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST EJECT STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SMARTEST EJECT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
STERILANCE PA MISC	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP
			T:SLIM X2 3ML CARTRIDGE MISC	NP	MP
			T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP
			T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP
SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP
			T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 INSULIN PUMP DEVI	NP	MP
			T:SLIM X2 STARTER 7.10 KIT	NP	MP
			TAI DOC CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TANDEM MOBI AUTOSOFT 30 KIT MISC	NP	MP
			TANDEM MOBI AUTOSOFT XC KIT MISC	NP	MP
			TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP
SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP
			TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
TANDEM MOBI SYSTEM STARTER KIT	NP	MP	TRUE COMFORT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	
TANDEM MOBI TRUSTEEL SUPP KIT MISC	NP	MP		TRUE COMFORT TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP			TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP	TRUE METRIX AIR GLUCOSE METER KIT	NP		QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP		TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP	TRUE METRIX LEVEL 1 SOLN		P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP		TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX LEVEL 3 SOLN		P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TECHLITE LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC		TRUE METRIX METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC				
TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC				
TRAVEL LANCETS ADVANCED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	TWIIST REFILL KIT/INFUSION SET KIT	NP	MP
TRUEPLUS LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIIST REFILL KIT KIT	NP	MP
TRUEPLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIIST STARTER KIT KIT	NP	MP
TRUEPLUS LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUERESULT BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ULTILET CLASSIC LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETRACK BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ULTILET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			ULTILET SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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ULTRA THIN LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET SUPER-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET ULTRA-THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET GP 28 ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 SUPER	P	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	UNISTIK NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK PRO SAFETY LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK TOUCH SAFETY LANC 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 20 KIT	NP	MP
			V-GO 30 KIT	NP	MP
			V-GO 40 KIT	NP	MP
VERIFINE SAFE LANCET MINI 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
VERIFINE SAFE LANCET MINI 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD INO GLUCOSE METER KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VERIFINE SAFE LANCET MINI 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD PEN NEEDLE MICRO ULTRAFINE	P	MP
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC
VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC
Parenteral Therapy Supplies			BD PEN NEEDLE ORIG ULTRAFINE	P	MP
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	P	MP; RX/OTC	BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC	CAREONE INSULIN SYRINGE	P	QL(5 EA daily)
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC	CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY INSERTER MISC	P	MP
BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)	DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
			EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC
			EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily)	GNP ULTRA COM INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	P	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC	INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)	INSULIN SYRINGE-NEEDLE U-100	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily)	LITETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	MP; RX/OTC	MAXI-COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	P	MP	MAXICOMFORT SYR 27G X 1/2"	P	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	P	QL(5 EA daily); RX/OTC	MEDIC INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	P	QL(5 EA daily); RX/OTC	MM INSULIN SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	P	QL(5 EA daily); RX/OTC	MONOJECT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC	MONOJECT ULTRA COMFORT SYRINGE	P	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	PRECISION SURE-DOSE SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	PRO COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC	PRODIGY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	P	QL(5 EA daily); RX/OTC	PX INSULIN SYRINGE	P	QL(5 EA daily)
GNP INSULIN SYRINGES 29GX1/2"	P	QL(5 EA daily); RX/OTC	REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	P	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	P	QL(5 EA daily); RX/OTC	SB INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
			SECURESAFE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT PRO INSULIN SYR	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTICARE INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	P	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
ULTRA-THIN II INS SYR SHORT	P	QL(5 EA daily); RX/OTC			
ULTRA-THIN II INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
VANISHPOINT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
VERIFINE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
ZEV RX INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
Respiratory Therapy Supplies					
ADULT MASK DEVI	P	RX/OTC			
AEROBIKA DEVI	P	RX/OTC			
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC	BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC	BREATHERRITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			CO MONITOR DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/BLEU DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EASIVENT MASK SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC
			IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC
			INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	RX/OTC
MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC	POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC	PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC	PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ONE FLOW SPIROMETER DEVI	P	RX/OTC	PRO COMFORT SPACER INFANT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	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	P	RX/OTC	AJOVY SOSY	PA	SP; PA
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP
QUAKE DEVI	P	RX/OTC	EMGALITY SOAJ	PA	SP; PA
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EMGALITY SOSY	PA	SP; PA
SPIRO PD DEVI	P	RX/OTC	NURTEC	PA	QL(0.54 EA daily); PA
THRESHOLD PEP DEVI	P	RX/OTC	QULIPTA	PA	QL(1 EA daily); PA
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC	UBRELVY	PA	QL(0.534 EA daily); PA
VERSAPAP DEVI	P	RX/OTC	VYEPTI	NP	SP
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ZAVZPRET	NP	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	Migraine Combinations		
VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	<i>sumatriptan-naproxen sodium</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			Migraine Products		
AIMOVIG	PA	SP; PA	BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA
AJOVY SOAJ	PA	SP; PA	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA
			<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA
			MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF	
			Migraine Products - NSAIDs		
			CAMBIA (<i>Use diclofenac potassium (migraine)</i>)	NF	
			<i>diclofenac potassium (migraine)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELYXYB	NP		MAXALT TABS 10 MG (Use rizatriptan benzoate)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
Serotonin Agonists			<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
<i>almotriptan malate</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	REL PAX (Use <i>eletriptan hydrobromide</i>)	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	REL PAX 40 MG (Use <i>eletriptan hydrobromide</i>)	NF	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
FROVA (Use <i>frovatriptan succinate</i>)	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
<i>frovatriptan succinate</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>sumatriptan 5 MG/ACT</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX TABS 25 MG (Use <i>sumatriptan succinate</i>)	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
IMITREX TABS 50 MG, 100 MG (Use <i>sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	CALCIUM CARBONATE CHEW	P	
<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)	<i>calcium carbonate-cholecalciferol TABS</i>	P	
TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P	
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)
<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium citrate TABS</i>	P	
<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	CALCIUM CHEW	P	
<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>oyster shell</i>	P	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	PARVA-CAL 200 UNIT-500 MG	P	
MINERALS & ELECTROLYTES			Electrolyte Mixtures		
Calcium			<i>oral electrolytes SOLN</i>	P	
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)	Fluoride		
CALCIUM CARB-CHOLECALCIFEROL CHEW	P		<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
			<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
			SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
			Magnesium		
			<i>magnesium oxide (mg supplement) TABS</i>	P	
			Phosphate		
			K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG <i>(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	NF	QL(8 EA daily); RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	P	
KLOR-CON 10 TBCR 10 MEQ <i>(Use potassium chloride)</i>	NF	
KLOR-CON TBCR 8 MEQ <i>(Use potassium chloride)</i>	NF	
K-TAB TBCR 20 MEQ <i>(Use potassium chloride)</i>	NF	
<i>potassium bicarbonate TBEF</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	
<i>potassium chloride CPCR 10 MEQ</i>	P	
<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)
<i>potassium chloride PACK PO 20 MEQ</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	P	
Sodium		
<i>sodium chloride SOLN IV 0.9 %</i>	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	
Zinc		

Drug Name	Drug Tier	Requirements/Limits
<i>zinc sulfate CAPS</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS <i>(Use penicillamine)</i>	NF	
CUVRIOR	PA	SP; PA
DEPEN TITRATABS TABS <i>(Use penicillamine)</i>	PA	PA
<i>penicillamine CAPS</i>	PA	PA
<i>penicillamine TABS</i>	PA	PA
Enzymes		
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); SP; PA
Immunomodulators		
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); SP; PA
<i>lenalidomide</i>	PA	SP; PA
REVLIMID <i>(Use lenalidomide)</i>	PA	SP; PA
RHAPSIDO TABS PO 25 MG	PA	AL(At least 18 yrs old); SP; PA
RYSTIGGO	NP	SP
THALOMID 50 MG, 100 MG	PA	SP; PA
VYVGART	NP	SP
VYVGART HYTRULO SC	NP	SP
VYVGART HYTRULO	NP	SP
Immunosuppressive Agents		
<i>azathioprine TABS 75 MG, 100 MG</i>	P	QL(3 EA daily)
<i>azathioprine TABS 50 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	NF	
CELLCEPT CAPS (Use mycophenolate mofetil)	NF	QL(2 EA daily)
CELLCEPT SUSR (Use mycophenolate mofetil)	NF	QL(15 ML daily)
CELLCEPT TABS (Use mycophenolate mofetil)	NF	QL(4 EA daily)
cyclosporine modified (for microemulsion) CAPS	P	QL(4 EA daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ML daily)
cyclosporine CAPS	P	QL(4 EA daily)
cyclosporine SOLN IV 50 MG/ML	P	
ENSPRYNG	NP	SP
everolimus (immunosuppressant)	P	
IMURAN TABS (Use azathioprine)	NF	
mycophenolate mofetil hcl	P	
mycophenolate mofetil CAPS	P	QL(2 EA daily)
mycophenolate mofetil SUSR	P	QL(15 ML daily)
mycophenolate mofetil TABS	P	QL(4 EA daily)
mycophenolate sodium 360 MG	P	QL(4 EA daily)
mycophenolate sodium 180 MG	P	QL(2 EA daily)
MYFORTIC 360 MG (Use mycophenolate sodium)	NF	QL(4 EA daily)
MYFORTIC 180 MG (Use mycophenolate sodium)	NF	QL(2 EA daily)
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	QL(4 EA daily)
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	QL(8 ML daily)

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS (Use tacrolimus)	NF	QL(3 EA daily)
PROGRAF PACK	P	
PROGRAF SOLN 5 MG/ML (Use tacrolimus)	NF	
RAPAMUNE SOLN (Use sirolimus)	NF	
RAPAMUNE TABS (Use sirolimus)	NF	
SANDIMMUNE CAPS (Use cyclosporine)	NF	QL(4 EA daily)
SANDIMMUNE SOLN IV 50 MG/ML	P	
SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)
sirolimus SOLN	P	
sirolimus TABS	P	
tacrolimus CAPS	P	QL(3 EA daily)
tacrolimus SOLN 5 MG/ML	P	
UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP
ZORTRESS (Use everolimus (immunosuppressant))	NF	
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPk	PA	SP; PA
Potassium Removing Agents		
LOKELMA	P	
sodium polystyrene sulfonate POWD	P	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	NP	

Drug Name	Drug Tier	Requirements/Limits
VELTASSA	NP	
Sclerosing Agents		
<i>sodium tetradecyl sulfate</i>	PA	PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOLR	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOSY	PA	AL(At least 18 yrs old); SP; PA
SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(4 ML per fill retail; 4 per fill mail)
Anti-infectives - Throat		
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail; 120 per fill mail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Dental Products		
FRAICHE 5000 DENTAL GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 ML per fill retail; 60 per fill mail)
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT SOLN (<i>Use sodium fluoride (dental)</i>)	NF	
SF 5000 PLUS CREA 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
SF GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
<i>sodium fluoride (dental) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>sodium fluoride (dental) GEL</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC
NUMOISYN LIQD	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)			
<i>SALAGEN 5 MG (Use pilocarpine hcl (oral))</i>	NF	QL(6 EA daily)			
MULTIVITAMINS					
B-Complex Vitamins					
<i>b-complex vitamins CAPS</i>	P	QL(1 EA daily)			
<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)			
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC			
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	P	QL(1 EA daily); RX/OTC
RENAL CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENO CAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC	MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
TRIPHROCAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Iron					
DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	QL(1 EA daily); RX/OTC	NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DESTRESS-IRON TABS	P	QL(1 EA daily); RX/OTC			
FLORAVITA MINI TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	P	QL(1 EA daily); RX/OTC	A THRU Z ADVANCED ADULT TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC			
QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			
STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			
STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily); RX/OTC			
STRESS FORMULA/IRON TABS	P	QL(1 EA daily); RX/OTC			
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily); RX/OTC			
TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Minerals					
50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT- 6 MCG-1.7 MG-25 MCG- 20 MG-3500 UNIT-10 MG- 18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-75 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT- 6 MCG-1.7 MG-20 MG- 250 MCG-3500 UNIT-10 MG-18 MG-200 MG-300 MCG-1.5 MG-100 MG-11 MG-0.9 MG-80 MG-150 MCG-150 MCG-45 MCG- 30 UNIT-109 MG-5 MCG- 10 MCG-2.3 MG-35 MCG- 25 MCG-55 MCG-10 MCG-72 MG-2 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG- 1.7 MG-25 MCG-20 MG- 250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-11 MG-150 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC	A THRU Z HIGH POTENCY TABS 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 20 MG-250 MCG-3500 UNIT-10 MG-18 MG-162 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG- 150 MCG-150 MCG-75 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
			A THRU Z SELECT 50+ ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG- 250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT- 20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
			A THRU Z SELECT 50+ MENS TABS 120 MG-6 MG-30 MCG-300 MCG- 600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG- 600 MCG-1.5 MG-15 MG- 150 MCG-50 MG-2 MG- 250 MG-80 MG-50 MCG- 150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG- 100 MCG-10 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z SELECT ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG- 250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 90 MG-3 MG- 30 MCG-500 MCG-1.5 MG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT- 300 MCG-50 MG-2.3 MG- 45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG- 0.9 MG-10 MCG-11 MG- 220 MG-150 MCG-110 MG-55 MCG-50 UNIT-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT- 25 MCG-10 MG-1.7 MG- 30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-1.5 MG-11 MG-150 MCG-2 MG-50 MG-45 MCG-80 MG-220 MG-150 MCG-50 UNIT-110 MG- 0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC	A THRU Z SELECT TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG- 1.7 MG-20 MG-250 MCG- 3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG- 150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG- 30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-100 MCG-45 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-220 MG-150 MCG-45 MCG-50 UNIT-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
A THRU Z SELECT ULTIMATE WOMEN TABs 100 MG-5 MG-30 MCG-400 MCG-800 UNIT- 50 MCG-1.1 MG-50 MCG- 14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG- 15 MG-150 MCG-50 MG- 80 MG-500 MG-50 MCG- 150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	A THRU Z ULTIMATE MENS TABS 90 MG-2 MG-40 MCG-200 MCG- 600 UNIT-6 MCG-1.3 MG- 60 MCG-16 MG-3500 UNIT-15 MG-8 MG-600 MCG-1.2 MG-11 MG-150 MCG-100 MG-2 MG-210 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-100 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE ADULT TABs	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC	ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ACTICAL CAPS	P	RX/OTC	ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC	ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC	ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	P	RX/OTC
ADVANCED EYE HEALTH CAPS	P	RX/OTC	ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	P	QL(1 EA daily); RX/OTC
AFLORA TABS	P	QL(1 EA daily); RX/OTC	ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	P	RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC	ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	P	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	APETIBEX CAPS	P	RX/OTC
ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC	APPE-CURB CAPS	P	RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC	AZO HORMONAL HEALTH CYCLE CARE TABS	P	QL(1 EA daily); RX/OTC
ALIVE GARDEN GOODNESS TABS	P	QL(1 EA daily); RX/OTC			
ALIVE HAIR, SKIN & NAILS CAPS	P	RX/OTC			
ALIVE MAX 6 POTENCY CAPS	P	RX/OTC			
ALIVE MENS 50+ ULTRA TABS	P	QL(1 EA daily); RX/OTC			
ALIVE MENS 50+ TABS	P	QL(1 EA daily); RX/OTC			
ALIVE MENS COMPLETE MULTI TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZO HORMONAL HEALTH HAPPY CYCL TABS	P	QL(1 EA daily); RX/OTC	BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC
BACMIN TABS	P	QL(1 EA daily); RX/OTC	B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC			
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC	BPROTECTED MULTI-VITE LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML	P	RX/OTC
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC			
BASIC AM TABS	P	QL(1 EA daily); RX/OTC	BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC
BASIC PM TABS	P	QL(1 EA daily); RX/OTC			
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC			
BIOCAL CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC
BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC			
BIOTECT PLUS CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC
BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC			
BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	P	RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC
			BONEUP 3 PER DAY CAPS	P	RX/OTC
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC	CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC
BONEUP CAPS	P	RX/OTC			
			CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG- 72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM MEN TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM MINIS MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); RX/OTC
CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML- 20 MG/15ML-2 MG/15ML- 10 MG/15ML-1.7 MG/15ML-10 MCG/15ML- 13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML- 150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC	CENTRUM SILVER 50+MEN TABS 120 MG-6 MG-30 MCG-300 MCG- 1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-30 MCG-3500 UNIT-10 MG- 210 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG- 72 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG- 30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG- 60 MCG-20 MG-300 MCG-1050 MCG-10 MG- 600 MCG-1.5 MG-15 MG- 75 MG-80 MG-210 MG-50 MCG-150 MCG-27 MG-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG- 18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG- 20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG- 1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG- 6 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG- 1.1 MG-50 MCG-14 MG- 300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-50 UNIT-50 MG-150 MCG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER TABS 400 UNIT-60 MG-3 MG-30 MCG-400 MCG-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-45 UNIT-100 MG-80 MG-150 MCG-200 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN TABS 75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT- 15 MG-18 MG-200 MG-1.1 MG-8 MG-100 MG-80 MG- 50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG-72 MG-2 MG, 75 MG-40 MCG-400 MCG-1.1 MG- 14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG- 1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-11 MG-150 MCG- 50 MG-80 MG-2 MG-220 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML- 6 MCG/15ML-10 MG/15ML-1.7 MG/15ML- 20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML- 2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML- 150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML- 2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML- 400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML- 1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML- 25 MCG/15ML-3 MG/15ML-150 MCG/15ML	P	RX/OTC	CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-250 MCG-3500 UNIT-10 MG- 18 MG-300 MCG-1.5 MG- 11 MG-150 MCG-100 MG- 2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT- 109 MG-0.9 MG-5 MCG- 10 MCG-2.3 MG-55 MCG- 10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
			CENVITE LIQD	P	RX/OTC
			CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT- 20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
			CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC
			CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC
			CERTAVITE/ANTIOXIDA NTS TABS	P	QL(1 EA daily); RX/OTC
			CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITRACAL +D3 TABS	P	QL(1 EA daily); RX/OTC	CVS DAILY MULTIPLE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG- 700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG- 1.35 MG-140 MG-15 MG-2 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30 MCG- 3500 UNIT-5 MG-100 MG- 20 MG-10 MG-100 MG-5 MG-100 MG-15 MG-2 MG- 250 MCG-2 MG-10 MCG- 75 MCG-150 MCG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	CVS DAILY MULTIPLE WOMEN 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG- 3.4 MG-20 MCG-20 MG- 15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-3500 UNIT- 27 MCG	P	QL(1 EA daily); RX/OTC
COMPETE TABS 90 MG- 20.6 MG-0.4 MG-9 MCG- 2.6 MG-30 MG-5000 UNIT-2 MG-400 UNIT-45 UNIT-27 MG-22.5 MG	P	QL(1 EA daily); RX/OTC	CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC
COMPLETE MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML- 2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML- 1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML- 20 MG/15ML-9 MG/15ML- 3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML- 25 MCG/15ML	P	RX/OTC	CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC
COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC	CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC
CORAL CALCIUM PLUS CAPS	P	RX/OTC	CVS EYE HEALTH & LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
COREVIA TABS	P	QL(1 EA daily); RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC	CVS IMMUNE SUPPORT CAPS	P	RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC	CVS ONE DAILY ESSENTIAL TABS 60 MG-2 MG-0.4 MG-1.5 MG- 400 UNIT-6 MCG-1.7 MG- 20 MG-3000 UNIT-10 MG- 45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
			CVS ONE DAILY MENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS ONE DAILY MENS FORMULA TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-300 MCG-1.35 MG-15 MG-2 MG-140 MG-210 MG-22.5 UNIT-2 MG-3500 UNIT-110 MCG-120 MCG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-5 MCG-80 MG-2 MG-60 MCG-0.5 MG-10 MCG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS FORMULA TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-7.5 MG-1.8 MG-25 MCG-27.5 MCG, 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-7.5 MG-150 MCG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC			
CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC			
CVS SPECTRAVITE ADULTS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE MEN TABS 90 MG-2 MG-40 MCG-200 MCG-25 MCG-6 MCG-1.3 MG-60 MCG-16 MG-900 MCG-15 MG-8 MG-600 MCG-1.2 MG-100 MG-11 MG-210 MG-80 MG-50 MCG-150 MCG-45 MG-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG- 100 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE WOMEN 50+ TABS 100 MG-30 MCG-400 MCG- 1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-17.5 MG-8 MG-100 MG-2.3 MG-50 MCG-5 MCG-80 MG-2 MG-52 MCG-0.5 MG-10 MCG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1052 MCG- 50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG- 400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-1052 MCG- 5 MG-8 MG-1.1 MG-100 MG-15 MG-300 MG-80 MG-50 MCG-150 MCG- 17.5 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG- 500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG- 300 MCG-1.5 MG-50 MG- 11 MG-80 MG-150 MCG- 220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE WOMENS SENIOR TABS 100 MG-5 MG-30 MCG- 400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT- 5 MG-8 MG-1.1 MG-50 MG-15 MG-80 MG-150 MCG-500 MG-50 MCG- 150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE WOMEN TABS 75 MG-40 MCG-400 MCG-1.1 MG- 14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG- 1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); RX/OTC	CVS VISION HEALTH CAPS	P	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS WOMENS ACTIVE DAILY TABS 60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-2.4 MG-50 MG-15 MG-2 MG-300 MG-30 UNIT-2 MG-120 MCG-20 MCG-180 MG	P	QL(1 EA daily); RX/OTC	DECUBI-VITE CAPS	P	RX/OTC
			DEKAS PLUS OCEAN CAPS	P	RX/OTC
			DEKAS PLUS CAPS	P	RX/OTC
			DEPLIN MA CAPS	P	RX/OTC
			DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC
			DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC
			DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC
			DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC
			DERMAVITE TABS	P	QL(1 EA daily); RX/OTC
			DEXATRAN CAPS	P	RX/OTC
			DIABETES HEALTH FORMULA TABS 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-150 MCG-220 MG-80 MG-2 MG-45 MCG-150 MCG-50 UNIT-110 MG-5 MCG-2.3 MG-35 MCG-10 MCG-600 MCG-72 MG-12 MG, 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-45 MCG-5 MCG-150 MCG-10 MCG-220 MG-80 MG-2 MG-150 MCG-50 UNIT-110 MG-35 MCG-2.3 MG-200 MCG-72 MG-12 MG	P	QL(1 EA daily); RX/OTC
			DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
DAILY BETIC TABS 60 MG-2.5 MG-75 MCG-200 MCG-50 MG-200 UNIT-5 MCG-2500 UNIT-1.7 MG-20 MG-250 MCG-10 MG-100 MG-1.5 MG-100 MG-30 UNIT-50 MG-75 MCG-7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG	P	QL(1 EA daily); RX/OTC			
DAILY COMBO MULTI VITAMINS TABS 400 UNIT-60 MG-2 MG-0.4 MG-20 MG-6 MCG-10 MG-1.7 MG-1.5 MG-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC			
DAILY MULTIPLE VITAMINS/MIN TABS 400 UNIT-60 MG-2 MG-30 MCG-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-100 MG-10 MCG-130 MG-40 MG-150 MCG-30 UNIT-100 MG-15 MG-2 MG-2.5 MG-10 MCG-10 MCG	P	QL(1 EA daily); RX/OTC			
DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	P	RX/OTC			
DAYAVITE TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC	EQ VISION FORMULA 50+ CAPS 150 MG-30	P	RX/OTC
DIATROL TABS	P	QL(1 EA daily); RX/OTC	UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG		
DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	P	RX/OTC	EQL CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVIT ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG- 250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE MEN 50+ TABS 120 MG-6 MG-30 MCG-300 MCG- 600 UNIT-100 MCG-10 MG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT- 600 MCG-1.5 MG-15 MG- 0.7 MG-50 MG-5 MCG- 250 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-4 MG-60 UNIT-100 MCG-72 MG-10 MCG-60 MCG-150 MCG	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE WOMEN 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-5 MG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT- 8 MG-1.1 MG-15 MG-0.5 MG-50 MG-5 MCG-500 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG- 2.3 MG-35 UNIT-55 MCG- 72 MG-10 MCG-50 MCG- 150 MCG	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-11 MG-150 MCG- 50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MENS TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC			
EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL CENTURY WOMENS TABS	P	QL(1 EA daily); RX/OTC	EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
EQL CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ESSENTIAL BALANCE TABS 120 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-250 MCG-3000 UNIT-10 MG-9 MG-1.5 MG-15 MG-2 MG-150 MCG-20 MG-100 MG-40 MG-2 MG-100 MG-25 MCG-150 MCG-50 UNIT-77 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-25 MCG-10 MCG-36 MG	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS 50+ ADVANCE TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-2.2 MG-110 MG-90 MCG-150 MCG-25.5 UNIT-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC	ESSENTIA TABS 100 MG-6 MG-30 MCG-400 MCG-2000 UNIT-25 MCG-3000 UNIT-10 MG-100 MCG-100 MG-25 MG-10 MG-18 MG-100 MG-10 MG-100 MG-15 MG-2 MG-250 MCG-60 UNIT-2 MG-10 MCG-75 MCG-150 MCG-70 MCG-100 MCG	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS HEALTH TABS 400 UNIT-90 MG-3 MG-30 MCG-400 MCG-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-0.6 MG-1.2 MG-15 MG-2 MG-120 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC	EVERVITA TABS	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY WOMENS 50+ ADV TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-24 MG-2.2 MG-50 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC	EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC
			EYE HEALTH AREDS 2 CAPS	P	RX/OTC
			EYE HEALTH CAPS	P	RX/OTC
			EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC
			EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	P	RX/OTC
			EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
			FINAZOL TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	RX/OTC	GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
FOLAREX TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	P	RX/OTC	GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
FOLATEN TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC			
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC			
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC			
FT EYE HEALTH CAPS	P	RX/OTC			
FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC			
FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	P	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	P	QL(1 EA daily); RX/OTC	GNP ONE DAILY MAXIMUM TABS	P	QL(1 EA daily); RX/OTC
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC			
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC	HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC	HAIR SKIN AND NAILS FORMULA TABS 30 MG-2.5 MG-2500 MCG-100 MCG-5 MG-2.5 MG-500 UNIT-4 MCG-2500 UNIT-2.5 MG-5 MG-15 MG-12.5 MG-7.5 MG-5 MG-4 MG-130 MG-3.75 MG-1 MG-25 MG-7.5 UNIT-64 MG-15 MG-5 MG-50 MG-1.5 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC	HAIR SKIN NAILS CAPS 30 MG-1.667 MG-1666.667 MCG-10 UNIT-133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG-8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG	P	RX/OTC
GNP ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	HAIR/SKIN/NAILS CAPS	P	RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	P	QL(1 EA daily); RX/OTC	HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC
GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC	HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC	HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC
			HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	P	RX/OTC
			HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
			HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG	P	QL(1 EA daily); RX/OTC	KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC	KEYLOSA TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC	KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC		KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	P	RX/OTC	ICAPS MV TABS 128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG		P	QL(1 EA daily); RX/OTC
ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	P	RX/OTC		IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC
I-VITE W/LUTEIN TABS	P	QL(1 EA daily); RX/OTC	I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG	P	QL(1 EA daily); RX/OTC	KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC	LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC
			LIVITA ADULTS LIQD	P	RX/OTC
			LUMIVANCE CAPS	P	RX/OTC
			LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC
			LYSIPLEX PLUS LIQD	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYSIPLEX PLUS TABS 166.667 MG-333.333 MG- 16.667 MG-50 MCG- 333.333 MCG-16.667 MG- 133.333 MG-16.667 MG- 133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG- 1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG- 33.333 MCG	P	QL(1 EA daily); RX/OTC	MAXIMUM DAILY GREEN TABs 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG- 8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG- 1.333 MG-333.333 MG- 83.333 UNIT-33.333 MG- 5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG- 33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG- 10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG- 1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG- 11.666 MG-3.333 MG- 1.666 MG-33.333 MG- 3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG- 3.333 MG-3.333 MG-8.333 MG	P	QL(1 EA daily); RX/OTC
MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG- 10 MG	P	RX/OTC	MEDI TAB TABS	P	QL(1 EA daily); RX/OTC
MACUVITE EYE CARE TABs 113 MG-17.4 MG- 0.4 MG-100 UNIT-7160 UNIT	P	QL(1 EA daily); RX/OTC	MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
MACUVITE TABS 60 MG- 40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC	MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
			MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
			MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER ADVANCED FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-150 MCG-300 MCG-1.5 MG-15 MG-150 MCG-100 MG-162 MG-80 MG-75 MCG-30 UNIT-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	MOOD FOOD CAPS	P	RX/OTC
			MULTI COMPLETE/IRON TABS 180 MG-2 MG-30 MG-400 MCG-1000 UNIT-6 MCG-1.7 MG-80 MCG-20 MG-2500 UNIT-10 MG-18 MG-162 MG-1.5 MG-15 MG-100 MG-75 MCG-150 MCG-50 UNIT-2 MG-4 MG-120 MCG-70 MCG	P	QL(1 EA daily); RX/OTC
			MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC
			MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	P	RX/OTC
MENATROL CAPS	P	RX/OTC			
MENS 50+ ADVANCED CAPS	P	RX/OTC			
MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC			
MENS LIFE PACK TABS 300 MCG-200 UNIT-10 MG-10 MG-9 MG-10 MG-2.5 MG-15 MG-1 MG-50 MG-11.25 MG-1 MG-2500 UNIT-15 UNIT-75 MG-37.5 MCG-2.5 MG-2.5 MG-12.5 MCG, 400 UNIT-10 MG-10 MG-5000 UNIT-18 MG-10 MG-5 MG-30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG	P	QL(1 EA daily); RX/OTC			
MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC			
MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC			
MOOD FOOD ES CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI FOR HER 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-200 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC	MULTI FOR HIM CAPS 60 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-40 MCG, 60 MG-4 MG-30 MCG-400 MCG-25 MCG-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-750 MCG-45 MCG-150 MCG-22.5 MG-4 MG-120 MCG-40 MCG	P	RX/OTC
MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC	MULTI FOR HIM TABS 180 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-100 MG-15 MG-20 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-50 UNIT-2500 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
MULTI FOR HER TABS 120 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-100 MCG-250 MCG-3000 UNIT-1.5 MG-100 MG-15 MG-150 MCG-400 UNIT-20 MG-18 MG-40 MG-10 MCG-120 MCG-2 MG-10 MCG-150 MCG-25 MCG-77 MG-5 MCG-2 MG-50 UNIT-25 MCG-250 MG-36 MG-2 MG	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN/MINERALS TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG-0.5 MG, 90 MG-3 MG-45 MCG-400 MCG-400 UNIT-9 MCG-2.6 MG-25 MCG-20 MG-10 MG-27 MG-2.25 MG-100 MG-15 MG-5000 UNIT-30 MG-162 MG-150 MCG-34 UNIT-125 MG-2 MG-5 MG-27 MG-25 MCG-25 MCG-300 MCG-25 MCG	P	QL(1 EA daily); RX/OTC
MULTI FOR HIM 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-105 MCG	P	QL(1 EA daily); RX/OTC	MULTIA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG			MULTIVITAMIN MEN 50+ TABS 120 MG-30 MCG- 300 MCG-1.5 MG-20 MG- 6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG- 27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG- 1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-30 MCG-400 MCG-4.5 MG- 20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG- 11.4 MG-110 MG-4.2 MG- 90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG- 20 MCG-25 MCG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG- 100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-80 MG-210 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG- 1050 MCG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-600 UNIT- 100 MCG-1.7 MG-60 MCG-20 MG-300 MCG- 3500 UNIT-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-60 UNIT- 20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG- 55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG- 1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-10 MCG-35 MCG-0.5 MG-10 MCG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG- 6 MCG-72 MG	P	QL(1 EA daily); RX/OTC			
MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN MEN TABS	P	QL(1 EA daily); RX/OTC
			MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-14 MG-25 MCG-50 MCG-1.1 MG-50 MCG-300 MCG-1050 MCG-5 MG-8 MG-1.1 MG-15 MG-100 MG-2 MG-300 MG-80 MG-50 MCG-150 MCG-15.7 MG-20 MG-2.3 MG-22 MCG-0.5 MG-10 MCG-52 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-35 UNIT-50 MG-500 MG-80 MG-150 MG-20 MG-0.5 MG-5 MCG-2.3 MG-150 MCG-55 MCG-50 MCG-10 MCG-50 MCG-72 MG-2 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-35 UNIT-100 MG-80 MG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-50 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN WOMENS 50+ ADV TABS 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG-25 MCG	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
			MULTI-VITAMIN/MINERALS TABS 60 MG-2 MG-0.4 MG-20 MG-1.2 MG-6 MCG-1.7 MG-400 UNIT-15 MG-100 MG-160 MG-150 MCG-18 MG-125 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN LIQD 60 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.5 MG/15ML-2 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-2 MG/15ML-25 MCG/15ML	P	RX/OTC
			MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
			MULTI-VITE LIQD	P	RX/OTC
			MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC
			MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC
			MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC	OCUTABS TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG	P	QL(1 EA daily); RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	P	RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC	ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC	ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG	P	QL(1 EA daily); RX/OTC			
OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN 50+ ADVANCED TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY POSTNATAL CAPS	P	RX/OTC	120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG		
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC			
ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN/LYCOPENE TABS	P	QL(1 EA daily); RX/OTC
			90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG		
ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-10 MCG-37.5 MG-10 MCG-2 MG-15 MG-130 MG-150 MCG-100 MG-10 MCG-34 MG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY HEALTHY WEIGHT ADV TABS 60 MG-10 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG-70 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MAXIMUM TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-162 MG-80 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-65 MCG-3.5 MG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-20 MCG-105 MCG, 99 MG-43 MCG-240 MCG-1.32 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-210 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-150 MCG-55 MCG-900 MCG-30 MCG-6.24 MCG-408 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVIT/IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MULTIVITAMIN MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-15 MG-2 MG-22.5 UNIT-140 MG-210 MG-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY/MINERALS TABS 50 MG-1 MG-100 MCG-1.5 MG-3 MCG-1.7 MG-20 MG-5000 UNIT-400 UNIT-5 MG-1 MG-125 MG-150 MCG-10 UNIT	P	QL(1 EA daily); RX/OTC	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50 PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS HEALTHY SKIN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC	OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG	P	QL(1 EA daily); RX/OTC	OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG	P	QL(1 EA daily); RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
			PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC
			PRESERVISION AREDS 2 CAPS	P	RX/OTC
			PRESERVISION AREDS CAPS	P	RX/OTC
			PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC
			PRESERVISION/LUTEIN CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVENT CAPS	P	RX/OTC	QC HAIR SKIN & NAILS TABS 50 MG-50 MG-3.5 MG-6.5 MG-25 MCG-25 UNIT-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-15 MG-5 MG-25 MG-10 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-150 MCG-54 MG-70 MG-897 MCG-0.6 MG	P	QL(1 EA daily); RX/OTC
PREV-RX TABS	P	QL(1 EA daily); RX/OTC			
PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC			
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC			
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC			
PROFOLA TABS	P	QL(1 EA daily); RX/OTC			
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC			
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC			
PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC			
PROTECT CARDIO AF CAPS	P	RX/OTC			
PROTECT PLUS SO CAPS	P	RX/OTC			
PROTEGRA CAPS	P	RX/OTC			
PROVIT TABS	P	QL(1 EA daily); RX/OTC			
QC DAILY MULTIVIT/MULTIMINERAL TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC	QC MENS DAILY MULTIVITAMIN TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
			QC MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
			QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC
			QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC THERIN-M TABS 90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC	SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC	SENTRY TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC	SIDEROL TABS	P	QL(1 EA daily); RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC	SOLO TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX TABS 60 MG-10 MG-300 MCG-800 MCG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG-12.5 MG	P	QL(1 EA daily); RX/OTC	SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
			STRESS B COMPLEX/ANTIOXID/ZIN C TABS 500 MG-45 MCG-400 MCG-10 MG-100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG	P	QL(1 EA daily); RX/OTC
			STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT-1.5 MG-20 MG-1.5 MG-30 MG-20 MG-15 UNIT	P	QL(1 EA daily); RX/OTC
			STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
			SUPER ANTIOXIDANT CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	RX/OTC	SUPER VITA-MINS TABS 250 MG-5 MG-0.4 MG-10 MG-6 MCG-20 MG-10 MG-100 MG-400 UNIT-30 UNIT-24 MG-100 MG-1.25 MG-2 MG-15 MG-0.161 MG-150 MCG-0.125 MG-10000 UNIT	P	QL(1 EA daily); RX/OTC
SUPER AYTINAL 50 PLUS TABS 120 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-12 MCG-10 MG-1.7 MG-20 MG-275 MCG-9 MG-225 MG-100 MG-15 MG-2 MG-150 MCG-75 MCG-150 MCG-50 UNIT-2 MG-5000 UNIT-80 MCG-70 MCG-120 MCG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC	SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPER AYTINAL TABS 90 MG-5 MG-40 MCG-400 MCG-400 UNIT-12 MCG-10 MG-5 MG-30 MG-275 MCG-3500 UNIT-25 MG-300 MCG-5 MG-100 MG-15 MG-3 MG-7.7 MG-150 MCG-50 MCG-162 MG-150 MCG-2 MG-50 MCG-30 UNIT-125 MG-5 MCG-10 MCG-7.5 MG-25 MCG-50 MCG-10 MCG-7 MG	P	QL(1 EA daily); RX/OTC	SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	P	QL(1 EA daily); RX/OTC	SUPPORT-500 CAPS	P	RX/OTC
SUPER THERA VITE M TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC	SUPPORT LIQD	P	RX/OTC
			SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-200 UNIT	P	RX/OTC
			SYSTANE ICAPS AREDS2 TABS	P	QL(1 EA daily); RX/OTC
			THERA VITAL M TABS 90 MG-3 MG-30 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-20 MG-2500 UNIT-400 UNIT-30 UNIT-2500 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC
			THERA VITAL-M TABS 120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-3.4 MG-30 MG-5500 UNIT-10 MG-18 MG-3 MG-100 MG-15 MG-2 MG-40 MG-7.5 MG-15 MCG-150 MCG-30 UNIT-31 MG-5 MG-15 MCG-10 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERABASIC-M TABS 400 UNIT-90 MG-3 MG-35 MCG-0.4 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-27 MG-3 MG-100 MG-1250 UNIT-15 MCG- 7.5 MG-15 MCG-40 MG- 15 MG-150 MCG-30 UNIT-31 MG-2 MG-10 MCG-5 MG-7.5 MG	P	QL(1 EA daily); RX/OTC	THERAPEUTIC-M TABS 90 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-9 MG-60 MG-2 MG-15 MCG-8 MG- 15 MCG-2 MG-15 MG-40 MG-150 MCG-10 MCG-30 UNIT-8 MG, 90 MG-30 MCG-400 MCG-3 MG-20 MG-6 MG-10 MG-3.4 MG- 10 MCG-27 MG-9 MG-100 MG-2 MG-75 MCG-11 MG-2 MG-10 MCG-150 MCG-50 MCG-2 MG-10 MCG-15 MG-145 MG-150 MCG-35 MG-70 MCG- 1500 MCG-28 MCG-12 MCG-8 MG	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC	THERATRUM COMPLETE 50 PLUS TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT- 25 MCG-1.7 MG-10 MCG- 20 MG-250 MCG-3500 UNIT-10 MG-300 MCG- 1.5 MG-100 MG-15 MG- 150 MCG-200 MG-80 MG- 75 MCG-150 MCG-48 MG-2 MG-5 MCG-2 MG- 150 MCG-45 UNIT-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC			
THERA-M PLUS MV W/BETA-CAROT TABS	P	QL(1 EA daily); RX/OTC			
THERAMILL FORTE CAPS	P	RX/OTC			
THERANATAL LACTATION ONE CAPS	P	RX/OTC			
THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG- 100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67 MG- 1400 UNIT	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERATRUM COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-5000 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-80 MG-2 MG-150 MCG-162 MG-150 MCG-75 MCG-30 UNIT-108 MG-2 MG-72 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-15 MG-80 MG-150 MCG-162 MG-72 MG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-2 MG	P	QL(1 EA daily); RX/OTC	TROPICAL LIQUID NUTRITION LIQD 90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300 MCG/15ML-2.25 MG/15ML-600 UNIT/15ML-18 MCG/15ML-5250 UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML-37 MG/15ML	P	RX/OTC
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC	T-VITES TABS	P	QL(1 EA daily); RX/OTC
THRIVE FOR LIFE WOMENS TABS 60 MG-6 MG-300 MCG-400 MCG-1000 UNIT-18 MCG-5.1 MG-60 MCG-20 MG-100 MCG-3500 UNIT-15 MG-18 MG-500 MG-700 MCG-4.5 MG-50 MG-15 MG-75 MCG-150 MCG-30 UNIT-2 MG-2 MG-70 MCG-120 MCG-150 MCG	P	QL(1 EA daily); RX/OTC	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC
			ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC
			ULTRA FREEDA/IRON TABS 133.333 UNIT-1666.667 UNIT-16.667 MG-100 MCG-66.667 UNIT-266.667 MCG-16.667 MG-33.333 MCG-16.667 MG-33.333 MG-33.333 MG-6 MG-333.333 MG-3.333 MG-33.333 MG-4.167 MCG-11.667 MG-66.667 MCG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG	P	QL(1 EA daily); RX/OTC
			ULTRA FREEDA TABS 133.333 UNIT-16.667 MG-100 MCG-266.667 MCG-16.667 MG-33.333 MCG-1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG-3333.333 UNIT-6.667 MG-15 MG-33.333 MG-10 MG-10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG-10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG	P	RX/OTC	VENEXA FE TABS	P	QL(1 EA daily); RX/OTC
			VENEXA TABS	P	QL(1 EA daily); RX/OTC
			VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC
			VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC
			VIC-FORTE CAPS 150 MG-2 MG-1 MG-10 MCG-8000 UNIT-5 MG-25 MG-10 MG-10 MG-50 UNIT-80 MG-70 MG-4 MG	P	RX/OTC
			VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC
ULTRACHOICE ADV FORMULA MATURE TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-24 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-0.5 MG-100 MG-2 MG-13 MCG-1 MG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-2 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-90 MG-13 MCG-2 MG-5 MG-25 MG-10 MG-1 MG-0.5 MG-1 MG-25 MG-1 MG-1 MG	P	QL(1 EA daily); RX/OTC	VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
			VISION HEALTH CAPS	P	RX/OTC
			VISION OPTIMIZER CAPS	P	RX/OTC
			VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
			VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC
ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
			VITA HAIR TABS 300 MCG-400 MCG-35 MG-6 MCG-100 MG-125 MG-65 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG	P	QL(1 EA daily); RX/OTC
			VITA S FORTE TABS 400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG-0.05 MG	P	QL(1 EA daily); RX/OTC
			VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC
VITABEX CAPS	P	RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITACEL TABS 500 MG-300 MCG-100 UNIT-1 MG-25 MG-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-200 UNIT-125 MG-80 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITAMIN D3 COMPLETE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	RX/OTC	VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG	P	RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC	VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC	VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPIT TABS	P	QL(1 EA daily); RX/OTC	VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITATRUM TABS	P	QL(1 EA daily); RX/OTC	VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC	VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC	VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
			VITREXYL TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITRUM 50+ ADULT-MULTI TABS	P	QL(1 EA daily); RX/OTC	WOMENS LIFE PACK TABS 400 MCG-400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT- 18 MG-10 MG-300 MCG-2 MG-80 MG-150 MCG-0.75 MCG-150 MCG-30 UNIT- 109 MG-2 MG-5 MCG-10 MCG-120 MCG-20 MCG- 10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG- 3500 UNIT-18 MG-10 MG- 300 MCG-2 MG-150 MCG-75 MCG-150 MCG- 30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	QL(1 EA daily); RX/OTC			
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC			
WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG- 3.4 MG-20 MCG-20 MG- 9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG- 33 UNIT-5 MCG-10 MCG- 180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P		WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG- 1.7 MG-20 MCG-20 MG- 9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG- 100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG- 33 UNIT-5 MCG-10 MCG- 120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	P	RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC			
WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG- 1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.5 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC			
			WOMENS MULTIVITAMIN TABS 75 MG-1.7 MG- 1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-665 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-3.4 MG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
			YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC
			Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
			QUFLORA FE	P	AL(Up to 20 yrs old)
			Multivitamins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC	DAILY-VITE TABS 60 MG- 2 MG-400 MCG-400	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC	UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT		
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
AVOWISE TABS	P	QL(1 EA daily); RX/OTC	FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC	GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG- 1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG- 1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG- 25 MG-100 MG-25 MCG- 1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	QL(1 EA daily); RX/OTC
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG- 6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC	MINCORA TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMIN- FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	P	QL(1 EA daily); RX/OTC
			MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG- 1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT- 5000 UNIT	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC	ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	P	QL(1 EA daily); RX/OTC
NEVVITE TABS	P	QL(1 EA daily); RX/OTC	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
OMNICAP TABS	P	QL(1 EA daily); RX/OTC	QUINTABS TABS	P	QL(1 EA daily); RX/OTC
ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	P	QL(1 EA daily); RX/OTC	RELCARE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG- 20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
STRESSTABS ENERGY TABS	P	QL(1 EA daily); RX/OTC	VITRAX TABS	P	QL(1 EA daily); RX/OTC
TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)
THERA TABS	P	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT- 10 MG-3.4 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
THEREMS TABS	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG- 20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
VIREXA TABS	P	QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	QL(1 EA daily); RX/OTC	DAVIMET-FLUORIDE CHEW	P	
			FLORAFOL PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
			FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
			FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC
			MULTIVITAMIN/FLUORID E CHEW 0.5 MG, 1 MG	P	AL(Up to 20 yrs old); RX/OTC
			MULTIVITAMIN/FLUORID E SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
			MULTI-VIT-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
			<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 20 yrs old); RX/OTC
			<i>pediatric multivitamins w/fl SUSP 0.25 MG/ML, 0.5 MG/ML</i>	P	AL(Up to 20 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old); RX/OTC	QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P	
QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC	Pediatric Multiple Vitamins		
QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
VITAMINS ACD-FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
Ped MV w/ Iron			PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
BPROTECTED PEDIA POLY-VITE/FE SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	POLY-VITA SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	P		POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P		Prenatal Vitamins		
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P		CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
MULTIVITAMIN DROPS/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	CLASSIC PRENATAL TABS	P	QL(1 EA daily)
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	COMPLETE NATAL DHA	P	
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	COMPLETENATE CHEW	P	
			CONCEPT DHA	P	
			CONCEPT OB	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG- 113.5 MG-5 MG-35 MG	P		OB COMPLETE/DHA	P	
			OB COMPLETE TABS	P	
			ONE VITE WOMENS TABS	P	QL(1 EA daily)
			PNV-OMEGA	P	
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	P	QL(1 EA daily)	PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC
			PRENATAL FORMULA CAPS	P	
			PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC
ENBRACE HR	P		PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)	PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
FOLIVANE-OB	P		<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>	P	
FT PRENATAL TABS	P	QL(1 EA daily)	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG- 315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG- 15 MG-10 MG-20 UNIT- 2100 UNIT-50 MG</i>	P	
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)	PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)
GNP PRENATAL TABS	P	QL(1 EA daily)	PRENATAL VITAMINS TABS 100 MG-800 MCG- 1.84 MG-18 MG-2.6 MG- 1.7 MG-27 MG-10 MCG- 4.95 MG-25 MG-200 MG- 160 MG-1200 MCG-4 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	P	QL(1 EA daily)
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa- dha</i>	P	
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)	PRENATAL/IRON TABS	P	QL(1 EA daily)
KPN PRENATAL TABS	P	QL(1 EA daily)			
MASONATAL TABS	P	QL(1 EA daily)			
M-NATAL PLUS TABS	P	RX/OTC			
MULTI PRENATAL TABS	P	QL(1 EA daily)			
NEONATAL PRENATAL TABS	P	QL(1 EA daily)			
NEONATAL VITAMIN TABS	P	QL(1 EA daily)			
NEO-VITAL RX TABS	P				
NESTABS	P				
NESTABS DHA	P				
NESTABS ONE	P				
OB COMPLETE ONE	P				
OB COMPLETE PETITE	P				
OB COMPLETE PREMIER	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	RX/OTC	SE-NATAL 19 TABS	P	RX/OTC
PRENATAL TABS	P	QL(1 EA daily)	SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)
PRENATE	P		TARON-C DHA	P	
PRENATE AM	P		THRIVITE RX TABS	P	RX/OTC
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	P		TRICARE TABS	P	RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	P		TRINATAL RX 1 TABS	P	
PRENATE ENHANCE	P		TRISTART DHA	P	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	P		VITAFOL FE+	P	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	P		VITAFOL GUMMIES	P	
PRENATE PIXIE	P		VITAFOL ULTRA	P	
PRENATE RESTORE	P		VITAFOL-OB+DHA MISC	P	
PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC	VITAFOL-OB TABS	P	
PRIMACARE	P		VITAFOL-ONE CAPS	P	
PROVIDA OB	P		WESCAP-C DHA	P	
QC PRENATAL TABS	P	QL(1 EA daily)	WESCAP-PN DHA	P	
SELECT-OB+DHA MISC	P		WESNATAL DHA COMPLETE	P	
SELECT-OB CHEW	P		WESNATE DHA CAPS	P	
SE-NATAL 19 CHEW	P		WESTAB PLUS TABS	P	RX/OTC
			WESTGEL DHA	P	
			Vitamins w/ Lipotropics		
			<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
			ATMEKSI SUSP PO 750 MG/5ML	NP	AL(At least 16 yrs old)
			BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
			<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
			<i>baclofen SUSP</i>	NP	
			<i>baclofen TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol TABS 350 MG</i>	P	
<i>carisoprodol TABS 250 MG</i>	NP	
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>cyclobenzaprine hcl CP24</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
<i>cyclobenzaprine hcl TABS</i>	P	
<i>FLEQSUVY SUSP (Use baclofen)</i>	NP	
<i>LYVISPAH PACK 5 MG</i>	NP	
<i>metaxalone</i>	NP	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
<i>ONTRALFY SOLN PO 2 MG/5ML</i>	NP	
<i>orphenadrine citrate TB12</i>	P	
<i>OZOBAX DS SOLN PO (Use baclofen)</i>	NP	
<i>SOMA TABS (Use carisoprodol)</i>	NP	
<i>tizanidine hcl CAPS</i>	P	
<i>tizanidine hcl TABS</i>	P	
<i>ZANAFLEX CAPS (Use tizanidine hcl)</i>	NP	
<i>ZANAFLEX TABS 4 MG (Use tizanidine hcl)</i>	NP	
Direct Muscle Relaxants		
<i>DANTRIUM CAPS 25 MG (Use dantrolene sodium)</i>	NP	
<i>dantrolene sodium CAPS</i>	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl-fluticasone propionate SUSP</i>	P	
<i>DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)</i>	P	
<i>RYALTRIS</i>	NP	
Nasal Agents - Misc.		
<i>saline SOLN 0.65 %</i>	P	QL(90 ML per fill retail; 90 per fill mail)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	P	
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail; 26 per fill mail)
<i>olopatadine hcl (nasal)</i>	P	
Nasal Steroids		
<i>budesonide (nasal)</i>	NP	
<i>flunisolide (nasal)</i>	NP	
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
<i>OMNARIS SUSP</i>	NP	
<i>QNASL</i>	NP	
<i>QNASL CHILDRENS</i>	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	P	
<i>XHANCE EXHU</i>	NP	
<i>ZETONNA AERS</i>	NP	
Sympathomimetic Decongestants		
<i>ADRENALIN 0.1 %</i>	P	
<i>epinephrine hcl (nasal)</i>	P	
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl</i> TABS	P		ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>pseudoephedrine hcl</i> TB12	P	QL(2 EA daily)	ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA
SUDAFED CHILDRENS LIQD	P		ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA
ALS Agents			ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA
QALSODY	PA	AL(At least 18 yrs old); SP; PA	ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA
Friedrich's Ataxia Agents			ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); SP; PA
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); SP; PA	ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA
Muscular Dystrophy Agents			ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); SP; PA
AMONDYS 45	PA	SP; PA	ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); SP; PA
DUVYZAT	PA	AL(At least 6 yrs old); SP; PA	ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); SP; PA			
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); SP; PA
EXONDYS 51	PA	SP; PA
VILTEPSO	PA	SP; PA
VYONDYS 53	PA	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
DYSPOORT	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
MYOBLOC	PA	Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); SP; PA

Drug Name	Drug Tier	Requirements/Limits
XEOMIN	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
Rett Syndrome Agents		
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); SP; PA
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	PA	AL(At least 2 yrs old); SP; PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	PA	SP; PA
EVRYSDI	PA	SP; PA
SPINRAZA	PA	PA
SPINRAZA	PA	SP; PA
ZOLGENSMA 20.6-21.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 15.1-15.5 KG	CO		<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	P	QL(6 EA daily)
ZOLGENSMA 15.6-16.0 KG	CO		Proteins		
ZOLGENSMA 16.1-16.5 KG	CO		ARGININE TABS	P	
ZOLGENSMA 16.6-17.0 KG	CO		L-TRYPTOPHAN TABS	P	
ZOLGENSMA 17.1-17.5 KG	CO		OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 17.6-18.0 KG	CO		Artificial Tears and Lubricants		
ZOLGENSMA 18.1-18.5 KG	CO		ALCON TEARS SOLN	P	
ZOLGENSMA 18.6-19.0 KG	CO		<i>artificial tear solution</i>	P	
ZOLGENSMA 19.1-19.5 KG	CO		<i>carboxymethylcellulose sodium (ophth) GEL</i>	P	
ZOLGENSMA 19.6-20.0 KG	CO		<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	P	
ZOLGENSMA 2.6-3.0 KG	CO		<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
ZOLGENSMA 20.1-20.5 KG	CO		<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NP	
ZOLGENSMA 3.1-3.5 KG	CO		<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P	
ZOLGENSMA 3.6-4.0 KG	CO		<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	NP	
ZOLGENSMA 4.1-4.5 KG	CO		<i>polyvinyl alcohol 1.4 %</i>	P	
ZOLGENSMA 4.6-5.0 KG	CO		<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	P	
ZOLGENSMA 5.1-5.5 KG	CO		<i>polyvinyl alcohol-povidone (ophth)</i>	NP	
ZOLGENSMA 5.6-6.0 KG	CO		REFRESH	P	
ZOLGENSMA 6.1-6.5 KG	CO		<i>white petrolatum-mineral oil</i>	P	
ZOLGENSMA 6.6-7.0 KG	CO		Beta-blockers - Ophthalmic		
ZOLGENSMA 7.1-7.5 KG	CO		<i>betaxolol hcl (ophth) SOLN</i>	P	
ZOLGENSMA 7.6-8.0 KG	CO		BETIMOL (Use timolol)	NP	
ZOLGENSMA 8.1-8.5 KG	CO		BETIMOL	NP	
ZOLGENSMA 8.6-9.0 KG	CO		BETIMOL (Use timolol)	NF	
ZOLGENSMA 9.1-9.5 KG	CO		BETOPTIC-S SUSP	P	
ZOLGENSMA 9.6-10.0 KG	CO				
NUTRIENTS					
Misc. Nutritional Substances					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol maleate</i>	NP		ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	NF	QL(15 ML per fill retail; 15 per fill mail)
<i>carteolol hcl (ophth)</i>	P		<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 GM per fill retail; 4 per fill mail)
COMBIGAN (Use <i>brimonidine tartrate-timolol maleate</i>)	P		<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
COSOPT (Use <i>dorzolamide hcl-timolol maleate</i>)	NP		ATROPINE SULFATE SOLN 1 % (Use <i>atropine sulfate (ophthalmic)</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
COSOPT (Use <i>dorzolamide hcl-timolol maleate</i>)	NF		ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
COSOPT PF (Use <i>dorzolamide hcl-timolol maleate</i>)	NP		CYCLOGYL (Use <i>cyclopentolate hcl</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
COSOPT PF (Use <i>dorzolamide hcl-timolol maleate</i>)	NF		CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
<i>dorzolamide hcl-timolol maleate</i>	P		CYCLOGYL 2 %	P	
<i>dorzolamide hcl-timolol maleate</i>	NP		<i>cyclopentolate hcl 1 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
ISTALOL SOLN (Use <i>timolol maleate (ophth)</i>)	NP		MYDRIACYL SOLN (Use <i>tropicamide</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
<i>levobunolol hcl 0.5 %</i>	P		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>timolol</i>	NP		PHENYLEPHRINE HCL SOLN (Use <i>phenylephrine hcl (mydriatic)</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
<i>timolol maleate (ophth) SOLG</i>	P		<i>tropicamide SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>timolol maleate (ophth) SOLN</i>	P		Miotics		
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP		<i>pilocarpine hcl SOLN 1.25 %</i>	PA	PA
TIMOPTIC OCUDOSE SOLN (Use <i>timolol maleate (ophth)</i>)	NP		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
TIMOPTIC OCUDOSE SOLN 0.25 % (Use <i>timolol maleate (ophth)</i>)	NF		VUITY SOLN 1.25 % (Use <i>pilocarpine hcl</i>)	PA	PA
Cholinergic Agonists			Ophthalmic Adrenergic Agents		
TYRVAYA	NP				
Cycloplegic Mydriatics					

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P (Use brimonidine tartrate)	P	
apraclonidine hcl	NP	
brimonidine tartrate	NP	
IOPIDINE	NP	
SIMBRINZA	P	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin-polymyxin b (ophth)	P	QL(4 GM per fill retail; 4 per fill mail)
besifloxacin hcl 0.6 %	NP	
BESIVANCE 0.6 % (Use besifloxacin hcl)	P	
CILOXAN OINT	NP	
ciprofloxacin hcl (ophth) SOLN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
levofloxacin (ophth) 0.5 %	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(15 ML per fill retail; 15 per fill mail)
moxifloxacin hcl (ophth) SOLN OP	NP	
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per fill retail; 4 per fill mail)
neomycin-polymyxin-gramicidin	P	QL(10 ML per fill retail; 10 per fill mail)
OCUFLOX (Use ofloxacin (ophth))	NP	
ofloxacin (ophth)	P	
polymyxin b-trimethoprim	P	QL(10 ML per fill retail; 10 per fill mail)
sulfacetamide sodium (ophth) OINT	P	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
tobramycin (ophth) SOLN	P	QL(5 ML per fill retail; 5 per fill mail)
TOBREX OINT	P	QL(4 GM per fill retail; 4 per fill mail)
trifluridine	P	QL(8 ML per fill retail; 8 per fill mail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(15 ML per fill retail; 15 per fill mail)
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	P	QL(0.5 ML daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL (Use cyclosporine (ophth))	P	
VERKAZIA EMUL	PA	QL(4 EA daily); AL(At least 4 yrs old); PA
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	P	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Local Anesthetics		
ALTACAINE 0.5 % (Use tetracaine hcl (ophth))	NF	
TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth))	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TETRACAINE HCL 0.5 %	P		LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	NP	
<i>tetracaine hcl (ophth)</i>	P		LOTEMAX OINT	NP	
Ophthalmic Nerve Growth Factors			LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NP	
OXERVATE	PA	Maximum 56 day supply allowed; QL(1 ML daily; 112 ML per 999 day(s) retail; 112 ML per 999 days mail); AL(At least 2 yrs old); SP; PA	<i>loteprednol etabonate GEL</i>	NP	
Ophthalmic Steroids			<i>loteprednol etabonate SUSP</i>	NP	
ALREX SUSP (<i>Use loteprednol etabonate</i>)	P		<i>loteprednol etabonate-tobramycin</i>	NP	
<i>bacitracin-poly-neomycin-hc</i>	NP		MAXIDEX SUSP OP	P	
BYQLOVI 0.05 %	NP		MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)
<i>dexamethasone sodium phosphate (ophth)</i>	NP		MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NP	
DEXTENZA INST	NP	SP	<i>neomycin-polymy-dexameth OINT</i>	P	QL(17.5 GM per fill retail; 17.5 per fill mail)
<i>difluprednate</i>	P		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	
DUREZOL (<i>Use difluprednate</i>)	NF		<i>neomycin-polymyxin-hc (ophth)</i>	NP	
DUREZOL (<i>Use difluprednate</i>)	NP		PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	P	
EYSUVIS SUSP	NP	QL(8.3 ML per fill retail; 8.3 per fill mail)	PRED MILD	NP	
FLAREX	P		<i>prednisolone acetate (ophth)</i>	P	
<i>fluorometholone (ophth) SUSP</i>	NP		PREDNISOLONE SODIUM PHOSPHATE	NP	
FML FORTE SUSP	P		RETISERT	NP	SP
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	P		<i>sulfacetamide sod-prednisolone SOLN</i>	P	
ILUVIEN	NP	SP	TOBRADEX ST SUSP	NP	
INVELTYS SUSP	NP		TOBRADEX OINT	P	
LOTEMAX SM GEL	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone SUSP</i>	P		<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
TRIESENCE	NP	SP	<i>ketotifen fumarate (ophth) 0.035 %</i>	NP	
XIPERE	NP	SP	LASTACAFT	NP	
YUTIQ	NP	SP	MIEBO	NP	
ZYLET 0.3 %-0.5 % (<i>Use loteprednol etabonate-tobramycin</i>)	NP		NEVANAC	P	
Ophthalmics - Misc.			<i>olopatadine hcl</i>	NP	
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP		<i>olopatadine hcl</i>	P	
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP		PROLENSA (<i>Use bromfenac sodium (ophth)</i>)	NP	
ACUVAIL	NP		TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
ALOCRIL	P	QL(5 ML per fill retail; 5 per fill mail)	ZERVIAE	NP	
<i>azelastine hcl (ophth)</i>	P		Prostaglandins - Ophthalmic		
AZOPT (<i>Use brinzolamide</i>)	NF		<i>bimatoprost SOLN</i>	NP	
AZOPT (<i>Use brinzolamide</i>)	P		DURYSTA IMPL	NP	
<i>bepotastine besilate</i>	NP		IDOSE TR IMPL	NP	
BEPREVE (<i>Use bepotastine besilate</i>)	P		IYUZEH SOLN	NP	
<i>brinzolamide</i>	NP		<i>latanoprost SOLN</i>	P	
<i>bromfenac sodium (ophth)</i>	NP		LUMIGAN SOLN 0.01 % (<i>Use bimatoprost</i>)	P	
BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	NP		<i>tafluprost</i>	NP	
<i>cromolyn sodium (ophth)</i>	NP		TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>diclofenac sodium (ophth)</i>	P		TRAVATAN Z SOLN (<i>Use travoprost</i>)	P	
<i>dorzolamide hcl</i>	P		<i>travoprost SOLN</i>	NP	
<i>epinastine hcl (ophth)</i>	NP		VYZULTA	NP	
<i>flurbiprofen sodium</i>	P		XALATAN SOLN (<i>Use latanoprost</i>)	NP	
ILEVRO	P		XALATAN SOLN (<i>Use latanoprost</i>)	NF	
<i>ketorolac tromethamine (ophth)</i>	P		ZIOPTAN (<i>Use tafluprost</i>)	NF	
			ZIOPTAN (<i>Use tafluprost</i>)	NP	
			OTIC AGENTS - Drugs to Treat the Ear		
			Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic)</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (Use <i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	P	
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	NF	
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
<i>ciprofloxacin-hydrocortisone</i>	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail; 10 per fill mail)
OTOVEL (Use <i>ciprofloxacin-fluocinolone acetonide</i>)	NF	
PRAMOTIC	P	
Otic Steroids		
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NF	QL(0.67 ML daily)
<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)
<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)

OXYTOCICS - Drugs to Prevent/Control Uterine

Drug Name	Drug Tier	Requirements/Limits
Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
ALYGLO	NP	SP
ASCENIV	NP	
BIVIGAM SOLN	NP	SP
CUTAQUIG	NP	SP
CUVITRU SOLN	NP	SP
CYTOGAM SOLN	NP	SP
GAMASTAN IM	NP	SP
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	SP
GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD ERC 10 GM/100ML	NP	SP
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD S/D LESS IGA SOLR	NP	SP
GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	SP
GAMMAPLEX SOLN	NP	SP
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
HEPAGAM B SOLN IJ	NP	SP
HIZENTRA SOLN	P	SP
HIZENTRA SOSY	P	SP
HYPERHEP B SOLN IM	NP	SP
HYPERHEP B SOSY 110 UNIT/0.5ML	NP	SP
HYPERRAB SOLN	NP	
KEDRAB SOLN	NP	
NABI-HB SOLN IM	NP	SP
OCTAGAM SOLN	NP	SP
PANZYGA	NP	SP
PRIVIGEN SOLN	P	SP
QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	SP
VARIZIG SOLN	NP	
XEMBIFY	NP	SP
Monoclonal Antibodies		
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); SP; PA
SYNAGIS SOLN 50 MG/0.5ML	PA	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR (<i>Use amoxicillin & pot clavulanate</i>)	NF	QL(400 ML per fill retail; 400 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (<i>Use amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		

Drug Name	Drug Tier	Requirements/Limits
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	QL(1 EA daily)
PROMETRIUM CAPS (Use progesterone)	NF	QL(1 EA daily)
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
<i>lofexidine hcl</i>	NP	QL(16 EA daily)
LUCEMYRA (Use lofexidine hcl)	NP	QL(16 EA daily)
Anti-Cataplectic Agents		
<i>sodium oxybate SOLN</i>	NP	QL(18 ML daily); AL(At least 7 yrs old); SP
XYREM SOLN (Use sodium oxybate)	NP	QL(18 ML daily); AL(At least 7 yrs old); SP
XYWAV	NP	AL(At least 7 yrs old); SP
Antidementia Agents		
ADUHELM 170 MG/1.7ML	PA	SP; PA
ARICEPT TABS (Use donepezil hydrochloride)	NP	
<i>donepezil hydrochloride TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride TBDP</i>	P	
EXELON (Use rivastigmine)	NP	
<i>galantamine hydrobromide CP24</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	
<i>galantamine hydrobromide TABS</i>	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	SP; PA
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>memantine hcl SOLN</i>	NP	
<i>memantine hcl TABS</i>	P	
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use memantine hcl)	NF	
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
NAMZARIC CP24 (Use memantine hcl-donepezil hcl)	NP	
<i>rivastigmine</i>	P	
<i>rivastigmine tartrate CAPS</i>	P	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/Limits
LYBALVI	NP	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old)
<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	NF	AL(At least 18 yrs old)
Fibromyalgia Agents		
<i>milnacipran hcl MISC</i>	NP	
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP	
SAVELLA TITRATION PACK MISC (<i>Use milnacipran hcl</i>)	PA	PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>Use milnacipran hcl</i>)	PA	PA
TONMYA SUBL SL 2.8 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); SP; PA
AUSTEDO XR TB24	PA	AL(At least 18 yrs old); SP; PA
AUSTEDO TABS	PA	AL(At least 18 yrs old); SP; PA
INGREZZA CAPS	PA	AL(At least 18 yrs old); SP; PA
INGREZZA CPPK	PA	AL(At least 18 yrs old); SP; PA
INGREZZA CPSP	PA	AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i>	P	SP
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (<i>Use dalfampridine</i>)	NP	QL(2 EA daily); SP
AUBAGIO (<i>Use teriflunomide</i>)	NP	SP
AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
BAFIERTAM	NP	SP
BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); SP; PA
BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
BRIUMVI	NP	SP
<i>cladribine (multiple sclerosis) 10 MG</i>	NP	SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	PA	QL(1 ML daily); SP; PA
<i>dalfampridine</i>	PA	QL(2 EA daily); SP; PA
<i>dimethyl fumarate CDPK</i>	PA	SP; PA
<i>dimethyl fumarate CPDR</i>	PA	SP; PA
<i>fingolimod hcl</i>	PA	SP; PA
GILENYA	NP	SP
GILENYA (<i>Use fingolimod hcl</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP	PLEGRIDY SOAJ	NP	SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP; PA	PLEGRIDY SOSY IM	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily); SP	PONVORY STARTER PACK TBPK	NP	SP
KESIMPTA	NP	SP	PONVORY TABS	NP	SP
LEMTRADA	NP	SP	REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
MAVENCLAD (10 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail); SP
MAVENCLAD (4 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
MAVENCLAD (5 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail); SP
MAVENCLAD (6 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TASCENSO ODT	NP	SP
MAVENCLAD (7 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NP	SP
MAVENCLAD (8 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP
MAVENCLAD (9 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	<i>teriflunomide</i>	PA	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP	TYRUKO CONC IV 300 MG/15ML	NP	SP
MAYZENT TABS	NP	SP	TYSABRI	PA	SP; PA
OCREVUS	NP	SP	VUMERITY	NP	SP
OCREVUS ZUNOVO	NP	AL(At least 18 yrs old); SP	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
PLEGRIDY STARTER PACK SOAJ	NP	SP	ZEPOSIA STARTER KIT CPPK	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP	ZEPOSIA CAPS	NP	SP
			Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
			<i>gabapentin (once-daily) TABS</i>	NP	
			GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	NP	
			LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NF	
			LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin (once-daily)</i>	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	P	AL(At least 18 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	PA	QL(4 EA daily); SP; PA
<i>ergoloid mesylates TABS</i>	P	
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NF	
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM 2 MG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE GUM 4 MG (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex GUM</i>	P	
<i>nicotine polacrilex LOZG</i>	P	
NICOTINE KIT	P	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	P	
NICOTROL INHA	P	
<i>varenicline tartrate TABS</i>	P	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); SP; PA
ONPATTRO	PA	AL(At least 18 yrs old); SP; PA
WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	P	AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	PA	AL(At least 6 yrs old); SP; PA
KALYDECO PACK	PA	QL(2 EA daily); SP; PA
KALYDECO TABS	PA	QL(2 EA daily); SP; PA
ORKAMBI PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 5 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); SP; PA	<i>methimazole TABS</i>	P	
			<i>propylthiouracil</i>	P	
Pulmonary Fibrosis Agents			Thyroid Hormones		
PULMOZYME	P	SP; PA	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYMDEKO	PA	AL(At least 6 yrs old); SP; PA	ARMOUR THYROID TABS	P	
TRIKAFTA TBPk	PA	AL(At least 2 yrs old); SP; PA	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
TRIKAFTA THPK	PA	AL(At least 2 yrs old); SP; PA	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
ESBRIET CAPS (<i>Use pirfenidone</i>)	NF	SP; PA	<i>levothyroxine sodium TABS</i>	P	
ESBRIET TABS (<i>Use pirfenidone</i>)	NF	SP; PA	<i>liothyronine sodium TABS</i>	P	
<i>pirfenidone CAPS</i>	P	SP; PA	NIVA THYROID TABS	P	
<i>pirfenidone TABS</i>	P	SP; PA	NP THYROID TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections			RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
Tetracyclines			SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NF	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P		TOXOIDS		
<i>doxycycline hyclate CAPS</i>	P		Toxoid Combinations		
<i>doxycycline hyclate TABS 100 MG</i>	P		ADACEL SUSP	P	
<i>minocycline hcl CAPS</i>	P		BOOSTRIX SUSP	P	
<i>tetracycline hcl CAPS 500 MG</i>	P		BOOSTRIX SUSY	P	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF		DAPTACEL	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			INFANRIX	P	
Antithyroid Agents			KINRIX SUSY	P	
			PEDIARIX SUSY	P	
			PENTACEL	P	
			QUADRACEL SUSP	P	
			QUADRACEL SUSY	P	
			TDVAX SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
TETANUS-DIPHtheria TOXoids TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use <i>hyoscyamine sulfate</i>)	NF	
BENTYL SOLN IM (Use <i>dicyclomine hcl</i>)	NF	
<i>dicyclomine hcl</i> CAPS	P	
<i>dicyclomine hcl</i> SOLN PO	P	QL(40 ML daily)
<i>dicyclomine hcl</i> TABS	P	
<i>glycopyrrolate</i> TABS 1 MG, 2 MG	P	QL(4 EA daily)
<i>hyoscyamine sulfate</i> ELIX	P	
<i>hyoscyamine sulfate</i> SOLN PO 0.125 MG/ML	P	
<i>hyoscyamine sulfate</i> TB12 0.375 MG	P	QL(4 EA daily)
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	P	
LEVbid TB12 (Use <i>hyoscyamine sulfate</i>)	NF	QL(4 EA daily)
NULEV TBDP 0.125 MG (Use <i>hyoscyamine sulfate</i>)	NF	
ROBINUL-FORTE TABS (Use <i>glycopyrrolate</i>)	NF	QL(4 EA daily)
ROBINUL TABS (Use <i>glycopyrrolate</i>)	NF	QL(4 EA daily)
H-2 Antagonists		
<i>cimetidine hcl</i> PO 300 MG/5ML	NP	
<i>cimetidine</i> TABS	NP	RX/OTC
<i>famotidine</i> SOLN 20 MG/2ML	P	
FAMOTIDINE SOLN	P	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine</i> SUSR	P	
<i>famotidine</i> TABS	P	RX/OTC
<i>famotidine</i> TABS 10 MG, 20 MG	NP	RX/OTC
<i>nizatidine</i> CAPS	NP	
PEPCID TABS (Use <i>famotidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (Use <i>sucralfate</i>)	NF	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
CARAFATE TABS (Use <i>sucralfate</i>)	NF	QL(4 EA daily)
<i>sucralfate</i> SUSP	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
<i>sucralfate</i> TABS	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	QL(1 EA daily)
DEXILANT (Use <i>dexlansoprazole</i>)	NP	QL(1 EA daily)
<i>dexlansoprazole</i>	NP	QL(1 EA daily)
<i>esomeprazole magnesium</i> CPDR	NP	QL(1 EA daily); RX/OTC
<i>esomeprazole magnesium</i> PACK	NP	QL(1 EA daily)
<i>lansoprazole</i> CPDR	NP	QL(1 EA daily); RX/OTC
<i>lansoprazole</i> TBDD	NP	QL(1 EA daily); RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NF	RX/OTC
NEXIUM CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACK (Use esomeprazole magnesium)	NP	QL(1 EA daily)
omeprazole magnesium CPDR	P	QL(1 EA daily)
omeprazole magnesium CPDR	P	
omeprazole magnesium TBEC	P	
omeprazole CPDR	P	
omeprazole CPDR	P	QL(1 EA daily)
omeprazole TBDD	P	
omeprazole TBEC	P	
omeprazole TBEC	P	QL(1 EA daily)
pantoprazole sodium PACK	NP	
pantoprazole sodium SOLR	P	QL(1 EA daily)
pantoprazole sodium SOLR	P	
PANTOPRAZOLE SODIUM SOLR 40 MG (Use pantoprazole sodium)	P	
pantoprazole sodium TBEC	P	
PREVACID 24HR CPDR (Use lansoprazole)	NF	RX/OTC
PREVACID 24HR CPDR (Use lansoprazole)	NP	QL(1 EA daily); RX/OTC
PREVACID SOLUTAB TBDD (Use lansoprazole)	NP	QL(1 EA daily); RX/OTC
PREVACID CPDR 30 MG (Use lansoprazole)	NP	QL(1 EA daily)
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NF	
PRILOSEC PACK	NP	
PROTONIX PACK (Use pantoprazole sodium)	P	
PROTONIX SOLR (Use pantoprazole sodium)	NP	

Drug Name	Drug Tier	Requirements/Limits
PROTONIX TBEC (Use pantoprazole sodium)	NP	
rabeprazole sodium TBEC	NP	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use misoprostol)	NF	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	P	14 day(s) max supply per 365 day(s) retail
famotidine-calcium carbonate-magnesium hydroxide	NP	
KONVOMEK SUSR	NP	
VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 (Use tolterodine tartrate)	NF	
DETROL LA CP24 (Use tolterodine tartrate)	P	
DETROL TABS (Use tolterodine tartrate)	NF	
DETROL TABS (Use tolterodine tartrate)	P	
fesoterodine fumarate	P	
oxybutynin chloride SOLN	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride TABS 2.5 MG</i>	NP		CAPVAXIVE	P	
<i>oxybutynin chloride TABS 5 MG</i>	P		HIBERIX SOLR IJ	P	
<i>oxybutynin chloride TB24</i>	P		MENQUADFI 0.5 ML	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC	MENVEO SOLN	P	
OXYTROL PTTW	NP	RX/OTC	MENVEO SOLR	P	
<i>solifenacin succinate TABS</i>	P		PEDVAX HIB SUSP	P	
<i>tolterodine tartrate CP24</i>	P		PENBRAYA	P	
<i>tolterodine tartrate TABS</i>	P		PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP		PNEUMOVAX 23 SOLN	P	
<i>trospium chloride CP24</i>	NP		PNEUMOVAX 23 SOSY	P	
<i>trospium chloride TABS</i>	NP		PREVNAR 13	P	
VESICARE LS SUSP	NP		PREVNAR 20	P	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NP		TRUMENBA 0.5 ML	P	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			TYPHIM VI SOLN	P	
GEMTESA	NP		TYPHIM VI SOSY	P	
<i>mirabegron TB24</i>	NP		VAXCHORA	P	
MYRBETRIQ SRER	NP		VAXNEUVANCE	P	
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	P		VIVOTIF	P	
Urinary Antispasmodics - Cholinergic Agonists			Viral Vaccines		
<i>bethanechol chloride</i>	P		ABRYSVO	P	AL(At least 60 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			ACAM2000 SOLR IJ	P	
<i>flavoxate hcl</i>	NP		AFLURIA PRESERVATIVE FREE SUSY	P	
VACCINES			AFLURIA SUSP	P	
Bacterial Vaccines			AREXVY	P	AL(At least 60 yrs old)
ACTHIB SOLR IM	P		COMIRNATY SUSY	P	
BCG VACCINE	P		DENGVAXIA	P	
BEXSERO 0.5 ML	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)	ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
			ERVEBO	P	
			FLUAD	P	
			FLUARIX SUSY	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUBLOK SOSY	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
FLUCELVAX SUSP	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
FLUCELVAX SUSY	P		ROTARIX SUSP	P	
FLULAVAL SUSY	P		ROTATEQ SOLN	P	
FLUMIST	P		SHINGRIX IM 50 MCG/0.5ML	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 50 yrs old)
FLUZONE HIGH-DOSE SUSY	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
FLUZONE SUSP	P		SPIKEVAX SUSY	P	
FLUZONE SUSY	P		STAMARIL SUSR	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	TICOVAC	P	
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	TWINRIX SUSY	P	
HAVRIX IM 720 EL U/0.5ML	P		VAQTA	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	P		VAGINAL AND RELATED PRODUCTS		
IXCHIQ	P		Vaginal Anti-infectives		
IXIARO	P		CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P	
JYNNEOS	P		CLEOCIN SUPP	P	
M-M-R II SOLR	P		<i>clindamycin phosphate vaginal CREA</i>	NP	
MNEXSPIKE SUSY 10 MCG/0.2ML	P		CLINDESSE	NP	
MRESVIA	P	AL(At least 60 yrs old)	<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
NOVAVAX COVID-19 VACCINE SUSY	P		<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P		GYNAZOLE-1	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail			
PRIORIX SUSR	P				
PROQUAD SUSR	P				
RABAVERT	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	P		ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	QL(1.5 GM daily)
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)	<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(1.5 GM daily)	<i>estradiol vaginal TABS</i>	P	
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	PREMARIN	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal KIT</i>	P	QL(1 EA per fill retail; 1 per fill mail)	VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF	
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)	Anaphylaxis Therapy Agents		
NUVESSA	P		AUVI-Q SOAJ	NP	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	<i>epinephrine (anaphylaxis) SOAJ</i>	P	
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)	EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P	
<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)	EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P	
<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)	NEFFY SOLN NA	NP	
VANDAZOLE	NP		Vasopressors		
XACIATO GEL	NP		<i>midodrine hcl</i>	P	
Vaginal Anti-inflammatory Agents			VITAMINS		
<i>hydrocortisone vaginal</i>	P	QL(60 GM per fill retail; 60 per fill mail)	Oil Soluble Vitamins		
MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)	<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)
Vaginal Contraceptive - pH Modulators			<i>cholecalciferol CAPS</i>	P	
PHEXX	P		<i>cholecalciferol CHEW 400 UNIT</i>	P	
PHEXXI	P		<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P	
Vaginal Estrogens			<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	
			DRISDOL CAPS (<i>Use ergocalciferol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
<i>phytonadione TABS 5 MG</i>	P	
<i>vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT</i>	P	
<i>vitamin a TABS 10000 UNIT</i>	P	
VITAMIN D3 LIQD PO 125 MCG/ML	P	
VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)
<i>vitamin e CAPS</i>	P	QL(2 EA daily)
VITAMIN E CAPS	P	QL(2 EA daily)
<i>vitamin e SOLN</i>	P	
VITAMIN E SOLN 15 MG/0.67ML	P	
Water Soluble Vitamins		
<i>ascorbic acid CHEW 500 MG</i>	P	
<i>ascorbic acid POWD PO 500 MG/GM</i>	P	
ASCORBIC ACID POWD PO	P	
<i>ascorbic acid TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
NIACIN ER TBCR	P	
<i>niacin TABS 50 MG, 100 MG, 500 MG</i>	P	
<i>niacin TBCR</i>	NP	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>riboflavin TABS 50 MG, 100 MG</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)

Drug Name	Drug Tier	Requirements/Limits
<i>thiamine hcl TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>thiamine mononitrate TABS 100 MG</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)

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MCG-400 UNIT-6 MCG-1.7 MG-25	UNIT-6 MCG-1.7 MG-20 MG-250	MG-250 MCG-2500 UNIT-300 MCG-
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ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	aprepitant CPPK PO	29	ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	88
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	APRETUDE	47	ARICEPT TABS (Use donepezil hydrochloride)	200
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG- 5000 UNIT	APRISO CP24 (Use mesalamine)	86	ARIKAYCE	3
ANTIVERT CHEW 25 MG	APTENSIO XR CP24 (Use methylphenidate hcl)	2	ARIMIDEX (Use anastrozole)	39
ANTIVERT TABS 50 MG (Use meclizine hcl)	APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	18	aripiprazole SOLN PO	46
ANUSOL-HC EX (Use hydrocortisone (rectal))	APTIVUS CAPS	47	aripiprazole TABS	46
ANZEMET TABS 50 MG	AQ INSULIN SYRINGE	132	aripiprazole TBDP	46
ANZUPGO CREA EX 20 MG/GM .	AQNEURSA	203	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	46
	AQUALANCE LANCETS 30G ...	101	ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	46
	AQUORAL SOLN	143	ARISTADA INITIO	46
	ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	91	ARIXTRA (Use fondaparinux sodium)	17
	ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	91		
	ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	91		
	ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	91		

armodafinil	2	aspirin-dipyridamole	90	atazanavir sulfate CAPS	47
ARMOUR THYROID TABS	204	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	101	ATELVIA TBEC (Use risedronate sodium)	82
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	15	ASSURE 4 TEST STRP	71	atenolol & chlorthalidone	34
AROMASIN (Use exemestane) ...	39	ASSURE COMFORT LANCETS 28G	101	atenolol TABS	50
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	6	ASSURE DOSE CONTROL SOLN 101		ATIVAN SOLN (Use lorazepam) ...	13
artificial saliva SOLN	143	ASSURE DOSE NORM/HIGH CONTROL SOLN	101	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	13
artificial tear solution	193	ASSURE LANCE LANCETS	101	ATIVAN TABS 1 MG (Use lorazepam)	13
ARYNTA SOLN PO 10 MG/ML	1	ASSURE LANCE LANCETS 21G 101		ATMEKSI SUSP PO 750 MG/5ML 188	
ASCENIV	198	ASSURE LANCE PLUS SAFETY 25G	102	atomoxetine hcl	2
ascorbic acid CHEW 500 MG	210	ASSURE LANCE PLUS SAFETY 30G	102	ATORVALIQ SUSP	32
ascorbic acid POWD PO 500 MG/GM	210	ASSURE LANCE SAFETY LANCET 28G	102	atorvastatin calcium TABS	32
ASCORBIC ACID POWD PO	210	ASSURE PLATINUM METER DEVI 102		ATRALIN GEL (Use tretinoin)	58
ascorbic acid TABS	210	ASSURE PLATINUM STRP	71	atropine sulfate (ophthalmic) OINT 194	
asenapine maleate	45	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	102	atropine sulfate (ophthalmic) SOLN 194	
ASMANEX (120 METERED DOSES) AEPB	15	ASSURE PRISM MULTI METER DEVI	102	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 194	
ASMANEX (14 METERED DOSES) AEPB	15	ASSURE PRISM MULTI TEST STRP	72	ATROPINE SULFATE SOLN 1 % 194	
ASMANEX (30 METERED DOSES) AEPB	15	ASSURE TITANIUM BLOOD GLUCOSE DEVI	102	ATROVENT HFA	14
ASMANEX (60 METERED DOSES) AEPB	15	ASSURE TITANIUM STRP	72	AUBAGIO (Use teriflunomide) ...	201
ASMANEX HFA AERO	15	ATACAND (Use candesartan cilexetil)	34	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	199
aspirin buffered (cal carb-mag carb- mag oxide)	8	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	34	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	199
aspirin CHEW	8			AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 199	
ASPIRIN SUPP 300 MG	8				
aspirin TABS 325 MG	8				
aspirin TBEC 81 MG, 325 MG	8				

AUGTYRO	41	AVODART (Use dutasteride)	88	AZSTARYS	2
AUKELSO SOLN SC 120 MG/1.7ML 82		AVONEX PEN AJKT	201	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	86
AURYXIA 210 MG (Use ferric citrate)	87	AVONEX PREFILLED PSKT	201	AZULFIDINE TABS (Use sulfasalazine)	86
AUSTEDO TABS	201	AVSOLA	86	bacitracin (topical) OINT	60
AUSTEDO XR PATIENT TITRATION TEPK	201	AVTOZMA SOAJ SC 162 MG/0.9ML 6		bacitracin zinc OINT	60
AUSTEDO XR TB24	201	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	6	bacitracin-polymyxin b (ophth) ...	195
AUTO-LANCET MINI MISC	102	AVTOZMA SOSY SC 162 MG/0.9ML	6	bacitracin-polymyxin b OINT	60
AUTOLET LANCING DEVICE MISC . 102		AVVAKIT	40	bacitracin-poly-neomycin-hc	196
AUTOLET LITE LANCING DEVICE MISC	102	AZASITE	195	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML 188	
AUVELITY	21	azathioprine TABS 50 MG	141	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	188
AUVI-Q SOAJ	209	azathioprine TABS 75 MG, 100 MG 141		baclofen SUSP	188
AVALIDE (Use irbesartan- hydrochlorothiazide)	34	azelastine hcl (ophth)	197	baclofen TABS	188
AVAPRO 150 MG, 300 MG (Use irbesartan)	34	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	189	BACMIN TABS	149
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 58		azelastine hcl-fluticasone propionate SUSP	189	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	36
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...	58	AZILECT (Use rasagiline mesylate) . 44		BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	36
AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	58	azithromycin PACK	96	BAFIERTAM	201
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...	58	azithromycin SUSR	96	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)	54
AVEENO PROTECT+HYDRATE SPF60 LOTN	69	azithromycin TABS	96	balsalazide disodium CAPS	86
AVERI TABS PO	54	AZO HORMONAL HEALTH CYCLE CARE TABS	148	BALVERSA	41
AVMAPKI FAKZYNJA CO-PACK THPK PO	40	AZO HORMONAL HEALTH HAPPY CYCL TABS	149	BAND-AID ALL-IN-ONE GAUZE LG PADS	96
		AZOPT (Use brinzolamide)	197	BAND-AID GAUZE LARGE PADS	96
		AZOR (Use amlodipine besylate- olmesartan medoxomil)	34	BAND-AID GAUZE MEDIUM PADS 96	
				BAND-AID GAUZE SMALL PADS	96

BAND-AID HURT-FREE NON-STICK PADS	96	BD INSULIN SYRINGE HALF-UNIT .	132	BENLYSTA SOAJ	143
BAND-AID TRU-ABSORB GAUZE PADS	96	BD INSULIN SYRINGE MICROFINE	132	BENLYSTA SOLR	143
BANZEL SUSP (Use rufinamide) ..	18	BD INSULIN SYRINGE U/F	132	BENLYSTA SOSY	143
BANZEL TABS (Use rufinamide) ..	18	BD INSULIN SYRINGE ULTRAFINE	132	BENTYL SOLN IM (Use dicyclomine hcl)	205
BAQSIMI ONE PACK POWD	25	BD MICROTAINER LANCETS ..	102	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	58
BAQSIMI TWO PACK POWD	25	BD PEN NEEDLE MICRO ULTRAFINE	132	benzonatate 100 MG	56
BARACLUDE TABS (Use entecavir) .	49	BD PEN NEEDLE MINI ULTRAFINE	132	benzonatate 200 MG	56
BARIATRIC MULTIVITAMINS CAPS	149	BD PEN NEEDLE NANO 2ND GEN .	132	benzoyl peroxide BAR	58
BARIATRIC MULTIVITAMINS TABS .	149	BD PEN NEEDLE NANO ULTRAFINE	132	benzoyl peroxide CREA 10 %	58
BARIATRIC MULTIVITAMINS/IRON CAPS	149	BD PEN NEEDLE ORIG ULTRAFINE	132	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	58
BASAGLAR KWIKPEN SOPN	26	BD PEN NEEDLE SHORT ULTRAFINE	132	benzoyl peroxide LIQD 4 %	58
BASAGLAR TEMPO PEN SOPN ..	26	BD SAFETYGLIDE INSULIN SYRINGE	132	benzoyl peroxide LIQD 5 %, 10 %	58
BASIC AM TABS	149	BD VEO INSULIN SYR ULTRAFINE	132	benzoyl peroxide LOTN 5 %, 10 %	58
BASIC PM TABS	149	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	15	benzoyl peroxide-erythromycin GEL .	58
BAXDELA SOLR	85	BELBUCA FILM	11	benztropine mesylate SOLN	43
BAXDELA TABS	85	BELSOMRA	94	benztropine mesylate TABS	43
BCG VACCINE	207	benazepril & hydrochlorothiazide .	35	bepotastine besilate	197
b-complex vitamins CAPS	144	benazepril hcl	33	BEPREVE (Use bepotastine besilate)	197
b-complex vitamins TABS	144	BENEFIX KIT	89	BEQVEZ	89
b-complex w/ c & folic acid CAPS	144	BENICAR (Use olmesartan medoxomil)	34	BERINERT KIT	90
BD AUTOSHIELD DUO	132	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	35	besifloxacin hcl 0.6 %	195
BD INS SYR ULTRAFINE 1/2UNIT	132			BESIVANCE 0.6 % (Use besifloxacin hcl)	195
BD INSULIN SYR ULTRAFINE II	132			betamethasone dipropionate (topical) CREA	64
BD INSULIN SYRINGE	132			betamethasone dipropionate (topical) LOTN	64

betamethasone dipropionate (topical) OINT	64	BILDYOS SOSY SC 60 MG/ML ...	82	BLOOD GLUCOSE MONITOR SYSTEM KIT	102
betamethasone dipropionate augmented CREA	64	BILPREVDA SOLN SC 120 MG/1.7ML	82	BLOOD GLUCOSE MONITORING 333 DEVI	102
betamethasone dipropionate augmented GEL 0.05 %	64	bimatoprost SOLN	197	BLOOD GLUCOSE TEST STRIPS 333 STRP	72
betamethasone dipropionate augmented LOTN	64	BIMZELX SOAJ	62	BLOOD GLUCOSE TEST STRP ..	72
betamethasone dipropionate augmented OINT	64	BIMZELX SOSY	62	BLOOD SUGAR MANAGER TABS	149
betamethasone valerate CREA ...	64	BINOSTO TBEF	82	BLULINK CONTROL HIGH & LOW LIQD	102
betamethasone valerate FOAM ...	64	BIO-35 GLUTEN-FREE CAPS ...	149	BLULINK GLUCOSE MONITORING SYS DEVI	102
betamethasone valerate LOTN ...	64	BIO-35 IRON FREE CAPS	149	BLULINK GLUCOSE TEST STRP	72
betamethasone valerate OINT ...	64	BIOCAL CAPS	149	BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG- 0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT- 133.333 MG-66.667 MG-50 MCG- 83.333 MG-10 UNIT	149
BETAPACE AF (Use sotalol hcl (afib/af))	50	BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	149	BIOTECH PLUS CAPS	149
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	50	BIOTECT PLUS CAPS	149	BIOTEL CARE BLOOD GLUCOSE KIT	102
BETASERON KIT	201	BIOTEL CARE TEST STRIPS STRP	72	BIOTHRAX	207
betaxolol hcl (ophth) SOLN	193	BIOTIN CAPS 5 MG, 5000 MCG ...	210	bisacodyl SUPP	95
betaxolol hcl	50	bisacodyl TBEC	95	bismuth subsalicylate CHEW 262 MG	28
bethanechol chloride	207	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	28	bismuth subsalicylate TABS	28
BETHKIS NEBU (Use tobramycin) .	3	bisoprolol & hydrochlorothiazide ..	35	bisoprolol fumarate	50
BETIMOL (Use timolol)	193	BIVIGAM SOLN	198	BLOOD GLUCOSE MONITOR SYSTEM KIT	102
BETIMOL	193			BLOOD GLUCOSE MONITORING 333 DEVI	102
BETOPTIC-S SUSP	193			BLOOD GLUCOSE TEST STRIPS 333 STRP	72
BEVESPI AEROSPHERE	16			BLOOD GLUCOSE TEST STRP ..	72
bexarotene	43			BLOOD SUGAR MANAGER TABS	149
BEXSERO 0.5 ML	207			BLULINK CONTROL HIGH & LOW LIQD	102
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	54			BLULINK GLUCOSE MONITORING SYS DEVI	102
bicalutamide	39			BLULINK GLUCOSE TEST STRP	72
BIKTARVY	47			BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG- 0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT- 133.333 MG-66.667 MG-50 MCG- 83.333 MG-10 UNIT	149

BOSAYA SOSY SC 60 MG/ML ....82	BREO ELLIPTA (Use fluticasone furoate-vilanterol) 16	BROVANA (Use arformoterol tartrate) .....16
bosentan TABS 52	BREO ELLIPTA 16	BRUKINSA 41
bosentan TBSO 32 MG .....52	BREZTRI AEROSPHERE .....16	BRUKINSA PO 160 MG 41
BOSULIF CAPS 41	BRILINTA 60 MG, 90 MG (Use ticagrelor) 90	BRYNOVIN SOLN PO 25 MG/ML .25
BOSULIF TABS .....41	brimonidine tartrate 195	budesonide (inhalation) SUSP .....15
BOTOX IJ .....192	brimonidine tartrate-timolol maleate . 194	budesonide (intrarectal) 12
B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT 149	BRINEURA .....84	budesonide (nasal) .....189
BPO FOAMING CLOTHS MISC 6 % . 58	brinzolamide 197	budesonide CPEP 55
BPROTECTED MULTI-VITE LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML .....149	BRIUMVI .....201	budesonide-formoterol fumarate dihydrate .....16
BPROTECTED PEDIA POLY-VITE SOLN PO 186	brivaracetam SOLN PO 10 MG/ML 18	bumetanide TABS 82
BPROTECTED PEDIA POLY-VITE/FE SOLN 186	brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG 18	BUMEX TABS 0.5 MG (Use bumetanide) .....82
BRAFTOVI 75 MG .....41	BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam) .....18	buprenorphine hcl SUBL .....11
BREATHE COMFORT CHAMBER/ADULT DEVI .....135	BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam) 18	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG .....11
BREATHE COMFORT CHAMBER/CHILD DEVI 135	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam) 18	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG 11
BREATHE EASE LARGE DEVI ..135	BRIXADI (WEEKLY) SOSY .....11	buprenorphine hcl-naloxone hcl dihydrate SUBL 11
BREATHE EASE MEDIUM DEVI 135	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML .....11	buprenorphine PTWK .....11
BREATHE EASE SMALL DEVI .. 135	bromfenac sodium (ophth) .....197	bupropion hcl (smoking deterrent) 203
BREATHERITE VALVED MDI CHAMBER DEVI 135	brompheniramine & phenyleph ELIX . 56	bupropion hcl TABS 21
BREKIYA SOAJ SC 1 MG/ML ....138	brompheniramine & pseudoeph ELIX 57	bupropion hcl TB12 .....21
	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML 57	bupropion hcl TB24 150 MG, 300 MG .....21
	BROMSITE (Use bromfenac sodium (ophth)) 197	bupropion hcl TB24 300 MG, 450 MG .....21
		BURIED TREASURE ACTIVE 55

PLUS LIQD	149	MG, 10 MG-40 MG, 10 MG-80 MG, 5	500 MG	140
BURN RELIEF GEL	67	MG-10 MG, 5 MG-20 MG, 5 MG-40	calcium carbonate-cholecalciferol	
bupirone hcl 15 MG	13	MG, 5 MG-80 MG (Use amlodipine	TABS	140
bupirone hcl 5 MG, 10 MG	13	besylate-atorvastatin calcium)	calcium carbonate-vitamin d TABS	
bupirone hcl 7.5 MG, 30 MG	13	CADUET 10 MG-20 MG, 10 MG-40	125 UNIT-250 MG, 250 MG-125	
butalbital-acetaminophen TABS 50		MG, 10 MG-80 MG, 5 MG-10 MG, 5	UNIT	140
MG-325 MG	8	MG-20 MG, 5 MG-40 MG, 5 MG-80	calcium carbonate-vitamin d TABS	
butalbital-acetaminophen-caffeine		MG (Use amlodipine besylate-	600 MG-200 UNIT	140
CAPS 40 MG-50 MG-325 MG	8	atorvastatin calcium)	CALCIUM CHEW	140
butalbital-acetaminophen-caffeine		caffeine citrate SOLN PO 60	calcium citrate TABS	140
TABS 40 MG-50 MG-325 MG	8	MG/3ML	calcium polycarbophil TABS	94
butalbital-acetaminophen-caffeine w/		calcipotriene CREA	CALQUENCE	41
codeine 30 MG-40 MG-50 MG-325		CALCIPOTRIENE FOAM	CAMBIA (Use diclofenac potassium	
MG	10	calcipotriene OINT	(migraine))	138
butalbital-aspirin-caffeine CAPS	8	calcipotriene SOLN	CAMCEVI	39
butalbital-aspirin-caffeine w/cod	10	calcipotriene-betamethasone	camphor & menthol LOTN	62
BUTRANS PTWK (Use		dipropionate OINT	camphor-menthol-methyl salicylate	
buprenorphine)	11	calcipotriene-betamethasone	CREA	67
BYETTA 10 MCG PEN SOPN 10		dipropionate SUSP	camphor-menthol-methyl salicylate	
MCG/0.04ML (Use exenatide)	25	calcitonin (salmon) IJ	GEL	67
BYETTA 5 MCG PEN SOPN 5		calcitonin (salmon) NA	camphor-menthol-methyl salicylate	
MCG/0.02ML (Use exenatide)	25	calcitriol (topical)	PTCH EX 3.1 %-10 %-6 %	67
BYLVAY (PELLETS) CPSP	86	calcitriol CAPS	CANASA SUPP (Use mesalamine)	
BYLVAY CAPS	86	CALCIUM 600 +D HIGH POTENCY	86	
BYQLOVI 0.05 %	196	TABS	candesartan cilexetil	34
BYSTOLIC (Use nebivolol hcl)	50	calcium acetate (phosphate binder)	candesartan cilexetil-	
BYSTOLIC 2.5 MG, 5 MG, 10 MG		CAPS	hydrochlorothiazide	35
(Use nebivolol hcl)	50	calcium acetate (phosphate binder)	capecitabine	38
CABENUVA 600 MG/2ML-400		TABS	CAPHOSOL SOLN	144
MG/2ML	47	CALCIUM CARB-	CAPLYTA	44
CABENUVA 900 MG/3ML-600		CHOLECALCIFEROL CHEW	CAPRELSA	41
MG/3ML	47	calcium carbonate (antacid) CHEW	capsaicin CREA 0.025 %	67
CABOMETYX TABS	41	500 MG, 750 MG, 1000 MG	capsaicin CREA 0.075 %	67
CADUET 10 MG-10 MG, 10 MG-20		CALCIUM CARBONATE CHEW		
		calcium carbonate TABS 1250 MG,		

capsaicin CREA 0.1 %	67	CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	51	CARETOUCH LANCING/EJECTOR MISC	103
capsaicin PTCH	67	CARDIZEM LA TB24 (Use diltiazem hcl)	51	CARETOUCH MONITOR SYSTEM KIT	103
captopril & hydrochlorothiazide	35	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	51	CARETOUCH SAFETY LANCETS	103
captopril	33	CARDURA (Use doxazosin mesylate)	34	CARETOUCH SAFETY LANCETS 26G	103
CAPVAXIVE	207	CARDURA 8 MG (Use doxazosin mesylate)	34	CARETOUCH TEST STRP	72
CAPZASIN-HP CREA (Use capsaicin)	67	CARDURA XL	88	CARETOUCH TWIST LANCETS 28G	103
CAPZASIN-P CREA 0.035 % (Use capsaicin)	67	CAREONE ADVANCED LANCING DEV MISC	102	CARETOUCH TWIST LANCETS 30G	103
CARAC CREA (Use fluorouracil (topical))	61	CAREONE INSULIN SYRINGE	132	CARETOUCH TWIST LANCETS 33G	103
CARAFATE SUSP (Use sucralfate)	205	CAREONE LANCET SUPER THIN 30G	102	CARETOUCH TWIST MC LANCETS 30G	103
CARAFATE TABS (Use sucralfate)	205	CARESENS CONTROL SOLUTION A/B SOLN	103	carisoprodol TABS 250 MG	189
carbamazepine CHEW	18	CARESENS LANCETS 30G	103	carisoprodol TABS 350 MG	189
carbamazepine CP12	18	CARESENS N FELIZ BT DEVI	103	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers))	84
carbamazepine SUSP	18	CARESENS N FELIZ DEVI	103	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	84
carbamazepine TABS	18	CARESENS S CONTROL SOLN A/B LIQD	103	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	84
carbamazepine TB12	18	CARESENS S FIT BLOOD GLUC MON DEVI	103	carteolol hcl (ophth)	194
carbamide peroxide (otic) 6.5 %	198	CARESENS S FIT BT BLOOD GLUC DEVI	103	carvedilol	50
CARBATROL CP12 (Use carbamazepine)	18	CARESENS S GLUCOSE TEST STRP	72	carvedilol phosphate	50
carbidopa	43	CARETOUCH CONTROL SOL LEVEL 2 LIQD	103	CASGEVY	91
carbidopa-levodopa CPCR	43	CARETOUCH HYPODERMIC NEEDLE	132	CASODEX (Use bicalutamide)	39
carbidopa-levodopa TABS	43	CARETOUCH INSULIN SYRINGE	132	CATAPRES-TTS-1 PTWK (Use clonidine)	34
carbidopa-levodopa TBCR	43			CATAPRES-TTS-2 PTWK (Use	
carbidopa-levodopa TBDP	43				
carbidopa-levodopa-entacapone	43				
carboxymethylcellulose sodium (ophth) GEL	193				
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	193				

clonidine) .....34	CELEBREX 200 MG (Use celecoxib) 6	MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG .....150
CATAPRES-TTS-3 PTWK (Use clonidine) .....34	CELEBREX 400 MG (Use celecoxib) 6	CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML 150
CAYA DPRH .....98	CELEBREX 50 MG (Use celecoxib) 6	
CAYSTON .....36	celecoxib 100 MG .....6	
cefaclor CAPS 53	celecoxib 200 MG .....6	
CEFACTOR ER TB12 .....53	celecoxib 400 MG .....6	
cefadroxil CAPS .....53	celecoxib 50 MG .....6	
cefadroxil SUSR 53	CELEXA TABS (Use citalopram hydrobromide) .....22	CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG 150
cefadroxil TABS .....53	CELLCEPT CAPS (Use mycophenolate mofetil) .....142	
cefdinir CAPS .....53	CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl) .....142	
cefdinir SUSR .....53	CELLCEPT SUSR (Use mycophenolate mofetil) .....142	
cefixime CAPS .....53	CELLCEPT TABS (Use mycophenolate mofetil) .....142	
cefixime SUSR .....53	CELONTIN (Use methsuximide) ..21	
cefixime TABS .....54	CENTANY AT KIT 60	
cefpodoxime proxetil SUSR .....54	CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG ... 149	CENTRUM CARDIO TABS .....150
cefpodoxime proxetil TABS .....54		
cefprozil SUSR .....53		
cefprozil TABS .....53		
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG .....54		
cefuroxime axetil TABS .....53		
CELEBRATE MULTI-COMPLETE 18 CAPS 149		
CELEBRATE MULTI-COMPLETE 36 CAPS 149		
CELEBRATE MULTI-COMPLETE 45 CAPS 149		
CELEBRATE MULTI-COMPLETE 60 CAPS 149		
CELEBREX 100 MG (Use celecoxib) 6		

MG/15ML-150 MCG/15ML	152	TABS 60 MG-3 MG-30 MCG-400	1.1 MG-14 MG-5 MG-5 MG-1.1 MG-
CENTRUM MEN TABS	150	MCG-500 UNIT-25 MCG-1.7 MG-30	300 MCG-25 MCG-15.8 MG-8 MG-
CENTRUM MENOPAUSE HOT		MCG-20 MG-250 MCG-2500 UNIT-	100 MG-2.3 MG-50 MCG-80 MG-52
FLASH TABS	150	10 MG-220 MG-300 MCG-1.5 MG-11	MCG-0.5 MG-15 MG-300 MG-150
CENTRUM MENOPAUSE		MG-50 UNIT-50 MG-150 MCG-80	MCG-20 MG-22 MCG-1050 MCG-50
MIND/MOOD TABS	183	MG-45 MCG-150 MCG-20 MG-0.5	MCG-50 MCG-72 MG 151
CENTRUM MINIS ADULTS 50+		MG-5 MCG-2.3 MG-55 MCG-10	CENTRUM SPECIALIST HEART
TABS	150	MCG-45 MCG-72 MG-2 MG, 60 MG-	TABS .....151
CENTRUM MINIS MEN 50+ TABS	150	30 MCG-400 MCG-1.5 MG-20 MG-3	CENTRUM SPECIALIST IMMUNE
		MG-10 MG-1.7 MG-250 MCG-300	TABS .....151
		MCG-25 MCG-22.5 MG-50 MG-2.3	CENTRUM SPECIALIST VISION
		MG-45 MCG-80 MG-50 MCG-0.5	TABS .....151
		MG-11 MG-220 MG-150 MCG-20	CENTRUM ULTRA WOMENS TABS
		MG-19 MCG-750 MCG-30 MCG-25	151
		MCG-72 MG 151	CENTRUM WOMEN TABS 75 MG-2
		CENTRUM SILVER MEN 50+ TABS	MG-40 MCG-400 MCG-1000 UNIT-6
		120 MG-30 MCG-300 MCG-1.5 MG-	MCG-1.1 MG-50 MCG-14 MG-3500
		20 MG-6 MG-100 MCG-10 MG-1.7	UNIT-15 MG-18 MG-200 MG-1.1
		MG-300 MCG-600 MCG-1000 UNIT-	MG-8 MG-100 MG-80 MG-50 MCG-
		27 MG-75 MG-4 MG-50 MCG-80	150 MCG-35 UNIT-20 MG-0.5 MG-5
		MG-60 MCG-0.5 MG-15 MG-210	MCG-10 MCG-1.8 MG-18 MCG-10
		MG-150 MCG-20 MG-21 MCG-1050	MCG-32 MCG-72 MG-2 MG, 75 MG-
		MCG-60 MCG-72 MG 151	40 MCG-400 MCG-1.1 MG-14 MG-2
		CENTRUM SILVER TABS 400 UNIT-	MG-15 MG-1.1 MG-25 MCG-15.8
		60 MG-3 MG-30 MCG-400 MCG-25	MG-18 MG-100 MG-1.8 MG-50
		MCG-1.7 MG-10 MCG-20 MG-250	MCG-80 MG-32 MCG-0.5 MG-8 MG-
		MCG-3500 UNIT-10 MG-300 MCG-	200 MG-150 MCG-20 MG-18 MCG-
		1.5 MG-15 MG-2 MG-45 UNIT-100	1050 MCG-50 MCG-6 MCG-72 MG
		MG-80 MG-150 MCG-200 MG-75	152
		MCG-150 MCG-48 MG-5 MCG-2	CENTURY MATURE TABS 90 MG-3
		MG-150 MCG-20 MCG-10 MCG-72	MG-30 MCG-500 MCG-500 UNIT-25
		MG-2 MG, 60 MG-3 MG-30 MCG-	MCG-1.7 MG-30 MCG-20 MG-250
		400 MCG-500 UNIT-25 MCG-1.7	MCG-2500 UNIT-10 MG-300 MCG-
		MG-30 MCG-20 MG-2500 UNIT-10	1.5 MG-11 MG-150 MCG-50 MG-80
		MG-1.5 MG-11 MG-150 MCG-50	MG-2 MG-220 MG-45 MCG-150
		MG-80 MG-220 MG-45 MCG-150	MCG-50 UNIT-110 MG-0.9 MG-5
		MCG-50 UNIT-20 MG-0.5 MG-5	MCG-2.3 MG-55 MCG-10 MCG-45
		MCG-2.3 MG-55 MCG-10 MCG-45	MCG-72 MG 152
		MCG-72 MG-2 MG 151	CENTURY TABS 90 MG-2 MG-30
		CENTRUM SILVER ULTRA	MCG-500 MCG-400 UNIT-6 MCG-
		WOMENS TABS .....151	1.7 MG-25 MCG-20 MG-250 MCG-
		CENTRUM SILVER WOMEN 50+	3500 UNIT-10 MG-18 MG-300 MCG-
		TABS 100 MG-30 MCG-400 MCG-	

1.5 MG-11 MG-150 MCG-100 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG 152	cetirizine hcl CAPS 30	MG, 750 MG 189
CENVITE LIQD 152	cetirizine hcl CHEW 30	chlorzoxazone TABS 500 MG 189
cephalexin CAPS 250 MG, 500 MG 53	cetirizine hcl SOLN PO 30	CHOICEFUL MULTIVITAMIN CAPS . 152
cephalexin SUSR 53	cetirizine hcl TABS 30	CHOLBAM 85
CEQUA SOLN 195	cetirizine-pseudoephedrine 57	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT 209
CEQUR SIMPLICITY 2U DEVI ... 132	CETRAXAL (Use ciprofloxacin hcl (otic)) 198	cholecalciferol CAPS 209
CEQUR SIMPLICITY INSERTER MISC 132	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 203	cholecalciferol CHEW 400 UNIT . 209
CERAVE THERAPEUTIC HAND CREAM CREA 69	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) .. 203	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML 209
CERDELGA 91	CHANTIX TABS (Use varenicline tartrate) 203	cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG 209
CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium) 20	CHEMET 28	cholestyramine light PACK 32
CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium) 21	chenodiol 86	cholestyramine light POWD 32
CEREZYME 400 UNIT 91	chlordiazepoxide hcl CAPS 13	cholestyramine PACK 32
CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG 152	chlorhexidine gluconate (mouth- throat) 143	cholestyramine POWD 32
CERTAVITE SENIOR TABS 152	chlorhexidine gluconate SOLN EX 4 % 46	choline fenofibrate 32
CERTAVITE SENIOR/ANTIOXIDANT TABS ... 152	chloroquine phosphate TABS 250 MG 37	CHOSEN LANCETS 30G 103
CERTAVITE/ANTIOXIDANTS TABS . 152	chloroquine phosphate TABS 500 MG 37	CHOSEN LANCING DEVICE MISC 104
CETAPHIL DAILY FACIAL SPF 50 LOTN 69	chlorpheniramine maleate SYRP .. 30	CHOSEN SAFETY LANCETS 28G 104
	chlorpheniramine maleate TABS .. 30	CIALIS 5 MG (Use tadalafil) 52
	chlorpromazine hcl SOLN 25 MG/ML 46	CIBINQO 66
	chlorpromazine hcl TABS 10 MG .. 46	cilostazol 90
	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG 46	CILOXAN OINT 195
	chlorthalidone 25 MG, 50 MG 82	CIMDUO 47
	chlorzoxazone TABS 250 MG, 375	cimetidine hcl PO 300 MG/5ML .. 205
		cimetidine TABS 205
		CIMZIA (1 SYRINGE) PSKT 200

MG/ML	86	CLARINEX TABS (Use desloratadine)	31	STRP	72
CIMZIA (2 SYRINGE) PSKT	86	CLARINEX-D 12 HOUR TB12	57	CLEVER CHEK AUTO-CODE VOICE DEVI	104
CIMZIA KIT	86	clarithromycin SUSR	96	CLEVER CHEK AUTO-CODE VOICE STRP	72
CIMZIA-STARTER PSKT	86	clarithromycin TABS	96	CLEVER CHEK LANCETS	104
CINQAIR	14	clarithromycin TB24	96	CLEVER CHEK SYSTEM KIT	104
CINRYZE SOLR IV	90	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	31	CLEVER CHEK TEST STRP	72
CINVANTI EMUL	29	CLARITIN CHEW (Use loratadine)	31	CLEVER CHOICE AUTO-CODE SYSTEM DEVI	104
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	198	CLARITIN CHILDRENS CHEW (Use loratadine)	31	CLEVER CHOICE AUTO-CODE TEST STRP	72
CIPRO SUSR	85	CLARITIN REDITABS TBDP (Use loratadine)	31	CLEVER CHOICE COMFORT EZ 104	
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	85	CLARITIN SOLN (Use loratadine)	31	CLEVER CHOICE GLUCOSE CONTROL LIQD	104
ciprofloxacin hcl (ophth) SOLN	195	CLARITIN TABS (Use loratadine)	31	CLEVER CHOICE HOLDING CHAMBER DEVI	135
ciprofloxacin hcl (otic)	198	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	57	CLEVER CHOICE LANCETS 23G 104	
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	85	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	57	CLEVER CHOICE LANCETS 28G 104	
ciprofloxacin-dexamethasone	198	CLASSIC PRENATAL TABS	186	CLEVER CHOICE MICRO SYSTEM KIT	104
ciprofloxacin-fluocinolone acetonide . 198		CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	30	CLEVER CHOICE MICRO TEST STRP	72
ciprofloxacin-hydrocortisone	198	CLEOCIN (Use clindamycin palmitate hydrochloride)	36	CLEVER CHOICE MINI SYSTEM DEVI	104
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use citalopram hydrobromide)	22	CLEOCIN CREA (Use clindamycin phosphate vaginal)	208	CLEVER CHOICE NO CODING STRP	72
citalopram hydrobromide CAPS 30 MG	22	CLEOCIN SUPP	208	CLEVER CHOICE TALK SYSTEM DEVI	104
citalopram hydrobromide SOLN	22	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	59	CLEVER CHEK AUTO-CODE SYSTEM DEVI	104
citalopram hydrobromide TABS	22	CLEVER CHEK AUTO-CODE DEVI . 104		CLEVER CHEK AUTO-CODE SYSTEM DEVI	104
CITRACAL +D3 TABS	153	CLEVER CHEK AUTO-CODE TEST		CLIMARA PTWK 0.025 MG/24HR,	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 186					
cladribine (multiple sclerosis) 10 MG . 201					

0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	85	clobetasol propionate LIQD	64	clozapine TBDP	45
CLINDAGEL GEL (Use clindamycin phosphate (topical))	59	clobetasol propionate LOTN	64	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	45
clindamycin hcl 150 MG, 300 MG .	36	clobetasol propionate OINT 0.05 % 64		CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	45
clindamycin palmitate hydrochloride .	36	clobetasol propionate SHAM	64	CO MONITOR DEVI	135
clindamycin phosphate (topical) FOAM	59	clobetasol propionate SOLN 0.05 % . 64		COAGADDEX	89
clindamycin phosphate (topical) GEL 59		CLOBEX LOTN 0.05 % (Use clobetasol propionate)	64	COAGUCHEK LANCETS	104
clindamycin phosphate (topical) SOLN	59	CLOBEX SHAM (Use clobetasol propionate)	64	coal tar extract SHAM 0.5 %	70
clindamycin phosphate (topical) SWAB	59	CLOBEX SPRAY LIQD (Use clobetasol propionate)	64	COARTEM	37
clindamycin phosphate vaginal CREA	208	clocortolone pivalate	64	COBENFY CAPS	46
clindamycin phosphate-benzoyl peroxide (refrigerate)	59	CLODERM (Use clocortolone pivalate)	64	COBENFY STARTER PACK CPPK 46	
clindamycin phosphate-benzoyl peroxide GEL	59	clomipramine hcl	23	codeine sulfate TABS 30 MG	9
clindamycin phosphate-tretinoin ..	59	clonazepam TABS	18	CODEINE SULFATE TABS	9
CLINDESSE	208	clonazepam TBDP	18	COLAZAL CAPS (Use balsalazide disodium)	86
clobazam SUSP	18	clonidine hcl (adhd) TB12	2	colchicine CAPS	89
clobazam TABS	18	clonidine hcl TABS	34	colchicine TABS	89
clobetasol propionate CREA 0.05 % . 64		clonidine PTWK	34	colchicine w/ probenecid	88
clobetasol propionate emollient base 0.05 %	64	clopidogrel bisulfate	90	colesevelam hcl PACK	32
clobetasol propionate emulsion ...	64	clorazepate dipotassium TABS	13	colesevelam hcl TABS	32
clobetasol propionate FOAM	64	clotrimazole (topical) CREA	60	COLESTID FLAVORED PACK (Use colestipol hcl)	32
clobetasol propionate GEL 0.05 %	64	clotrimazole (topical) SOLN	60	COLESTID GRAN (Use colestipol hcl)	32
		clotrimazole vaginal CREA 1 % ..	208	COLESTID TABS (Use colestipol hcl)	32
		clotrimazole vaginal CREA 2 % ..	208	colestipol hcl GRAN	32
		clotrimazole w/ betamethasone CREA	60	colestipol hcl PACK	32
		clotrimazole w/ betamethasone LOTN	60	colestipol hcl TABS	32
		clozapine TABS	45	COLLAVERA GEL 2 %	68

COMBIGAN (Use brimonidine tartrate-timolol maleate)	194	0.4 MG-9 MCG-2.6 MG-30 MG-5000 UNIT-2 MG-400 UNIT-45 UNIT-27 MG-22.5 MG	153	CONTOUR NEXT ONE KIT	105
COMBIPATCH PTTW	85	COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	47	CONTOUR NEXT TEST STRP	73
COMBIVENT RESPIMAT AERS ..	16	COMPLETE		CONTOUR PLUS BLUE KIT	105
COMETRIQ (100 MG DAILY DOSE) KIT	41	MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML-2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML	153	CONTOUR PLUS TEST STRP	73
COMETRIQ (140 MG DAILY DOSE) KIT	41	COMPLETE NATAL DHA	186	CONTOUR TEST STRP	73
COMETRIQ (60 MG DAILY DOSE) KIT	41	COMPLETENATE CHEW	186	CONTROL SOLN	105
COMFORT ASSURED LANCETS 28G	105	COMPLETIA DIABETIC MULTIVIT TABS	153	CONZIP CP24 (Use tramadol hcl) ..	9
COMFORT ASSURED LANCETS 33G	105	CONCEPT DHA	186	COPA ISLAND BORDERED FOAM PADS	96
COMFORT EZ INSULIN SYRINGE 132		CONCEPT OB	186	COPA PLUS HYDROPHILIC FOAM PADS	96
COMFORT TOUCH LANCETS 31G 105		CONCERTA TBCR (Use methylphenidate hcl)	2	COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	201
COMFORT TOUCH PLUS LANCETS 30G	105	CONEXXENCE SOSY SC 60 MG/ML	82	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	201
COMIRNATY SUSY	207	CONJUPRI (Use levamlodipine maleate)	51	COPIKTRA	41
COMPACT SPACE CHAMBER DEVI	136	CONTOUR CONTROL LIQD	105	COPPERTONE BABY PURE & SIMPLE LOTN	69
COMPACT SPACE CHAMBER/LG MASK DEVI	136	CONTOUR MONITOR DEVI	105	COPPERTONE COMPLETE SPF30 LOTN	69
COMPACT SPACE CHAMBER/MED MASK DEVI	136	CONTOUR NEXT CONTROL SOLN 105		COPPERTONE GLOW PROTECT & TAN LOTN	70
COMPACT SPACE CHAMBER/SM MASK DEVI	136	CONTOUR NEXT EZ KIT	105	COPPERTONE GLOW SHIMMER SPF15 LOTN	70
COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30 MCG-3500 UNIT-5 MG-100 MG-20 MG-10 MG-100 MG-5 MG-100 MG-15 MG-2 MG-250 MCG-2 MG-10 MCG-75 MCG-150 MCG-120 MCG-20 MCG	153	CONTOUR NEXT GEN MONITOR KIT	105	COPPERTONE GLOW SHIMMER SPF30 LOTN	70
COMPETE TABS 90 MG-20.6 MG-		CONTOUR NEXT LINK KIT	105	COPPERTONE GLOW SHIMMER SPF50 LOTN	70
		CONTOUR NEXT MONITOR KIT		COPPERTONE KIDS PURE & SIMPLE LOTN	70
				COPPERTONE LIMITED EDITION LOTN	70
				COPPERTONE OIL FREE FACE	

SPF30 LOTN	70	COSENTYX SENSOREADY (300 MG) SOAJ	62	CULTURELLE PROBIOTIC MEN DAILY CAPS	153
COPPERTONE OIL FREE FACE SPF50 LOTN	70	COSENTYX SENSOREADY PEN SOAJ	62	CUPRIMINE CAPS (Use penicillamine)	141
COPPERTONE PURE & SIMPLE FACE LOTN	70	COSENTYX SOLN	62	CURITY ALL PURPOSE SPONGES PADS	96
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	70	COSENTYX SOSY 150 MG/ML ...	62	CURITY AMD ANTIMICROBIAL SPNGE PADS	96
COPPERTONE SPORT CLEAR LOTN	70	COSENTYX SOSY 75 MG/0.5ML .	62	CURITY COVER SPONGE PADS	96
COPPERTONE TANNING SPF 8 LOTN	70	COSENTYX UNOREADY SOAJ ..	62	CURITY DRESSING SPONGES PADS	97
COPPERTONE TANNING SPF15 LOTN	70	COSOPT (Use dorzolamide hcl- timolol maleate)	194	CURITY GAUZE PADS	97
COPPERTONE TANNING SPF15 LOTN	70	COSOPT PF (Use dorzolamide hcl- timolol maleate)	194	CURITY GAUZE SPONGE PADS	97
COPPERTONE ULTRAGUARD SPF70+ LOTN	70	COTELLIC	41	CURITY NON-ADHERENT STRIPS PADS	97
COPPERTONE WATERBABIES SPF50 LOTN	70	COTEMPLA XR-ODT TBED	2	CURITY SPONGES PADS	97
CORAL CALCIUM PLUS CAPS ..	153	COVRSITE COVER DRESSING PADS	96	CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	88
COREG (Use carvedilol)	50	COVRSITE PLUS COMPOSITE DRESS PADS	96	CUTAQUIG	198
COREG CR (Use carvedilol phosphate)	50	COXANTO CAPS (Use oxaprozin) .	6	CUVITRU SOLN	198
COREVIA TABS	153	COZAAR (Use losartan potassium) 34		CUVRIOR	141
CORGARD TABS 20 MG, 40 MG (Use nadolol)	50	CREON CPEP	81	CVS ADHESIVE PAD 4"X4" PADS	97
CORIFACT	89	CRESTOR TABS 10 MG (Use rosuvastatin calcium)	32	CVS ADHESIVE PAD 6"X6" PADS	97
CORLANOR SOLN	53	CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)	32	CVS ADHESIVE PADS 2.25"X3" PADS	97
CORLANOR TABS (Use ivabradine hcl)	53	CRESTOR TABS 5 MG (Use rosuvastatin calcium)	32	CVS ADULT 50+ EYE HEALTH CAPS	153
CORTEF TABS (Use hydrocortisone)	55	CREXONT CPCR	43	CVS ADVANCED GLUCOSE TEST STRP	73
CORTENEMA (Use hydrocortisone (intrarectal))	12	cromolyn sodium (nasal) 5.2 MG/ACT	189	CVS ANTIBACTERIAL GAUZE PADS	97
CORTISONE ACETATE TABS	56	cromolyn sodium (ophth)	197	CVS BLOOD GLUCOSE METER DEVI	105
COSENTYX (300 MG DOSE) SOSY . 62		cromolyn sodium NEBU	14		
		CTEXLI TABS PO 250 MG	85		

CVS BLOOD GLUCOSE METER KIT105	UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-30 UNIT 153	MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG- 80 MG-45 MCG-150 MCG-30 UNIT- 20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG- 1.7 MG-25 MCG-20 MG-3500 UNIT- 10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG154
CVS DAILY MULTIPLE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG153	CVS ONE DAILY MENS 50+ ADV TABS153	
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eszopiclone	94	EVERSENSE E3 SMART TRANSMITTER	110	EXTENDED INFUSION SET 23"/6MM MISC	110
ethambutol hcl TABS	37	EVERVITA TABS	158	EXTENDED INFUSION SET 23"/9MM MISC	110
ethosuximide CAPS	21	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	204	EXTENDED INFUSION SET 32"/6MM MISC	110
ethosuximide SOLN	21	EVISTA (Use raloxifene hcl)	83	EXTENDED INFUSION SET 32"/9MM MISC	110
ethynodiol diacet & eth estrad	54	EVKEEZA 1200 MG/8ML	31	EXTENDED INFUSION SET 43"/6MM MISC	110
etodolac CAPS	6	EVKEEZA 345 MG/2.3ML	31	EXTENDED INFUSION SET 43"/9MM MISC	110
etodolac TABS	6	EVOLUTION AUTOCODE DEVI	110	EXTENDED RESERVOIR 3ML MISC	110
etodolac TB24	6	EVOLUTION AUTOCODE STRP	74	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	23
etonogestrel-ethinyl estradiol	55	EVOLUTION CONTROL SOLN	110	EXXUA TITRATION PACK TB24 PO 18.2 MG	23
etoposide CAPS	43	EVOTAZ	47	EYE HEALTH + LUTEIN TABS ..	158
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etravirine 200 MG	47	EVRYSDI PO 5 MG	192	EYE HEALTH CAPS	158
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EUCERIN REDNESS RELIEF DAY LOTN	70	EXCILON AMD NON-WOVEN SPONGES PADS	97	EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	158
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EVENITY	82	EXELON (Use rivastigmine)	200	ezetimibe-simvastatin	31
everolimus (immunosuppressant) 142	142	exemestane	39	famciclovir	50
everolimus TABS	41	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	25		
everolimus TBSO	41	EXFORGE (Use amlodipine besylate-valsartan)	35		
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EVERSENSE 365 SMART					

famotidine SOLN 20 MG/2ML	205	fenofibrate CAPS	32	FETZIMA TITRATION C4PK	23
FAMOTIDINE SOLN	205	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	32	FEVERALL INFANTS SUPP	8
famotidine SUSR	205	fenofibrate TABS 40 MG, 120 MG	32	FEVERALL JUNIOR STRENGTH SUPP	8
famotidine TABS 10 MG, 20 MG	205	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	32	fexofenadine hcl SUSP	31
famotidine TABS	205	fenofibric acid	32	fexofenadine hcl TABS 60 MG, 180 MG	31
famotidine-calcium carbonate-magnesium hydroxide	206	FENOGLIDE TABS (Use fenofibrate)	32	fexofenadine-pseudoephedrine TB12	57
FANAPT	44	FENSOLVI (6 MONTH) SC	83	fexofenadine-pseudoephedrine TB24	57
FANAPT TITRATION PACK A	44	fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG	9	FIASP FLEXTOUCH SOPN	26
FANAPT TITRATION PACK B	44	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	9	FIASP PENFILL SOCT	26
FANAPT TITRATION PACK C	44	FERRETTS TABS	93	FIASP PUMPCART SOCT	26
FANTASY LUBRICATED MISC	98	ferric citrate	87	FIASP SOLN	26
FANTASY LUBRICATED/SPERMICIDE MISC	98	ferrous fumarate TABS	93	FIBRICOR 105 MG (Use fenofibric acid)	32
FARESTON (Use toremifene citrate)	39	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	93	FIBRICOR 35 MG (Use fenofibric acid)	32
FASENRA PEN SOAJ	14	ferrous gluconate TABS 324 MG	93	FIBRYGA	89
FASENRA SOSY	14	ferrous gluconate TABS	93	fidaxomicin TABS 200 MG	96
FC2 FEMALE CONDOM	98	ferrous sulfate dried TBCR	93	FIFTY50 SUPERIOR COMFORT SYR	133
febuxostat	89	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	93	FILSPARI	88
FEIBA	89	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	93	FILSUVEZ	71
felbamate SUSP	20	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	93	finasteride	88
felbamate TABS	20	ferrous sulfate TBEC	93	FINAZOL TABS	158
FELBATOL SUSP (Use felbamate)	20	fesoterodine fumarate	206	FINGERSTIX LANCETS	111
FELBATOL TABS (Use felbamate)	20	FETZIMA CP24	23	finbolimod hcl	201
felodipine	51			FINTEPLA	18
FEMARA (Use letrozole)	39			FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	
FEMCAP DEVI	98				
FEMLYV TBDP	54				

10	FLUCELVAX SUSP	208	fluoxetine hcl)	22
FIRAZYR SOSY (Use icodecibant acetate)	FLUCELVAX SUSY	208	fluoxetine hcl TABS	22
90	fluconazole SUSR	30	fluphenazine decanoate	46
FIRVANQ SOLR PO (Use vancomycin hcl)	fluconazole TABS 100 MG	30	fluphenazine hcl CONC	46
36	fluconazole TABS 150 MG	30	fluphenazine hcl ELIX	46
FITNESS TABS FOR MEN AM/PM TABS	fluconazole TABS 200 MG	30	fluphenazine hcl SOLN	46
159	fluconazole TABS 50 MG	30	fluphenazine hcl TABS	46
FITNESS TABS FOR WOMEN AM/PM TABS	fludrocortisone acetate TABS	56	flurandrenolide LOTN	65
159	FLULAVAL SUSY	208	flurazepam hcl	94
FLAREX	FLUMIST	208	flurbiprofen sodium	197
196	flunisolide (nasal)	189	flurbiprofen TABS 100 MG	6
flavoxate hcl	fluocinolone acetonide (otic)	198	flurbiprofen TABS 50 MG	6
207	fluocinolone acetonide CREA	65	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	15
flecainide acetate	fluocinolone acetonide OIL	65	fluticasone furoate-vilanterol	16
14	fluocinolone acetonide OINT	65	fluticasone propionate (inhalation) AEPB	15
FLECTOR PTCH EX (Use diclofenac epolamine)	fluocinolone acetonide SOLN	65	fluticasone propionate (nasal) SUSP	189
61	fluocinonide CREA	65	fluticasone propionate CREA 0.05 %	65
FLEET ENEMA PR (Use sodium phosphate monobasic-sodium phosphate dibasic)	fluocinonide emulsified base	65	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	15
95	fluocinonide GEL	65	fluticasone propionate hfa 44 MCG/ACT	15
FLEQSUVY SUSP (Use baclofen) 189	fluocinonide OINT	65	fluticasone propionate LOTN	65
FLEXICHAMBER DEVI	fluocinonide SOLN	65	fluticasone propionate OINT	65
136	fluorometholone (ophth) SUSP	196	fluticasone-salmeterol AEPB	16
FLORAFOL FE PEDIATRIC SOLN 185	fluorouracil (topical) CREA 0.5 %	61	fluticasone-salmeterol AERO	16
FLORAFOL PEDIATRIC CHEW	fluorouracil (topical) CREA 5 %	61	fluvastatin sodium CAPS	32
185	fluorouracil (topical) SOLN	61	fluvastatin sodium TB24	32
FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	fluoxetine hcl (pmd) TABS	203		
185	fluoxetine hcl CAPS	22		
FLORAVITA MINI TABS	fluoxetine hcl CPDR	22		
144	fluoxetine hcl SOLN	22		
FLORRAVITE TABS	FLUOXETINE HCL TABS (Use			
159				
FLORRAXYL TABS				
159				
FLOTREX CHEW 0.5 MG				
185				
FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)				
15				
FLUAD				
207				
FLUARIX SUSY				
207				
FLUBLOK SOSY				
208				

fluvoxamine maleate CP24	22	FOLITIN-Z TABS	159	SYSTEM DEVI	111
fluvoxamine maleate TABS	22	FOLIVANE-OB	187	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	111
FLUZONE HIGH-DOSE SUSY ...	208	FOLIXIA TABS	159	FORA GD20 TEST STRP	75
FLUZONE SUSP	208	fondaparinux sodium	17	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	111
FLUZONE SUSY	208	FONDCIRCLE BLOOD GLUCOSE MONIT KIT	111	FORA GD50 BLOOD GLUCOSE TEST STRP	75
FML FORTE SUSP	196	FONDCIRCLE BLOOD GLUCOSE TEST STRP	74	FORA GTEL BLOOD GLUCOSE TEST STRP	75
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	196	FONDCIRCLE CONTROL SOLUTION LIQD	111	FORA GTEL BLOOD KETONE TEST	75
FOCALIN TABS (Use dexmethylphenidate hcl)	3	FONDCIRCLE LANCING DEVICE MISC	111	FORA LANCETS	111
FOCALIN TABS 10 MG (Use dexmethylphenidate hcl)	2	FONDCIRCLE SINGLE USE LANCETS	111	FORA LANCING DEVICE MISC .	111
FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl)	3	FORA 6 CONNECT STRP	75	FORA PREMIUM V10 BLE SYSTEM DEVI	111
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT/GTEL TEST STRP	75	FORA TEST N' GO MONITOR DEVI 111	
FOCALIN XR CP24 40 MG (Use dexmethylphenidate hcl)	2	FORA BLOOD GLUCOSE TEST STRP	75	FORA TEST N'GO ADV-VOICE-6 CON	75
FOCINVEZ SOLN	30	FORA CONTROL SOLN	111	FORA TN'G ADVANCE PRO STRP 75	
FOLAGENT DHA CAPS	159	FORA D15G BLOOD GLUCOSE TEST STRP	75	FORA TN'G VOICE KIT	111
FOLAMAX TABS	159	FORA D20 2-IN-1 MONITOR DEVI 111		FORA TN'G/TN'G VOICE STRP ...	76
FOLAMED DHA CAPS	159	FORA D20 BLOOD GLUCOSE TEST STRP	75	FORA V10 BLOOD GLUCOSE SYSTEM DEVI	111
FOLAPRIME TABS	159	FORA D40/G31 BLOOD GLUCOSE STRP	75	FORA V10 BLOOD GLUCOSE TEST STRP	76
FOLAREX TABS	159	FORA G20 BLOOD GLUCOSE SYSTEM KIT	111	FORA V10/V12/D10/D20 TEST KIT 111	
FOLASYNC DHA CAPS	159	FORA G20 BLOOD GLUCOSE TEST STRP	75	FORA V12 BLOOD GLUCOSE SYSTEM DEVI	112
FOLATEN TABS	159	FORA G30/PREM V10 GLUCOSE TEST STRP	75	FORA V12 BLOOD GLUCOSE TEST STRP	76
FOLAWISE TABS	183	FORA G30A BLOOD GLUCOSE		FORA V20 BLOOD GLUCOSE	
FOLCYTEINE TABS	183				
folic acid TABS 1 MG	91				
folic acid TABS 400 MCG, 800 MCG . 91					
FOLIFLEX TABS	159				

SYSTEM DEVI	112	fosaprepitant dimeglumine SOLR .	30	SENSOR	112
FORA V20 BLOOD GLUCOSE TEST STRP	76	fosinopril sodium & hydrochlorothiazide	35	FREESTYLE LIBRE 3 READER .	112
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	112	fosinopril sodium	33	FREESTYLE LIBRE 3 SENSOR .	112
FORA V30A BLOOD GLUCOSE SYSTEM KIT	112	fosphenytoin sodium 100 MG PE/2ML	21	FREESTYLE LITE DEVI	113
FORA V30A BLOOD GLUCOSE TEST STRP	76	fosphenytoin sodium 500 MG PE/10ML	21	FREESTYLE LITE KIT	113
FORACARE GD40 MONITOR DEVI .	112	FOSRENOL CHEW (Use lanthanum carbonate)	87	FREESTYLE LITE TEST STRP ...	76
FORACARE GD40 TEST STRP ...	76	FOSRENOL PACK	87	FREESTYLE PRECISION NEO SYSTEM KIT	113
FORACARE GDH CONTROL SOLN .	112	FOTIVDA	41	FREESTYLE PRECISION NEO TEST STRP	76
FORACARE PREMIUM V10 DEVI	112	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	17	FREESTYLE TEST STRP	76
FORACARE PREMIUM V10 TEST STRP	76	FRAGMIN SOSY	17	FREESTYLE UNISTICK II LANCETS	113
FORACARE TEST N GO MONITOR DEVI	112	FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental))	143	FROVA (Use frovatriptan succinate)	139
FORACARE TEST N GO TEST STRP	76	FREEDAVITE TABS	159	frovatriptan succinate	139
FORFIVO XL TB24 (Use bupropion hcl)	21	FREESTYLE CONTROL SOLUTION LIQD	112	FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	186
FORFIVO XL TB24 (Use bupropion hcl)	22	FREESTYLE FREEDOM LITE KIT	112	FRUZAQLA	38
FORMALDEHYDE SOLN	46	FREESTYLE INSULINX TEST STRP	76	FT ADHESIVE PADS/SHEER PADS	97
formoterol fumarate NEBU	16	FREESTYLE LANCETS	112	FT CENTURY 50+ TABS	159
FORTEO SOPN (Use teriparatide)	82	FREESTYLE LIBRE 14 DAY READER	112	FT CENTURY ADULTS TABS ...	159
FORTESTA GEL TD (Use testosterone)	11	FREESTYLE LIBRE 14 DAY SENSOR	112	FT CENTURY MEN 50+ TABS ...	159
FOSAMAX PLUS D	82	FREESTYLE LIBRE 2 PLUS SENSOR	112	FT CENTURY MEN TABS	159
FOSAMAX TABS 70 MG (Use alendronate sodium)	82	FREESTYLE LIBRE 2 READER .	112	FT CENTURY WOMEN 50+ TABS	159
fosamprenavir calcium TABS	47	FREESTYLE LIBRE 2 SENSOR .	112	FT CENTURY WOMEN TABS ...	159
		FREESTYLE LIBRE 3 PLUS		FT EYE HEALTH CAPS	159
				FT EYE HEALTH TABS	159
				FT HAIR SKIN & NAILS EXTRA STR	

TABS	159	GAMMAGARD 5 GM/50ML	198	GENOTROPIN MINIQUICK PRSY	83
FT ONE DAILY MENS 50+ TABS		GAMMAGARD ERC 10 GM/100ML	198	gentamicin sulfate (ophth) SOLN	.195
159		GAMMAGARD ERC 5 GM/50ML	198	gentamicin sulfate (topical) CREA	.60
FT ONE DAILY MENS TABS	159	GAMMAGARD S/D LESS IGA SOLR		gentamicin sulfate (topical) OINT	.60
FT ONE DAILY WOMENS 50+ TABS		.....	198	GENTEEL BUTTERFLY TOUCH	
.....	159	GAMMAKED 1 GM/10ML, 10		LANCET	113
FT ONE DAILY WOMENS TABS	159	GM/100ML, 20 GM/200ML	198	GENTEEL LANCING KIT (BLUE) KIT	
FT PRENATAL TABS	187	GAMMAKED 5 GM/50ML	198	.....	113
FULPHILA	92	GAMMAPLEX SOLN	198	GENTEEL PLUS LANCING	
furosemide SOLN IJ 10 MG/ML ...	82	GAMUNEX-C 1 GM/10ML, 2.5		(PURPLE) MISC	113
FUROSEMIDE SOLN IJ	82	GM/25ML, 10 GM/100ML, 20		GENTEEL PLUS LANCING (WHITE)	
furosemide TABS	82	GM/200ML, 40 GM/400ML	198	MISC	113
FUZEON SOLR	47	GAMUNEX-C 5 GM/50ML	199	GENTEEL PLUS LANCING	
FYCOMPA SUSP 0.5 MG/ML (Use		GARDASIL 9 SUSP 0.5 ML	208	DEV(BLUE) MISC	113
perampanel)	18	GARDASIL 9 SUSY 0.5 ML	208	GENTEEL PLUS LANCING	
FYCOMPA TABS 2 MG, 4 MG, 6		gatifloxacin (ophth)	195	DEV(PINK) MISC	113
MG, 8 MG, 10 MG, 12 MG (Use		GAUZE DRESSING PADS	97	GENVOYA	47
perampanel)	18	GAUZE PADS PADS	97	GEODON (Use ziprasidone hcl) ..	44
FYLNETRA	92	GAUZE TYPE VII MEDI-PAK PADS .	97	GEODON 40 MG, 60 MG (Use	
gabapentin (once-daily) TABS ...	202	97		ziprasidone hcl)	44
gabapentin CAPS	19	GAVRETO	41	GERI-FREEDA SENIOR FORMULA	
gabapentin SOLN	19	GE100 BLOOD GLUCOSE SYSTEM		TABS	159
gabapentin TABS 600 MG, 800 MG		DEVI	113	GERI-TUSSIN SYRP	58
19		GE100 BLOOD GLUCOSE SYSTEM		GERIVITE COMPLETE TABS 60	
GALAFOLD	84	KIT	113	MG-2 MG-45 MCG-400 MCG-20	
galantamine hydrobromide CP24	200	GE100 BLOOD GLUCOSE SYSTEM		MG-1.5 MG-6 MCG-10 MG-1.7 MG-	
galantamine hydrobromide SOLN		KIT	113	400 UNIT-30 UNIT-18 MG-100 MG-	
200		GE100 BLOOD GLUCOSE TEST		2.5 MG-15 MCG-5 MCG-37.5 MG-80	
galantamine hydrobromide TABS	200	STRP	76	MCG-15 MCG-2 MG-10 MCG-15	
GAMASTAN IM	198	GE100 CONTROL SOLN	113	MG-162 MG-150 MCG-125 MG-15	
GAMMAGARD 1 GM/10ML, 2.5		gefitinib	38	MCG-10 MCG-6000 UNIT-25 MCG-	
GM/25ML, 10 GM/100ML, 20		gemfibrozil TABS	32	34 MG	159
GM/200ML, 30 GM/300ML	198	GEMTESA	207	GHT BLOOD GLUCOSE MONITOR	
		GENOTROPIN CART SC	83	KIT	113
				GHT TEST STRP	76
				GILENYA (Use fingolimod hcl) ..	201

GILENYA	201	GLUCOCARD 01 CONTROL SOLN . 114	GLUCOPRO INSULIN SYRINGE 133
GILOTRIF	38	GLUCOCARD 01 SENSOR PLUS STRP	77
GIMOTI SOLN NA	86	GLUCOCARD EXPRESSION CONTROL SOLN	114
glatiramer acetate SOSY 20 MG/ML . 202		GLUCOCARD EXPRESSION MONITOR KIT	114
glatiramer acetate SOSY 40 MG/ML . 202		GLUCOCARD EXPRESSION TEST STRP	77
GLEEVEC TABS (Use imatinib mesylate)	41	GLUCOCARD SHINE CONNEX KIT . 114	GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide)
GLEOSTINE (Use lomustine)	37	GLUCOCARD SHINE CONTROL SOLN	114
glimepiride 1 MG, 2 MG, 4 MG	28	GLUCOCARD SHINE DEVI	114
glipizide TABS	28	GLUCOCARD SHINE EXPRESS KIT	114
glipizide TB24	28	GLUCOCARD SHINE KIT	114
glipizide-metformin hcl	24	GLUCOCARD SHINE TEST STRP 77	GLUCOCARD VITAL MONITOR KIT 114
GLOBAL EASY GLIDE INSULIN SYR	133	GLUCOCARD SHINE XL DEVI ..	114
GLOBAL INJECT EASE INSULIN SYR	133	GLUCOCARD VITAL TEST STRP	77
GLOBAL INJECT EASE LANCETS 28G	113	GLUCOCARD VITAL MONITOR KIT MONITOR DEVI	114
GLOBAL INJECT EASE LANCETS 30G	113	GLUCOCARD VITAL TEST STRP	77
GLOBAL INSULIN SYRINGES ..	133	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	114
GLOBAL LANCING DEVICE MISC 113		GLUCOCOM CONTROL LIQD ...	114
GLOPERBA SOLN PO	89	GLUCOCOM LANCETS 28G	114
GLUCAGON EMERGENCY	25	GLUCOCOM LANCETS 30G	114
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)	25	GLUCOCOM LANCETS 33G	114
glucagon SOLR IJ 1 MG	25	GLUCOCOM MONITOR KIT	114
GLUCOCARD 01 BLOOD GLUCOSE KIT	113	GLUCOCOM TEST STRP	77
GLUCOCARD 01 CONTROL LIQD 114		GLUCONAVII BLOOD GLUCOSE TEST STRP	77
			GLUCOSE CONTROL SOLN
			GLUCOSE METER TEST STRP ..
			GLUCOTROL XL TB24 5 MG (Use glipizide)
			GLUMETZA TB24 (Use metformin hcl)
			glyburide micronized 1.5 MG, 3 MG, 6 MG
			glyburide TABS
			glyburide-metformin
			glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM
			glycopyrrolate TABS 1 MG, 2 MG 205
			GLYXAMBI
			GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG
			GNP CENTURY ADULT TABS ...
			GNP CENTURY ADULTS MEN TABS
			GNP CENTURY ADULTS WOMEN TABS
			GNP CENTURY MATURE ADULTS 50+ TABS
			GNP CENTURY MATURE MEN'S 50+ TABS

GNP THERAPEUTIC-M TABS ... 161	GRANIX SOLN 300 MCG/ML 92	HAIR SKIN & NAILS ADVANCED TABS 161
GNP TRUE METRIX AIR METER KIT 115	GRANIX SOSY 92	HAIR SKIN & NAILS TABS 161
GNP TRUE METRIX GLUCOSE METER KIT 115	GRASTEK SUBL 3	HAIR SKIN AND NAILS FORMULA TABS 30 MG-2.5 MG-2500 MCG-100 MCG-5 MG-2.5 MG-500 UNIT-4 MCG-2500 UNIT-2.5 MG-5 MG-15 MG-12.5 MG-7.5 MG-5 MG-4 MG- 130 MG-3.75 MG-1 MG-25 MG-7.5 UNIT-64 MG-15 MG-5 MG-50 MG- 1.5 MG-25 MG 161
GNP TRUE METRIX GLUCOSE STRIPS STRP 77	griseofulvin microsize SUSP 30	HAIR SKIN NAILS CAPS 30 MG- 1.667 MG-1666.667 MCG-10 UNIT- 133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG- 8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG 161
GNP TRUETRACK TEST STRIPS STRP 77	griseofulvin microsize TABS 30	HAIR/SKIN/NAILS CAPS 161
GNP ULTRA COM INSULIN SYRINGE 133	griseofulvin ultramicrosize 30	HAIR/SKIN/NAILS TABS 161
GNP WATERPROOF ADHESIVE 4"X4" PADS 97	GRISEOFULVIN ULTRAMICROSIZED 165 MG 30	halcinonide CREA 65
GOCOVRI CP24 43	guaifenesin LIQD 58	halcinonide SOLN 0.1 % 65
GOJJI BLOOD GLUCOSE TEST STRP 77	guaifenesin TB12 58	HALCION 0.25 MG (Use triazolam) 94
GOJJI BLOOD KETONE TEST ... 77	guaifenesin-codeine SOLN 57	HALDOL DECANOATE (Use haloperidol decanoate) 45
GOJJI BLOOD TEST STRIP/LANCETS STRP 77	guanfacine hcl (adhd) 2	halobetasol propionate CREA 65
GOJJI CONTROL SOLN 115	guanfacine hcl 34	halobetasol propionate FOAM 65
GOJJI LANCING DEVICE/CLEAR CAP MISC 115	GUARDIAN 4 GLUCOSE SENSOR . 115	HALOBETASOL PROPIONATE LOTN 0.05 % 65
GOJJI STERILE LANCETS 115	GUARDIAN 4 TRANSMITTER .. 115	halobetasol propionate OINT 65
GOLD BOND ULTIMATE HEALING OINT 67	GUARDIAN CONNECT TRANSMITTER 115	HALOG CREA (Use halcinonide) . 65
GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) 95	GUARDIAN LINK 3 TRANSMITTER 115	HALOG SOLN 0.1 % (Use halcinonide) 65
GOMEKLI CAPS PO 1 MG, 2 MG .41	GUARDIAN SENSOR (3) 115	haloperidol decanoate 45
GOMEKLI TBSO PO 1 MG 41	GUARDIAN SENSOR 3 115	haloperidol lactate CONC 45
GORDONS UREA CREA 40 % ... 66	GVOKE HYPOPEN 1-PACK SOAJ 25	
GRALISE TABS (Use gabapentin (once-daily)) 202	GVOKE HYPOPEN 2-PACK SOAJ 25	
granisetron hcl TABS 29	GVOKE KIT SOLN 25	
	GVOKE PFS SOSY 1 MG/0.2ML .25	
	GYNAZOLE-1 208	
	HADLIMA PUSHTOUCH SOAJ 5	
	HADLIMA SOSY 5	
	HAEGARDA SOLR SC 90	

haloperidol lactate SOLN	45	HEMATINIC PLUS VIT/MINERALS TABS	93	HM EMBRACE TALK SYSTEM KIT 116
haloperidol TABS 0.5 MG, 1 MG, 10 MG	45	HEMGENIX	89	HM STERILE PADS PADS
haloperidol TABS 2 MG, 5 MG, 20 MG	45	HEMLIBRA	89	HM ULTICARE INSULIN SYRINGE . 133
HARVONI PACK	49	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	89	HORIZANT
HARVONI TABS	49	HEMORRHOIDAL 0.25 %-85.5 %-3 %	12	HULIO (2 PEN) AJKT
HAVRIX IM 720 EL U/0.5ML	208	HEPAGAM B SOLN IJ	199	HULIO (2 SYRINGE) PSKT
HEAD CARE PROACTIVE HEALTH TABS	161	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17	HUMALOG JUNIOR KWIKPEN SOPN
HEALTHPRO BLOOD GLUCOSE MONITO KIT	115	HEPLISAV-B SOSY	208	HUMALOG KWIKPEN SOPN
HEALTHWISE INSULIN SYR/NEEDLE	133	HERNEXEOS TABS PO 60 MG	38	HUMALOG MIX 50/50 KWIKPEN SUPN
HEALTHY EYES SUPERVISION 2 CAPS	161	HETLIOZ CAPS (Use tasimelteon) 94		HUMALOG MIX 75/25 KWIKPEN SUPN
HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	161	HETLIOZ LQ SUSP	94	HUMALOG MIX 75/25 SUSP
HEALTHY EYES/LUTEIN- ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	161	HIBERIX SOLR IJ	207	HUMALOG SOCT
HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG- 100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	183	HIGH POTENCY MULTIVIT/FA TABS	161	HUMALOG SOLN IJ
H-E-B INCONTROL ADV LANCING MISC	115	HIGH POTENCY MULTIVITAMIN TABS	183	HUMALOG TEMPO PEN SOPN ..
H-E-B INCONTROL LANCETS 28G . 115		HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG- 5000 UNIT-10 MG-10 MG-100 MG- 10 MG-9 MG-0.5 MG-7.5 MG-35 MG- 60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG ..	162	HUMATE-P SOLR
H-E-B INCONTROL LANCETS 30G . 115		HIZENTRA SOLN	199	HUMATROPE CART IJ
H-E-B INCONTROL LANCETS 33G . 115		HIZENTRA SOSY	199	HUMIRA (2 PEN) AJKT
HEMANGEOL SOLN PO	50	HM ADHESIVE ANTIBACTERIAL PADS	97	HUMIRA (2 SYRINGE) PSKT
		HM COMPLETE MEN TABS	162	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML
				HUMIRA-PSORIASIS/UVEIT STARTER AJKT
				HUMULIN 70/30 KWIKPEN SUPN 26
				HUMULIN 70/30 SUSP
				HUMULIN N KWIKPEN SUPN
				HUMULIN N SUSP
				HUMULIN R SOLN IJ

HUMULIN R U-500 (CONCENTRATED) SOLN SC .....26	325 MG-7.5 MG .....10	hydroxyzine hcl TABS 13
HUMULIN R U-500 KWIKPEN SOPN SC .....26	hydrocortisone (intrarectal) .....12	hydroxyzine pamoate CAPS .....13
HW EMBRACE PRO GLUCOSE METER DEVI .....116	hydrocortisone (rectal) EX 12	HYLAZINC TABS .....162
HW EMBRACE PRO GLUCOSE TEST STRP .....77	hydrocortisone (topical) CREA ....65	HYMPAVZI .....89
HW EMBRACE TALK BLOOD GLUCOSE DEVI .....116	hydrocortisone (topical) LOTN 1 % 65	hyoscyamine sulfate ELIX .....205
HW EMBRACE TALK GLUCOSE TEST STRP .....78	hydrocortisone (topical) LOTN 2.5 % . 65	hyoscyamine sulfate SOLN PO 0.125 MG/ML .....205
HYCAMTIN CAPS .....43	hydrocortisone (topical) OINT 65	hyoscyamine sulfate TB12 0.375 MG 205
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylobromide) .....56	hydrocortisone acetate (topical) OINT.....65	hyoscyamine sulfate TBDP 0.125 MG.....205
hydralazine hcl TABS .....36	HYDROCORTISONE ACETATE CREA .....65	HYPERHEP B SOLN IM .....199
HYDREA (Use hydroxyurea) .....43	hydrocortisone butyrate CREA ....65	HYPERHEP B SOSY 110 UNIT/0.5ML .....199
hydrochlorothiazide CAPS .....82	hydrocortisone butyrate OINT .....65	HYPERRAB SOLN .....199
hydrochlorothiazide TABS .....82	hydrocortisone butyrate SOLN ....65	HYPOLANCE AST LANCING KIT 116
hydrocodone bitartrate CP12 .....9	HYDROCORTISONE COMPLETE KIT THPK .....65	HYQVIA .....199
hydrocodone bitartrate T24A .....9	hydrocortisone TABS .....56	HYRIMOZ SOAJ .....5
hydrocodone bitartrate-homatropine methylobromide SOLN .....56	hydrocortisone vaginal .....209	HYRIMOZ SOSY .....5
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....10	hydrocortisone valerate CREA ....65	HYRIMOZ-CROHNS/UC STARTER SOAJ .....5
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML .....10	hydrocortisone valerate OINT .....65	HYRIMOZ-PED<40KG CROHN STARTER SOSY .....5
hydrocodone-acetaminophen TABS 325 MG-10 MG .....10	hydrocortisone w/acetic acid .....198	HYRIMOZ-PED>=40KG CROHN START SOSY .....5
hydrocodone-acetaminophen TABS 325 MG-5 MG .....10	HYDROMORPHONE HCL SUPP ...9	HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ .....5
hydrocodone-acetaminophen TABS	hydromorphone hcl TABS .....9	HYRNUO TABS PO 10 MG .....41
	hydromorphone hcl TB24 .....9	
	hydroxychloroquine sulfate 200 MG 37	
	hydroxyurea .....43	
	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....13	
	hydroxyzine hcl SYRP .....13	
		ibandronate sodium SOLN .....82

ibandronate sodium TABS	82	icosapent ethyl	31	IMBRUVICA CAPS	41
IBRANCE CAPS	41	ICOTYDE TABS PO 200 MG	62	IMBRUVICA SUSP	41
IBRANCE TABS	41	IDACIO-CROHNS/UC STARTER AJKT	5	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	41
IBSRELA	87	IDACIO-PSORIASIS STARTER AJKT	5	imipramine hcl TABS	23
IBTROZI CAPS PO 200 MG	41	IDELVION	89	imipramine pamoate	23
ibuprofen CAPS	6	IDHIFA	41	imiquimod 5 %	67
ibuprofen CHEW	6	IDOSE TR IMPL	197	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	139
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	6	IHEALTH BLOOD GLUCOSE TEST STR STRP	78	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	139
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	7	IHEALTH CONTROL SOLUTION LIQD	116	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	139
ibuprofen TABS 400 MG	6	IHEALTH GLUCO+ KIT 10 KIT ...	116	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	139
ibuprofen TABS 600 MG	7	ILARIS SOLN	6	IMITREX TABS 25 MG (Use sumatriptan succinate)	139
ibuprofen TABS 800 MG	7	ILET CONTACT DETACH 23" 6MM MISC	116	IMITREX TABS 50 MG, 100 MG (Use sumatriptan succinate)	139
ibuprofen-acetaminophen TABS	6	ILET INFUSION-FLEX 23" 6MM MISC	116	IMKELDI SOLN	41
ibuprofen-famotidine	6	ILET INFUSION-INSET 23" 6MM MISC	116	IMMUNE ESSENTIALS DAILY CAPS	162
ICAPS AREDS FORMULA TABS 162		ILET INFUSION-INSET 32" 6MM MISC	116	IMOVAX RABIES SUSR	208
ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	162	ILET INSULIN PUMP DEVI	116	IMULDOSA SOLN IV 130 MG/26ML . 86	
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	162	ILET STARTER - CONTACT DETACH MISC	116	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	62
ICAPS MV TABS 128 MG-7.5 MCG- 100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG- 1.67 MG-2.5 MG-0.83 MG-83.25 MG- 0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG- 37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG	162	ILET STARTER KIT - INSET 23" MISC	116	IMURAN TABS (Use azathioprine) 142	
icatibant acetate SOSY	90	ILET STARTER KIT - INSET 32" MISC	116	INBRIJA CAPS	43
ICLUSIG	41	ILEVRO	197	IN-CHECK DIAL FLOW TRAINER DEVI	136
		ILUMYA	62	IN-CHECK INSPIRATORY FLOW MTR DEVI	136
		ILUVIEN	196		
		imatinib mesylate TABS	41		

INCRUSE ELLIPTA	14	INSULIN ASPART FLEXPEN SOPN .	26	INVEGA HAFYERA 1560 MG/5ML	44
indapamide TABS 1.25 MG, 2.5 MG .	82	INSULIN ASPART SOLN IJ	26	INVEGA SUSTENNA	44
INDERAL LA CP24 (Use propranolol hcl)	50	INSULIN DEGLUDEC FLEXTOUCH SOPN	27	INVEGA TRINZA 273 MG/0.88ML	45
INDERAL XL	50	INSULIN DEGLUDEC SOLN	27	INVEGA TRINZA 410 MG/1.32ML	44
INDOCIN SUSP (Use indomethacin) .	7	INSULIN DEGLUDEC SOLN	27	INVEGA TRINZA 546 MG/1.75ML	44
indomethacin CAPS 25 MG, 50 MG 7		INSULIN GLARGINE MAX SOLOSTAR SOPN	27	INVEGA TRINZA 819 MG/2.63ML	44
indomethacin CPR	7	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	27	INVELTYS SUSP	196
indomethacin SUPP	7	INSULIN GLARGINE-YFGN SOLN 27		INVOKAMET TABS	24
indomethacin SUSP	7	INSULIN GLARGINE-YFGN SOLN 27		INVOKAMET XR TB24	24
INFANRIX	204	INSULIN GLARGINE-YFGN SOPN 27		INVOKANA	28
INFINITY BLOOD GLUCOSE SYSTEM KIT	116	INSULIN LISPRO (1 UNIT DIAL) SOPN	27	IOPIDINE	195
INFINITY BLOOD GLUCOSE TEST STRP	78	INSULIN LISPRO JUNIOR KWIKPEN SOPN	27	ipratropium bromide hfa 17 MCG/ACT	14
INFINITY CONTROL SOLN	116	INSULIN LISPRO PROT & LISPRO SUPN	27	ipratropium bromide SOLN 0.02 %	14
INFLECTRA SOLR	86	INSULIN LISPRO SOLN IJ	27	ipratropium-albuterol SOLN	16
INFLIXIMAB	86	INSULIN SYRINGE	133	IQIRVO	87
INGREZZA CAPS	201	INSULIN SYRINGE-NEEDLE U-100 133		irbesartan	34
INGREZZA CPPK	201	INTELENCE 100 MG (Use etravirine)	47	irbesartan-hydrochlorothiazide ...	35
INGREZZA CPSP	201	INTELENCE 200 MG (Use etravirine)	47	IRESSA (Use gefitinib)	38
INLURIYO TABS PO 200 MG	39	INTELENCE 25 MG	47	IRON CHEWS PEDIATRIC CHEW 93	
INLYTA	38	INTUNIV (Use guanfacine hcl (adhd))	2	iron sucrose 20 MG/ML	93
INNOPRAN XL	50	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	44	ISENTRESS CHEW 100 MG	47
INPEFA	52	INVEGA HAFYERA 1092 MG/3.5ML .	44	ISENTRESS CHEW 25 MG	47
INQOVI	40			ISENTRESS HD TABS	47
INREBIC	41			ISENTRESS PACK	47
INSPIREASE MISC	137			ISENTRESS TABS	47
INSPIREASE RESERVOIR BAGS 136				isoniazid SYRP	37
				isoniazid TABS	37
				ISORDIL TITRADOSE TABS 5 MG	

(Use isosorbide dinitrate)	12	JADENU TABS (Use deferasirox) .	28	(Use lopinavir-ritonavir)	47
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	13	JAKAFI	41	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	47
isosorbide mononitrate TABS	13	JALYN (Use dutasteride-tamsulosin hcl)	88	KALYDECO PACK	203
isosorbide mononitrate TB24	13	JANUMET TABS	24	KALYDECO TABS	203
isotretinoin 10 MG, 20 MG, 40 MG	59	JANUMET XR TB24	24	KAMELEON LUBRICATED MISC	.98
isradipine CAPS	51	JANUVIA	25	KAPSPARGO SPRINKLE CS24 ..	50
ISTALOL SOLN (Use timolol maleate (ophth))	194	JARDIANCE	28	KATERZIA	51
ISTODAX SOLR (Use romidepsin)	41	JATENZO CAPS	11	KCENTRA	89
ITCH RELIEF CREA	61	JAYPIRCA	41	KEDRAB SOLN	199
ITOVEBI	41	JENLIVA PRENATAL/POSTNATAL CAPS	187	KENDALL HYDROPHILIC FOAM DRESS PADS	97
ivabradine hcl TABS	53	JENTADUETO TABS	24	KENDALL HYDROPHILIC FOAM PLUS PADS	97
ivermectin (pediculicide)	70	JENTADUETO XR TB24	24	KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	19
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG 162		JIVI	89	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	19
I-VITE W/LUTEIN TABS	162	JOENJA	141	KEPPRA TABS (Use levetiracetam) . 19	
IWILFIN	43	JOINT HEALTH & BONE STRENGTH TABS	162	KEPPRA XR TB24 (Use levetiracetam)	19
IXCHIQ	208	JORNAY PM CP24	3	KERI AGE DEFY & PROTECT LOTN	70
IXIARO	208	JOURNAVX	8	KERLIX SPONGES PADS	97
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	89	JUBBONTI SOSY SC 60 MG/ML .	82	KESIMPTA	202
IYUZEH SOLN	197	JULUCA	47	ketoconazole (topical) CREA	61
J & J ADHESIVE LARGE PADS ..	97	JUXTAPID 2 MG	33	ketoconazole (topical) SHAM 2 %	.61
J & J GAUZE PADS	97	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	33	KETONE TEST STRP	78
J & J GAUZE SPONGES 12-PLY MISC	97	JYLAMVO SOLN PO	38	ketoprofen CAPS 50 MG	7
J & J GAUZE SPONGES 16-PLY MISC	97	JYNARQUE TBPK 15 MG (Use tolvaptan)	84	ketoprofen CP24	7
J & J GAUZE SPONGES 8-PLY MISC	97	JYNNEOS	208	ketorolac tromethamine (ophth) .	197
J & J NON-STICK LARGE PADS .	97	KALBITOR	90	ketorolac tromethamine TABS	7
		KALETRA SOLN	47		
		KALETRA TABS 25 MG-100 MG			

KETOSTIX STRP	78	KISQALI FEMARA (600 MG DOSE) .	250 MCG-2500 UNIT-10 MG-300
ketotifen fumarate (ophth) 0.035 %		41	MCG-1.5 MG-50 MG-11 MG-80 MG-
197		KISUNLA	150 MCG-220 MG-45 MCG-150
KEVZARA SOAJ	6	KITABIS PAK (W/ NEBULIZER)	MCG-50 UNIT-20 MG-0.5 MG-5
KEVZARA SOSY	6	NEBU 300 MG/5ML (Use	MCG-2.3 MG-55 MCG-10 MCG-45
KEYFOLIC TABS	162	tobramycin)	MG-72 MG-2 MG 162
KEYLOSA TABS	162	KLARON (Use sulfacetamide	KP ADULTS DAILY FORMULA
KIMONO COLORS DEVI	98	sodium (acne))	TABS 60 MG-2 MG-30 MCG-400
KIMONO MAXX-LARGE FLARE		KLONOPIN TABS (Use clonazepam)	MCG-400 UNIT-6 MCG-1.7 MG-25
MISC	98	.....	MCG-20 MG-3500 UNIT-10 MG-18
KIMONO MICRO THIN PLUS MISC .		.....	MG-1.5 MG-50 MG-11 MG-80 MG-75
98		KLOR-CON 10 TBCR 10 MEQ (Use	MCG-200 MG-45 MCG-150 MCG-30
KIMONO MISC	98	potassium chloride)	UNIT-20 MG-0.5 MG-5 MCG-10
KIMONO PLUS MISC	98	.....	MCG-2.3 MG-55 MCG-10 MCG-35
KIMONO PS MISC	98	KLOR-CON TBCR 8 MEQ (Use	MCG-72 MG-2 MG, 60 MG-2 MG-30
KIMONO PS PLUS MISC	98	potassium chloride)	MCG-400 UNIT-1.7 MG-25 MCG-20
KIMONO SENSATION MISC	98	.....	MG-3500 UNIT-10 MG-18 MG-1.5
KIMONO SENSATION PLUS MISC		KLOXXADO LIQD	MG-50 MG-11 MG-80 MG-200 MG-
98		.....	45 MCG-150 MCG-30 UNIT-20 MG-
KIMONO SPECIAL DEVI	98	KOATE SOLR	0.5 MG-5 MCG-10 MCG-2.3 MG-75
KINERET SOSY	5	.....	MCG-55 MCG-10 MCG-35 MG-72
KINRAY INSULIN SYRINGE	133	KOATE-DVI SOLR 1000 UNIT	MG-2 MG 162
KINRIX SUSY	204	.....	KP MENS 50+ DAILY FORMULA
KIRSTY SOLN IJ 100 UNIT/ML ...	27	KOGENATE FS KIT 250 UNIT, 500	TABS 120 MG-6 MG-30 MCG-400
KIRSTY SOPN SC 100 UNIT/ML ..	27	UNIT, 3000 UNIT	MCG-700 UNIT-25 MCG-3.4 MG-20
KISQALI (200 MG DOSE)	41	.....	MCG-20 MG-3500 UNIT-15 MG-120
KISQALI (400 MG DOSE)	41	KOMZIFTI CAPS PO 200 MG	MG-370 MCG-4.5 MG-110 MG-24
KISQALI (600 MG DOSE)	41	.....	MG-90 MCG-150 MCG-30 UNIT-2.2
KISQALI FEMARA (200 MG DOSE) .	40	KONSYL DAILY FIBER PACK 100 %	MG-4.2 MG-180 MCG-117 MCG, 60
40		.....	MG-6 MG-30 MCG-400 MCG-700
KISQALI FEMARA (400 MG DOSE) .	40	KONVOMEPEP SUSR	UNIT-25 MCG-3.4 MG-20 MCG-20
40		.....	MG-2500 UNIT-15 MG-300 MG-4.5
		KOSELUGO	MG-100 MG-22.5 MG-120 MG-90
		.....	MCG-150 MCG-22.5 UNIT-2 MG-4
		KOSELUGO PO 5 MG, 7.5 MG ...	MG-180 MCG-110 MCG-120 MG 163
		.....	KP MENS DAILY FORMULA TABS
		KOVALTRY	60 MG-3 MG-30 MCG-400 MCG-700
		.....	UNIT-18 MCG-1.7 MG-20 MCG-16
		KP ADULTS 50+ DAILY FORMULA	MG-3500 UNIT-5 MG-300 MCG-1.2
		TABS 60 MG-3 MG-30 MCG-400	MG-120 MG-15 MG-2 MG-100 MG-
		MCG-500 UNIT-25 MCG-1.7 MG-30	210 MG-22.5 UNIT-2 MG-120 MCG-
		MCG-20 MG-250 MCG-2500 UNIT-	110 MCG, 60 MG-3 MG-75 MCG-400
		10 MG-300 MCG-1.5 MG-50 MG-11	MCG-700 UNIT-18 MCG-1.7 MG-20
		MG-80 MG-150 MCG-220 MG-45	MCG-18 MG-3500 UNIT-16 MG-210
		MCG-150 MCG-50 UNIT-20 MG-0.5	
		MG-5 MCG-2.3 MG-55 MCG-10	
		MCG-45 MCG-72 MG-2 MG, 60 MG-	
		3 MG-30 MCG-400 MCG-500 UNIT-	
		25 MCG-1.7 MG-30 MCG-20 MG-	

MG-300 MCG-1.35 MG-140 MG-15	KPN PRENATAL TABS	187	LAMICTAL XR KIT	19
MG-2 MG-22.5 UNIT-2 MG-120	KRAZATI	41	LAMICTAL XR TB24 (Use	
MCG-110 MCG	KRINTAFEL	37	lamotrigine)	19
KP PRENATAL MULTIVITAMINS	KROGER AUTOLET LANCING		LAMISIL AT ATHLETES FOOT	
TABS	DEVICE MISC	116	CREA (Use terbinafine hcl (topical))	
KP VISION FORMULA TABS 60 MG-	KROGER HEALTHPRO CONTROL		61	
40 MG-1000 UNIT-30 UNIT-2 MG-40	HI/LO LIQD	116	LAMISIL AT CREA (Use terbinafine	
MCG	KROGER HEALTHPRO GLUCOSE		hcl (topical))	61
163	TEST STRP	78	LAMISIL AT JOCK ITCH CREA (Use	
KP VISION FORMULA/LUTEIN	KROGER HEALTHPRO LANCET		terbinafine hcl (topical))	61
TABS 200 MG-2 MG-40 MG-2 MG-	26G	116	lamivudine SOLN	48
1000 UNIT-60 UNIT-55 MCG	K-TAB TBCR 20 MEQ (Use		lamivudine TABS 150 MG	48
163	potassium chloride)	141	lamivudine TABS 300 MG	48
KP WOMENS 50+ DAILY FORMULA	KYLEENA	55	lamivudine-zidovudine	48
TABS 120 MG-6 MG-30 MCG-400	labetalol hcl TABS	50	lamotrigine CHEW	19
MCG-1000 UNIT-25 MCG-3.4 MG-20	lacosamide SOLN IV 200 MG/20ML .		lamotrigine KIT 25 MG	19
MCG-20 MG-3500 UNIT-10 MG-500	19		lamotrigine TABS	19
MG-4.5 MG-50 MG-24 MG-2.2 MG-	lacosamide TABS	19	lamotrigine TB24	19
90 MCG-150 MCG-30 UNIT-4.2 MG-	lactic acid (ammonium lactate) CREA		lamotrigine TBDP	19
180 MCG-27 MCG, 60 MG-6 MG-30	.....	67	LANCET DEVICE WITH EJECTOR	
MCG-400 MCG-1000 UNIT-25 MCG-	lactic acid (ammonium lactate) LOTN		MISC	116
3.4 MG-20 MCG-20 MG-2500 UNIT-	12 %	67	LANCETS	116
15 MG-4.5 MG-50 MG-22.5 MG-500	lactulose (encephalopathy)	87	LANCETS 28G THIN	116
MG-90 MCG-150 MCG-22.5 UNIT-2	lactulose SOLN	95	LANCETS 30G	117
MG-4 MG-180 MCG-20 MCG-120	LAMICTAL CHEW (Use lamotrigine) .		LANCETS 33G	117
MG	19		LANCETS MICRO THIN 33G	117
163	LAMICTAL ODT KIT (Use		LANCETS SUPER THIN 28G ...	117
KP WOMENS DAILY FORMULA	lamotrigine)	19	LANCETS ULTRA THIN	117
TABS 60 MG-2 MG-30 MCG-400	LAMICTAL ODT TBDP (Use		LANCETS ULTRA THIN 30G	117
MCG-1000 UNIT-6 MCG-1.7 MG-25	lamotrigine)	19	LANCING DEVICE MISC	117
MCG-10 MG-2500 UNIT-5 MG-18	LAMICTAL STARTER KIT 25 MG		LAND BEFORE TIME	
MG-1.5 MG-50 MG-15 MG-500 MG-	(Use lamotrigine)	19	MULTIVITAMIN CHEW 15 MG ...	186
22.5 UNIT-2 MG-2 MG-120 MCG-20	LAMICTAL TABS (Use lamotrigine)			
MCG, 60 MG-2 MG-30 MCG-400	19			
MCG-1000 UNIT-6 MCG-1.7 MG-25				
MCG-10 MG-2500 UNIT-5 MG-18				
MG-500 MG-1.6 MG-50 MG-15 MG-				
22.5 UNIT-2 MG-2 MG-120 MCG-20				
MCG				
163				
K-PAX IMMUNE PROFESSIONAL				
ST TABS				
163				
K-PHOS-NEUTRAL (Use pot				
phosphate monobasic w/ sod				
phosphate dibasic & monobasic) .				
140				

lidocaine hcl (mouth-throat) 2 %	..143	linezolid SUSR	..... 36	LIVTENCITY	..... 49
lidocaine hcl (mouth-throat) 4 %	..143	linezolid TABS	..... 36	l-methylfolate TABS 7.5 MG, 15 MG	.. 81
lidocaine hcl CREA 3 %	..... 68	LINZESS	..... 87	L-METHYLFOLATE TABS	..... 81
lidocaine hcl CREA 4 %	..... 68	liothyronine sodium TABS	..... 204	LO LOESTRIN FE TABS	..... 54
lidocaine hcl GEL 2 %	..... 68	LIPITOR TABS (Use atorvastatin calcium)	..... 33	LODINE TABS (Use etodolac)	..... 7
lidocaine hcl LIQD	..... 68	LIPOFEN CAPS (Use fenofibrate)	..32	LODOSYN (Use carbidopa)	..... 43
lidocaine hcl PRSY	..... 68	liraglutide	..... 25	lofexidine hcl	..... 200
lidocaine hcl SOLN	..... 68	lisdexamfetamine dimesylate CAPS 1	..... 1	LOHIST-D LIQD	..... 57
lidocaine OINT 5 %	..... 68	lisdexamfetamine dimesylate CHEW	..... 1	LOKELMA	..... 142
lidocaine PTCH 4 %	..... 68	lisinopril & hydrochlorothiazide	...35	LOMOTIL TABS (Use diphenoxylate w/ atropine)	..... 28
lidocaine PTCH 5 %	..... 68	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	..... 33	lomustine	..... 37
lidocaine-hydrocortisone acetate (rectal) CREA EX	..... 12	LITETOUCH INSULIN SYRINGE	133	LONSURF	..... 41
lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %	..12	lithium	..... 44	loperamide hcl CAPS	..... 28
lidocaine-menthol PTCH 4 %-4 %	..68	lithium carbonate CAPS	..... 44	loperamide hcl TABS	..... 28
lidocaine-prilocaine CREA	..... 68	lithium carbonate TABS	..... 44	LOPID TABS (Use gemfibrozil)	...32
lidocaine-prilocaine KIT	..... 68	lithium carbonate TBCR	..... 44	lopinavir-ritonavir SOLN	..... 48
LIDOCORT CREA EX 0.5 %-3 % (Use lidocaine-hydrocortisone acetate (rectal))	..... 12	LITHOBID TBCR (Use lithium carbonate)	..... 44	lopinavir-ritonavir TABS 25 MG-100 MG	..... 48
LIDODERM PTCH (Use lidocaine)	68	LIVALO (Use pitavastatin calcium)	33	lopinavir-ritonavir TABS 50 MG-200 MG	..... 48
LIDODERM PTCH (Use lidocaine)	69	LIVDELZI	..... 87	LOPRESSOR SOLN PO 10 MG/ML	.. 50
LIDOMAX GEL 2 %	..... 69	LIVER DETOX TABS	..... 163	LOPRESSOR TABS (Use metoprolol tartrate)	..... 50
LIDOPIN CREA 3 % (Use lidocaine hcl)	..... 69	LIVITA ADULTS LIQD	..... 163	LOQTORZI	..... 38
LIFYORLI (125 MG DOSE) CPPK PO	..... 39	LIVITA CHILDREN LIQD	..... 185	loratadine & pseudoephedrine TB12	.. 57
LIFYORLI (150 MG DOSE) CPPK PO	..... 39	LIVIXIL PAK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	..... 69	loratadine & pseudoephedrine TB24	.. 57
LILETTA (52 MG)	..... 55	LIVMARLI	..... 86	loratadine CHEW	..... 31
linezolid SOLN	..... 36	LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	..... 86	loratadine SOLN	..... 31

loratadine TABS	31	LOTRONEX (Use alosetron hcl) ..	87	LUPRON DEPOT-PED (3-MONTH) .	83
loratadine TBDP 10 MG	31	lovastatin TABS	33	LUPRON DEPOT-PED (6-MONTH)	
lorazepam CONC	13	LOVAZA (Use omega-3-acid ethyl		IM	83
LORAZEPAM SOLN 2 MG/ML	13	esters)	31	lurasidone hcl	44
lorazepam SOLN	13	LOVENOX SOLN IJ 300 MG/3ML		LURBIPR TABS 100 MG (Use	
lorazepam TABS 0.5 MG, 2 MG ...	13	(Use enoxaparin sodium)	17	flurbiprofen)	7
lorazepam TABS 1 MG	13	LOVENOX SOSY 100 MG/ML, 150		LURBIRO TABS 100 MG (Use	
LORBRENA	41	MG/ML (Use enoxaparin sodium) .	17	flurbiprofen)	7
losartan potassium &		LOVENOX SOSY 30 MG/0.3ML (Use		LUTEIN-ZEAXANTHIN TABS 60	
hydrochlorothiazide	35	enoxaparin sodium)	17	MG-5 MG-1 MG-15 MG-1 MG-750	
losartan potassium	34	LOVENOX SOSY 40 MG/0.4ML (Use		MCG-20 MG	163
LOTEMAX GEL (Use loteprednol		enoxaparin sodium)	17	LUTRATE DEPOT INJ 22.5 MG ...	40
etabonate)	196	LOVENOX SOSY 60 MG/0.6ML (Use		LYBALVI	201
LOTEMAX OINT	196	enoxaparin sodium)	17	LYFGENIA	91
LOTEMAX SM GEL	196	LOVENOX SOSY 80 MG/0.8ML, 120		LYNKUET CAPS PO 60 MG	84
LOTEMAX SUSP (Use loteprednol		MG/0.8ML (Use enoxaparin sodium) .		LYNPARZA TABS	41
etabonate)	196	17		LYRICA CAPS (Use pregabalin) ...	19
LOTENSIN 10 MG, 20 MG, 40 MG		loxapine succinate	45	LYRICA CAPS 25 MG, 50 MG, 100	
(Use benazepril hcl)	33	L-TRYPTOPHAN TABS	193	MG, 150 MG (Use pregabalin)	19
LOTENSIN HCT 12.5 MG-10 MG,		lubiprostone	86	LYRICA CR (Use pregabalin (once-	
12.5 MG-20 MG, 25 MG-20 MG (Use		LUCEMYRA (Use lofexidine hcl) 200		daily))	202
benazepril & hydrochlorothiazide) .	35	LUMAKRAS	41	LYRICA SOLN (Use pregabalin) ...	19
loteprednol etabonate GEL	196	LUMIGAN SOLN 0.01 % (Use		LYSIPLEX PLUS LIQD	163
loteprednol etabonate SUSP	196	bimatoprost)	197	LYSIPLEX PLUS TABS 166.667 MG-	
loteprednol etabonate-tobramycin		LUMIVANCE CAPS	163	333.333 MG-16.667 MG-50 MCG-	
196		LUNESTA (Use eszopiclone)	94	333.333 MCG-16.667 MG-133.333	
LOTREL 10 MG-5 MG, 20 MG-10		LUPRON DEPOT (1-MONTH) KIT IM		MG-16.667 MG-133.333 UNIT-	
MG, 20 MG-5 MG, 40 MG-10 MG		.....	39	16.667 MCG-133.333 MG-66.667	
(Use amlodipine besylate-benazepril		LUPRON DEPOT (3-MONTH) KIT IM		MG-16.667 MG-5 MG-1666.667	
hcl)	35	.....	39	UNIT-66.667 MG-5 MG-66.667	
LOTRIMIN AF CREA (Use		LUPRON DEPOT (4-MONTH) IM .	39	UNIT-5 MCG-26.667 MG-3.333 MG-	
clotrimazole (topical))	61	LUPRON DEPOT (6-MONTH) IM .	40	1.667 MG-0.667 MG-33.333 MCG	
LOTRIMIN AF JOCK ITCH CREA		LUPRON DEPOT-PED (1-MONTH) .		164	
(Use clotrimazole (topical))	61	83		LYSODREN	40
				LYTGOBI (12 MG DAILY DOSE) .	42

LYTGOBI (16 MG DAILY DOSE) .42	dronabinol) .....29	133.333 UNIT-8.333 MCG-8.333
LYTGOBI (20 MG DAILY DOSE) .42	MARINOL CAPS 5 MG, 10 MG (Use dronabinol) .....29	MG-8.333 MG-8.333 MG-8.333 MG- 8.333 MG-8.333 MG-8.333 MG-6.666
LYUMJEV KWIKPEN SOPN .....27	MARPLAN .....22	MG-8.333 MG-1.333 MG-333.333
LYUMJEV SOLN .....27	MASONATAL TABS .....187	MG-83.333 UNIT-33.333 MG-5000
LYUMJEV TEMPO PEN SOPN ... 27	MATULANE 43	UNIT-5 MG-33.333 MG-1.333 MG- 16.666 MCG-20 MG-0.333 MG- 33.333 MCG-0.333 MG-5 MG-83.333
LYVISPAH PACK 5 MG 189	MAVENCLAD (10 TABS) 10 MG (Use cladribine (multiple sclerosis)) 202	MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG- 6.666 MG-6.666 MG-1.666 MG-0.833
MACROBID (Use nitrofurantoin monohyd macro) .....37	MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... .202	MG-11.666 MG-3.333 MG-1.666 MG- 33.333 MG-3.333 MG-3.333 MG- 3.333 MG-16.666 MG-33.333 MG- 33.333 MG-3.333 MG-3.333 MG- 3.333 MG-8.333 MG .....164
MACRODANTIN (Use nitrofurantoin macrocrystal) .....37	MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... .202	MAXITROL OINT (Use neomycin- polymy-dexameth) .....196
MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG .....164	MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... .202	MAXITROL SUSP (Use neomycin- polymy-dexameth) .....196
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT .....164	MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... .202	MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML .....57
MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT 164	MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... .202	MAXX MISC 98
MAGELLAN INSULIN SAFETY SYR.....133	MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... .202	MAXX PLUS MISC 98
magnesium citrate 1.745 GM/30ML 95	MAVYRET PACK 49	MAXZIDE TABS (Use triamterene & hydrochlorothiazide) 81
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....95	MAVYRET TABS .....49	MAYZENT STARTER PACK TBPK 0.25 MG .....202
magnesium oxide (mg supplement) TABs .....140	MAXALT TABS 10 MG (Use rizatriptan benzoate) .....139	MAYZENT TABS .....202
magnesium oxide TABS 400 MG ..12	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) .....139	meclizine hcl CHEW 29
malathion .....70	MAXI-COMFORT INSULIN SYRINGE 133	meclizine hcl TABS 12.5 MG, 25 MG 29
maraviroc TABS 150 MG .....48	MAXICOMFORT SYR 27G X 1/2" 133	meclofenamate sodium CAPS .....7
maraviroc TABS 300 MG .....48	MAXIDEX SUSP OP .....196	MEDI TAB TABS 164
MARINOL CAPS 2.5 MG (Use	MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG- 133.333 MCG-8.333 MG-8.333 MG-	MEDIC INSULIN SYRINGE .....133

CONTROL LIQD	117	10 MG-150 MCG-300 MCG-1.5 MG-	MENS MULTI HEALTH FORMULA
MEDLANCE PLUS EXTRA 21G .	117	15 MG-150 MCG-100 MG-162 MG-	TABS
MEDLANCE PLUS LITE 25G	117	80 MG-75 MCG-30 UNIT-10 MCG-2	MENS MULTIVITAMIN TABS
MEDLANCE PLUS SPECIAL 0.8MM		MG-120 MCG-20 MCG-10 MCG-72	MENVEO SOLN
.....	117	MG-2 MG, 60 MG-3 MG-30 MCG-	MENVEO SOLR
MEDLANCE PLUS SUPERLITE 30G		400 MCG-400 UNIT-25 MCG-1.7	meperidine hcl SOLN PO 50
.....	117	MG-10 MCG-20 MG-250 MCG-3500	MG/5ML
MEDLANCE PLUS UNIVERSAL 21G		UNIT-10 MG-300 MCG-1.5 MG-15	meperidine hcl TABS 50 MG
.....	118	MG-2 MG-150 MCG-100 MG-200	meprobamate
MEDROL TABS (Use		MG-80 MG-75 MCG-150 MCG-45	mercaptapurine SUSP 2000
methylprednisolone)	56	UNIT-48 MG-5 MCG-2 MG-150	MG/100ML
MEDROL TBPK (Use		MCG-20 MCG-10 MCG-72 MG-2 MG	mercaptapurine TABS
methylprednisolone)	56	.....	MERILOG SOLN SC 100 UNIT/ML
medroxyprogesterone acetate		MEKINIST SOLR	27
(contraceptive) SUSP IM	55	MEKINIST TABS	MERILOG SOLOSTAR SOPN SC
medroxyprogesterone acetate		MEKTOVI	100 UNIT/ML
(contraceptive) SUSY IM	55	melatonin TABS 3 MG, 5 MG	mesalamine CP24
medroxyprogesterone acetate 2.5		meloxicam TABS	mesalamine CPCR
MG, 5 MG, 10 MG	200	memantine hcl CP24	mesalamine CPDR
mefenamic acid CAPS	7	memantine hcl SOLN	mesalamine ENEM
mefloquine hcl	37	memantine hcl TABS	mesalamine SUPP
MEGA MULTI FOR WOMEN TABS		memantine hcl-donepezil hcl CP24	mesalamine TBEC 1.2 GM
164		200	mesalamine TBEC 800 MG
MEGA MULTI MEN TABS	164	MENATROL CAPS	mesalamine w/ cleanser
MEGAVITE FRUITS & VEGGIES		MENQUADFI 0.5 ML	mesna TABS
TABS	164	MENS 50+ ADVANCED CAPS ...	MESNEX TABS
MEGAVITE GOLDEN YEARS 55+		165	MESTINON TABS (Use
TABS	164	MENS 50+ MULTIVITAMIN TABS	pyridostigmine bromide)
megestrol acetate (appetite)	200	165	MESTINON TBCR (Use
megestrol acetate SUSP	40	MENS LIFE PACK TABS 300 MCG-	pyridostigmine bromide)
megestrol acetate TABS	40	200 UNIT-10 MG-10 MG-9 MG-10	METADATE CD CPCR (Use
MEIJER ADVANCED FORMULA		MG-2.5 MG-15 MG-1 MG-50 MG-	methylphenidate hcl)
TABS 60 MG-2 MG-30 MCG-400		11.25 MG-1 MG-2500 UNIT-15	metaxalone
MCG-400 UNIT-6 MCG-1.7 MG-25		UNIT-75 MG-37.5 MCG-2.5 MG-2.5	
MCG-20 MG-250 MCG-3500 UNIT-		MG-12.5 MCG, 400 UNIT-10 MG-10	
		MG-5000 UNIT-18 MG-10 MG-5 MG-	
		30 MG-2 MG-100 MG-22.5 MG-2	
		MG-150 MG-30 UNIT-150 MG-75	
		MCG-5 MG-5 MG-25 MCG	
		

metformin hcl SOLN	24	methylphenidate hcl)	3	metronidazole (topical) LOTN	70
metformin hcl TABS 500 MG, 850 MG, 1000 MG	25	methylphenidate hcl CHEW	3	metronidazole TABS	36
metformin hcl TB24 500 MG, 1000 MG	25	methylphenidate hcl CP24	3	metronidazole vaginal	209
metformin hcl TB24	25	methylphenidate hcl CPR	3	mexiletine hcl	14
methadone hcl CONC	9	methylphenidate hcl SOLN	3	MIACALCIN IJ (Use calcitonin (salmon))	83
methadone hcl SOLN PO	9	methylphenidate hcl TABS	3	MICARDIS 20 MG (Use telmisartan) . 34	
methadone hcl TABS	9	methylphenidate hcl TB24	3	MICARDIS 40 MG, 80 MG (Use telmisartan)	34
methadone hcl TBSO	9	methylphenidate hcl TBCR 10 MG, 20 MG	3	MICARDIS HCT (Use telmisartan- hydrochlorothiazide)	35
METHADOSE CONC (Use methadone hcl)	9	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	MICARDIS CREA (Use miconazole nitrate (topical))	61
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	9	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	3	MICONAZOLE 7 SUPP 100 MG .	209
methamphetamine hcl	1	methylphenidate PTCH	3	miconazole nitrate (topical) CREA .	61
methazolamide TABS	81	methylprednisolone TABS 4 MG, 8 MG	56	miconazole nitrate vaginal CREA 2 %	209
methenamine mandelate	37	methylprednisolone TBPk	56	miconazole nitrate vaginal CREA 4 %	209
METHENAMINE MANDELATE 0.5 GM, 1 GM	37	methyltestosterone TABS	11	miconazole nitrate vaginal KIT ...	209
methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 81.6 MG . 36		metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	86	miconazole nitrate vaginal SUPP 100 MG	209
methimazole TABS	204	metoclopramide hcl TABS	86	MICROCHAMBER DEVI	137
methocarbamol TABS 500 MG, 750 MG	189	metolazone	82	MICROCHAMBER MISC	137
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	38	metoprolol & hydrochlorothiazide TABs	35	MICRODOT BLOOD GLUCOSE SYSTEM KIT	118
methotrexate sodium TABS 2.5 MG 38		metoprolol succinate TB24	50	MICRODOT CONTROL HIGH/LOW SOLN	118
methsuximide	21	metoprolol tartrate SOLN IV 5 MG/5ML	50	MICRODOT TEST STRP	78
methyl dopa TABS	34	metoprolol tartrate TABS	50	MICROLET LANCETS	118
methylergonovine maleate TABS 198 METHYLIN SOLN (Use		METROCREAM CREA (Use metronidazole (topical))	70	MICROLET NEXT LANCETS ...	118
		metronidazole (topical) CREA	70		
		metronidazole (topical) GEL 0.75 % 70			

MICROLET NEXT LANCING DEVICE MISC	118	MINIMED QUICK SET INF SET 18" MISC	118	mirtazapine TBDP	21
MICROSPACER MISC	137	MINIMED QUICK SET INF SET 23" MISC	118	misoprostol	206
midazolam hcl SOLN IJ	94	MINIMED QUICK SET INF SET 32" MISC	118	MITIGARE CAPS (Use colchicine)	89
MIDAZOLAM HCL SOLN IJ	94	MINIMED QUICK SET INF SET 43" MISC	118	MIUDELLA INTRAUTERINE COPPER	55
midazolam hcl SYRP	94	MINIMED QUICK-SERTER MISC 118		MM BLOOD GLUCOSE SYSTEM REFILL KIT	118
midodrine hcl	209	MINIMED RESERVOIR 1.8ML MISC 118		MM EASY TOUCH GLUCOSE METER KIT	119
MIEBO	197	MINIMED RESERVOIR 3ML MISC 118		MM EASY TOUCH GLUCOSE STRP	78
miglitol	24	MINIMED SILHOUETTE INF SET 32" MISC	118	MM INSULIN SYRINGE/NEEDLE 133	
miglustat	91	MINIMED SILHOUETTE INF SET 43" MISC	118	MM LANCING DEVICE MISC	119
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	138	MINIPRESS CAPS (Use prazosin hcl)	34	MM TWIST LANCETS	119
MILK OF MAGNESIA CONCENTRATE SUSP	95	MINIVELLE PTTW (Use estradiol)	85	M-M-R II SOLR	208
milnacipran hcl MISC	201	minocycline hcl CAPS	204	M-NATAL PLUS TABS	187
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	201	minoxidil 2.5 MG, 10 MG	36	MNEXSPIKE SUSY 10 MCG/0.2ML . 208	
MINCORA TABS	183	MIPLYFFA	203	MOBI 2ML CARTRIDGE MISC ...	119
MINI LANCING DEVICE MISC ...	118	mirabegron TB24	207	modafinil	3
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG 144		MIRALAX POWD (Use polyethylene glycol 3350)	95	MODD1 PATIENT WELCOME KIT KIT	119
MINIMED 630G INSULIN PUMP KIT 118		MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride)	43	MODD1 SUPPLY KIT KIT	119
MINIMED 780G INSULIN PUMP KIT 118		MIRASORB SPONGES MISC	98	MODEYSO CAPS PO 125 MG	40
MINIMED INSTINCT GLUC SENSOR	118	MIRCERA	92	moexipril hcl	33
MINIMED MIO ADVANCE INFUSE SET MISC	118	MIRENA (52 MG)	55	MOLESKIN FOAM PADS	98
MINIMED PUMP RESERVOIR 3ML MISC	118	mirtazapine TABS	21	molindone hcl	46
				mometasone furoate (nasal) SUSP 189	
				mometasone furoate CREA	66
				mometasone furoate OINT	66
				mometasone furoate SOLN	66

MONISTAT CARE INSTANT ITCH RLF 1 %	209	MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	25	25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG- 2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG- 1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	165
MONOJECT INSULIN SYRINGE 133		MOVANTIK	87	MULTI FOR HER 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-200 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-70 MCG	166
MONOJECT ULTRA COMFORT SYRINGE	133	moxifloxacin hcl (ophth) SOLN OP 195		MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG- 150 MCG-50 UNIT-4 MG-120 MCG- 20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-100 MG- 1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	166
MONOLET LANCETS	119	moxifloxacin hcl TABS	85	MULTI FOR HER TABS 120 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-100 MCG-250 MCG- 3000 UNIT-1.5 MG-100 MG-15 MG- 150 MCG-400 UNIT-20 MG-18 MG- 40 MG-10 MCG-120 MCG-2 MG-10 MCG-150 MCG-25 MCG-77 MG-5 MCG-2 MG-50 UNIT-25 MCG-250 MG-36 MG-2 MG	166
montelukast sodium CHEW	14	MOZOBIL (Use plerixafor)	93		
montelukast sodium PACK	14	MRESVIA	208		
montelukast sodium TABS	14	MS CONTIN TBCR 100 MG (Use morphine sulfate)	10		
MOOD FOOD CAPS	165	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use morphine sulfate)	9		
MOOD FOOD ES CAPS	165	MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin) ...	57		
morphine sulfate beads	9	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ...	57		
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)	58		
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	9	MUCINEX TB12 (Use guaifenesin) 58			
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	9	MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG- 150 MCG-50 UNIT-4 MG-120 MCG- 20 MCG	165		
morphine sulfate SUPP	9	MULTI COMPLETE/IRON TABS 180 MG-2 MG-30 MG-400 MCG-1000 UNIT-6 MCG-1.7 MG-80 MCG-20 MG-2500 UNIT-10 MG-18 MG-162 MG-1.5 MG-15 MG-100 MG-75 MCG-150 MCG-50 UNIT-2 MG-4 MG-120 MCG-70 MCG	165		
morphine sulfate TABS 15 MG	9	MULTI FOR HER 50+ CAPS 60 MG- 6 MG-30 MCG-400 MCG-1000 UNIT- 6 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-100 MCG-250 MCG- 3000 UNIT-1.5 MG-100 MG-15 MG- 150 MCG-400 UNIT-20 MG-18 MG- 40 MG-10 MCG-120 MCG-2 MG-10 MCG-150 MCG-25 MCG-77 MG-5 MCG-2 MG-50 UNIT-25 MCG-250 MG-36 MG-2 MG	166		
morphine sulfate TABS 30 MG	9				
morphine sulfate TBCR	9				
MOTEGRITY (Use prucalopride succinate)	85				
MOTPOLY XR CP24	19				
MOTRIN CHILDRENS CHEW (Use ibuprofen)	7				
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	7				
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	25				
MOUNJARO 2.5 MG/0.5ML, 5					

MULTI FOR HIM 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-105 MCG	166	MULTI-LANCET DEVICE 2 KIT ..	119	MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	144
MULTI FOR HIM CAPS 60 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-40 MCG, 60 MG-4 MG-30 MCG-400 MCG-25 MCG-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-750 MCG-45 MCG-150 MCG-22.5 MG-4 MG-120 MCG-40 MCG	166	multiple vitamin TABS	184	MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	167
MULTI FOR HIM TABS 180 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-100 MG-15 MG-20 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-50 UNIT-2500 UNIT-70 MCG	166	MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	183	MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	183
MULTI PRENATAL TABS	187	MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	184	MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG	167
MULTI VITAMIN TABS	183	multiple vitamins w/ iron TABS ...	144	MULTITOL-M TABS	167
MULTI VITAMIN W/D-3 TABS ...	183	multiple vitamins w/ minerals CAPS	167	MULTIVITAMIN ADULT (MINERALS) TABS	167
MULTI VITAMIN/MINERALS TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG-0.5 MG, 90 MG-3 MG-45 MCG-400 MCG-400 UNIT-9 MCG-2.6 MG-25 MCG-20 MG-10 MG-27 MG-2.25 MG-100 MG-15 MG-5000 UNIT-30 MG-162 MG-150 MCG-34 UNIT-125 MG-2 MG-5 MG-27 MG-25 MCG-25 MCG-300 MCG-25 MCG	166	multiple vitamins w/ minerals LIQD	167	MULTIVITAMIN ADULT TABS ...	184
MULTIA CAPS	166	multiple vitamins w/ minerals TABS	167	MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-	

400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT- 10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG- 3 MG-30 MCG-400 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG- 80 MG-45 MCG-150 MCG-50 UNIT- 20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG167	MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT- 10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG- 3 MG-30 MCG-400 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG- 80 MG-45 MCG-150 MCG-50 UNIT- 20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG168	MG-45 MG-1.5 MG-30 UNIT 184
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MYRBETRIQ TB24 (Use mirabegron)	207	naproxen sodium TB24	7	neomycin-bacitracin zn-polymyxin	195
.....	207	naproxen SUSP	7	neomycin-bacitracin-polymyxin OINT	60
MYSOLINE (Use primidone)	19	naproxen TABS	7	neomycin-polymy-dexameth OINT	196
MYXREDLIN	27	naproxen TBEC	7	neomycin-polymy-dexameth SUSP	0.1 %-3.5 MG/ML-10000 UNIT/ML,
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naloxone hcl SOSY 2 MG/2ML	28	NATROBA (Use spinosad)	70	142	
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NEURONTIN SOLN (Use gabapentin)	19	niacin TABS 50 MG, 100 MG, 500 MG	210	nitrofurantoin macrocrystal 50 MG, 100 MG	37
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nevirapine SUSP	48	NICAZEL TABS	170	nitroglycerin SUBL	13
nevirapine TABS	48	NICORETTE GUM 4 MG (Use nicotine polacrilex)	203	NITROSTAT SUBL (Use nitroglycerin)	13
nevirapine TB24 400 MG	48	NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex)	203	NIVA THYROID TABS	204
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norethindrone (contraceptive)	55	NOVA MAX PLUS KETONE TEST	78	NOVOLOG FLEXPEN SOPN	27
norethindrone acet & eth estra TABS	54	NOVA SAFETY LANCETS 23G	119	NOVOLOG MIX 70/30 FLEXPEN SUPN	27
norethindrone acetate TABS	200	NOVA SAFETY LANCETS 28G	119	NOVOLOG MIX 70/30 RELION SUSP	27
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norethindrone acetate-ethinyl estradiol-fe	54	NOVA SUREFLEX LANCING DEVICE MISC	119	NOVOLOG PENFILL SOCT	27
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norgestimate-ethinyl estradiol (triphasic)	54	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	186	NOVOLOG SOLN IJ	27
norgestimate-ethinyl estradiol	54	NOVAVAX COVID-19 VACCINE SUSY	208	NOVOSEVEN RT 1 MG, 2 MG, 8 MG	89
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	54	NOVOEIGHT	89	NOVOSEVEN RT 5 MG	89
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NORPACE CAPS (Use disopyramide phosphate)	13	NOVOLIN 70/30 FLEXPEN SUPN	27	NU GAUZE 4PLY PADS	98
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NORPRAMIN TABS 10 MG (Use desipramine hcl)	23	NOVOLIN 70/30 SUSP	27	NUBEQA	40
NORPRAMIN TABS 25 MG (Use desipramine hcl)	23	NOVOLIN N FLEXPEN RELION SUPN	27	NUCALA SOAJ	14
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NORVASC TABS (Use amlodipine besylate)	51	NOVOLIN N SUSP	27	NUCYNTA TABS 50 MG, 75 MG, 100 MG (Use tapentadol hcl)	10
NORVASC TABS 5 MG, 10 MG (Use amlodipine besylate)	51	NOVOLIN R FLEXPEN RELION SOPN IJ	27	NULEV TBDP 0.125 MG (Use hyoscyamine sulfate)	205
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83		OCTAGAM SOLN	199	OCUVITE-LUTEIN TABS 200 MG-2	
NUTROPIN AQ NUSPIN 20 SOPN		octreotide acetate KIT	84	MG-40 MG-2 MG-1000 UNIT-60	
83		OCUFLOX (Use ofloxacin (ophth))		UNIT-55 MCG	170
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ethinyl estradiol)	55	OCUTABS TABS 113 MG-17.4 MG-		ofloxacin (ophth)	195
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NUVESSA	209	60 UNIT-55 MCG	170	OGSIVEO 100 MG, 150 MG	42
NUVIGIL (Use armodafinil)	3	OCUTABS-LUTEIN TABS 200 MG-2		OHTUVAYRE	15
NUWIQ KIT	89	MG-40 MG-2 MG-1000 UNIT-60		OIL EMULSIONS DRESSING/NON-	
NUWIQ SOLR	89	UNIT-55 MCG	170	ADH PADS	98
NYMALIZE SOLN 6 MG/ML	51	OCUVEL CAPS 250 MG-0.5 MG-5		OJEMDA SUSR	42
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nystatin (topical) OINT	61	MG-3 MG-40 MG-40 MG-2 MG-5		olmesartan medoxomil	34
nystatin (topical) POWD EX	61	MG-50 UNIT-6000 UNIT-40 MCG		olmesartan medoxomil-amlodipine-	
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nystatin-triamcinolone OINT	61	MG-1 MG-15 MCG-200 MCG-200		hydrochlorothiazide	35
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omeprazole magnesium TBEC ..	206	OMVOH SOSY	87	6 MG-30 MCG-400 MCG-400 UNIT-	
omeprazole TBDD	206	ON CALL EXPRESS BLOOD		30 MCG-3.4 MG-20 MCG-20 MG-	
omeprazole TBEC	206	GLUCOSE STRP	78	5000 UNIT-15 MG-120 MG-4.5 MG-	
OMNARIS SUSP	189	ON CALL EXPRESS MONITORING		22.5 MG-2 MG-100 MG-37.5 MG-90	
OMNICAP TABS	184	SYS KIT	120	MCG-150 MCG-60 UNIT-4 MG-180	
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OMNIPOD 5 DEXG7G6 PODS GEN		1 MG-2.5 MG-20 MG	184	1.5 MG-6 MCG-10 MG-1.7 MG-20	
5 MISC	119	ONCOVITE TABS	170	MG-2500 UNIT-2500 UNIT-27 MG-	
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KIT	120	ondansetron TBDP 16 MG	29	5000 UNIT-400 UNIT-30 UNIT-18	
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PRED MILD	196	PRENATAL FORTE TABS	187	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	188
prednisolone acetate (ophth)	196	PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	187	PRENATE PIXIE	188
PREDNISOLONE SODIUM PHOSPHATE	196	PRENATAL ONE DAILY TABS ..	187	PRENATE RESTORE	188
prednisolone sodium phosphate SOLN 15 MG/5ML	56	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	188	PRENATVITE RX TABS	188
prednisolone sodium phosphate SOLN 20 MG/5ML	56	PRENATAL TABS	188	PRESCRIPTION SUPPORT MULTIVIT CAPS	174
prednisolone sodium phosphate SOLN 5 MG/5ML	56	pregnata vit w/ ferrous fumarate-l methylfolate-folic acid	187	PRESERVISION AREDS 2 CAPS	174
prednisolone SOLN	56	pregnata vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG	187	PRESERVISION AREDS 2+COQ10 CAPS	174
prednisolone TABS	56	PRENATAL VITAMIN AND MINERAL TABS	187	PRESERVISION AREDS 2+MULTI VIT CAPS	174
PREDNISONONE INTENSOL CONC	56	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20			
prednisone SOLN	56				
prednisone TABS	56				
prednisone TBEC 1 MG, 2 MG	56				
prednisone TBPK	56				
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pregabalin CAPS	19				

PRESERVISION AREDS CAPS . 174	lidocaine-prilocaine)69	probenecid 89
PRESERVISION AREDS TABS ..174	PRILOVIX PLUS KIT 2.5 %-2.5 % (Use lidocaine-prilocaine) .....69	PROBIOTICS + BARIATRIC MULTI CAPS 175
PRESERVISION/LUTEIN CAPS .174	PRIMACARE .....188	PRO-CAL TABS .....175
PREVACID 24HR CPDR (Use lansoprazole) 206	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) .....37	PROCARDIA XL TB24 (Use nifedipine) .....51
PREVACID CPDR 30 MG (Use lansoprazole) 206	primaquine phosphate TABS 37	PROCARE SPACER/ADULT MASK DEVI 137
PREVACID SOLUTAB TBDD (Use lansoprazole) 206	primidone .....19	PROCARE SPACER/CHILD MASK DEVI 137
PREVENT CAPS 175	PRIORIX SUSR 208	PROCERV HP TABS .....175
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 143	PRISTIQ (Use desvenlafaxine succinate) 23	PROCHAMBER VHC DEVI 137
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) .....143	PRISTIQ 50 MG (Use desvenlafaxine succinate) 23	prochlorperazine 46
PREVIDENT GEL (Use sodium fluoride (dental)) 143	PRIVIGEN SOLN .....199	prochlorperazine edisylate 10 MG/2ML .....46
PREVIDENT SOLN (Use sodium fluoride (dental)) 143	PRO COMFORT INSULIN SYRINGE133	prochlorperazine maleate TABS ...46
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PREVNAR 20207	PRO COMFORT LANCETS 31G 121	PROCRIT 2000 UNIT/ML92
PREV-RX TABS 175	PRO COMFORT SAFETY LANCETS 30G121	PROCRIT 20000 UNIT/ML 92
PREZCOBIX 48	PRO COMFORT SPACER ADULT MISC .....137	PROCRIT 3000 UNIT/ML .....92
PREZISTA SUSP .....48	PRO COMFORT SPACER CHILD MISC .....137	PROCRIT 4000 UNIT/ML .....92
PREZISTA TABS 150 MG .....48	PRO COMFORT SPACER INFANT DEVI 137	PROCRIT 40000 UNIT/ML 92
PREZISTA TABS 600 MG (Use darunavir) 48	PRO VOICE V8 GLUCOSE SYSTEM DEVI 121	PROCTOFOAM FOAM EX 1 % ... 12
PREZISTA TABS 75 MG 48	PRO VOICE V8/V9 GLUCOSE STRP.....79	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI .....121
PREZISTA TABS 800 MG (Use darunavir) 48	PRO VOICE V9 GLUCOSE SYSTEM DEVI 121	PRODIGY AUTOCODE BLOOD GLUCOSE KIT .....121
PRILOSEC OTC TBEC (Use omeprazole magnesium) .....206	PROAIR RESPICLICK AEPB .....16	PRODIGY CONTROL SOLUTION SOLN 121
PRILOSEC PACK 206		PRODIGY INSULIN SYRINGE ..133
PRILOVIX KIT 2.5 %-2.5 % (Use		PRODIGY LANCETS 28G .....121
		PRODIGY LANCING DEVICE MISC . 121

PRODIGY NO CODING BLOOD GLUC STRP	79	promethazine-phenylephrine-codeine	57	PROVIT TABS	175
PRODIGY POCKET BLOOD GLUCOSE KIT	122	PROMETRIUM CAPS (Use progesterone)	200	PROXIVOL GEL 2 %	69
PRODIGY SAFETY LANCETS 26G . 122		propafenone hcl TABS	14	PROZAC CAPS (Use fluoxetine hcl) . 22	
PRODIGY TWIST TOP LANCETS 28G	122	propranolol hcl CP24	51	prucalopride succinate	85
PRODIGY VOICE BLOOD GLUCOSE KIT	122	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	51	PRUDOXIN (Use doxepin hcl (antipruritic))	62
PROFILNINE	89	propranolol hcl TABS	51	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 58	
PROFOLA TABS	175	propylthiouracil	204	pseudoephedrine hcl TABS	190
progesterone CAPS	200	PROQUAD SUSR	208	pseudoephedrine hcl TB12	190
PROGLYCEM (Use diazoxide) ...	25	PRORENAL + D TABS	175	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG 58	
PROGRAF CAPS (Use tacrolimus) 142		PRORENAL + D W/ OMEGA-3 CAPS	175	pseudoephedrine-ibuprofen TABS	58
PROGRAF PACK	142	PROSCAR (Use finasteride)	88	psyllium CAPS 0.52 GM	94
PROGRAF SOLN 5 MG/ML (Use tacrolimus)	142	PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG .	175	psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	95
PROLATE SOLN	11	PROTECT CARDIO AF CAPS ...	175	PULMICORT FLEXHALER AEPB .	15
PROLATE TABS	11	PROTECT PLUS SO CAPS	175	PULMICORT SUSP (Use budesonide (inhalation))	15
PROLENSA (Use bromfenac sodium (ophth))	197	PROTEGRA CAPS	175	PULMOZYME	204
PROLIA SOSY	83	PROTONIX PACK (Use pantoprazole sodium)	206	PURE COMFORT 3-BALL BREATHE EX DEVI	138
promethazine & phenylephrine SYRP	57	PROTONIX SOLR (Use pantoprazole sodium)	206	PURE COMFORT LANCETS 30G 122	
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	31	PROTONIX TBEC (Use pantoprazole sodium)	206	PURE COMFORT SAFETY LANCET 30G	122
promethazine hcl SUPP	31	protriptyline hcl	24	PURE COMFORT SPACER CHAMBER DEVI	138
promethazine hcl TABS	31	PROVENTIL HFA AERS (Use albuterol sulfate)	16	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)	38
promethazine w/codeine SOLN ...	57	PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) ...	200	PX ADVANCED LANCING DEVICE MISC	122
promethazine w/codeine SYRP ...	57	PROVIDA OB	188		
promethazine-dm SYRP	57	PROVIGIL (Use modafinil)	3		

PX INSULIN SYRINGE	133	UNIT-6 MCG-2500 UNIT-1.7 MG-25	QC MULTI-VITE TABS	175
PX LANCETS MICROTHIN 33G	122	MCG-20 MG-10 MG-18 MG-1.5 MG-	QC OCUHEALTH VISION	
PX LANCETS ULTRA THIN 28G		100 MG-15 MG-150 MCG-80 MG-2	SUPPORT 2 CAPS	175
122		MG-162 MG-160 MCG-150 MCG-30	QC PRENATAL TABS	188
pyrazinamide	37	UNIT-109 MG-2 MG-5 MCG-10	QC STERILE PADS PADS	98
pyrethrins-piperonyl butoxide SHAM		MCG-3.5 MG-65 MCG-20 MCG-10	QC THERIN-M TABS 90 MG-6 MG-	
4 %-0.33 %	70	MCG-72 MG	30 MCG-400 MCG-400 UNIT-12	
pyrethrins-piperonyl butoxide-		QC DAILY MULTIVITAMINS/IRON	MCG-3.4 MG-28 MCG-20 MG-5000	
permethrin-nit remover 4 %-0.33 %-		TABS 60 MG-2 MG-400 MCG-400	UNIT-10 MG-9 MG-3 MG-100 MG-15	
0.5 %	70	UNIT-6 MCG-1.7 MG-20 MG-5000	MG-150 MCG-7.5 MG-2 MG-40 MG-	
PYRIDIDIUM TABS (Use		UNIT-10 MG-18 MG-1.5 MG-30 UNIT	75 MCG-150 MCG-60 UNIT-31 MG-2	
phenazopyridine hcl)	88	.....	MG-5 MCG-10 MCG-2 MG-50 MCG-	
pyridostigmine bromide TABS 60 MG		QC ESSENTIALS TABS 60 MG-2	70 MCG-10 MCG-7.5 MG	176
.....	37	MG-400 MCG-400 UNIT-6 MCG-1.7	QC TRIACTING DAYTIME	
pyridostigmine bromide TBCR	37	MG-20 MG-5000 UNIT-10 MG-1.5	CHILDRENS SYRP	58
pyridoxine hcl TABS 25 MG, 50 MG,		MG-30 UNIT	QC UNILET LANCETS 28G	122
100 MG, 250 MG	210	QC HAIR SKIN & NAILS TABS 50	QC UNILET LANCETS MICRO THIN	
PYRUKYND TABS	90	MG-50 MG-3.5 MG-6.5 MG-25 MCG-	.....	122
PYRUKYND TAPER PACK TBPk	90	25 UNIT-25 MCG-7.5 MG-7.2 MG-50	QC WOMENS DAILY	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML		UNIT-25 MCG-2500 UNIT-15 MG-5	MULTIVITAMIN TABS 60 MG-2 MG-	
.....	62	MG-25 MG-10 MG-3.3 MG-10 MG-5	30 MCG-400 MCG-500 UNIT-5	
PYZCHIVA SC 45 MG/0.5ML	62	MG-10 MG-20 MG-0.6 MG-150	MCG-2500 UNIT-1.7 MG-25 MCG-10	
QALSODY	190	MCG-54 MG-70 MG-897 MCG-0.6	MG-5 MG-15 MG-450 MG-5 MG-50	
QBRELIS SOLN	34	MG	MG-15 MG-30 UNIT-2 MG-2 MG-120	
QC ADVANCED LANCING DEVICE		QC LANCETS SUPER THIN 30G	MCG-20 MCG	176
MISC	122	122	QDOLO SOLN (Use tramadol hcl) .	10
QC ALL PURPOSE DRESSINGS		QC MENS DAILY MULTIVITAMIN	QELBREE	2
PADS	98	TABS 90 MG-3 MG-30 MCG-400	QFITLIA SOAJ SC 50 MG/0.5ML .	89
QC BORDER ISLAND GAUZE PADS		MCG-400 UNIT-18 MCG-1.7 MG-20	QFITLIA SOLN SC 20 MG/0.2ML .	89
.....	98	MCG-16 MG-3500 UNIT-5 MG-210	QINLOCK	42
QC CHILDRENS VITAMINS/IRON		MG-600 MCG-1.2 MG-120 MG-15	QIVIGY SOLN IV 5 GM/50ML, 10	
CHEW 15 MG	186	MG-2 MG-100 MG-45 UNIT-2 MG-	GM/100ML	199
QC DAILY		120 MCG-105 MCG	QNASL	189
MULTIVIT/MULTIMINERAL TABS 50		QC MULTI-VITE 50 & OVER TABS	QNASL CHILDRENS	189
MG-2 MG-30 MCG-400 MCG-400		60 MG-3 MG-30 MCG-400 MCG-500	QUADRACEL SUSP	204
		UNIT-25 MCG-1.7 MG-30 MCG-20	QUADRACEL SUSY	204
		MG-250 MCG-2500 UNIT-10 MG-		
		300 MCG-1.5 MG-50 MG-11 MG-80		
		MG-150 MCG-220 MG-45 MCG-150		
		MCG-50 UNIT-20 MG-0.5 MG-5		
		MCG-2.3 MG-55 MCG-10 MCG-45		
		MCG-72 MG-2 MG		

QUAKE DEVI	138	SYSTEM DEVI	122	RAY-TEC X-RAY DETECTABLE SPNGE MISC	98
quazepam	94	QUINTET BLOOD GLUCOSE TEST STRP	79	REALITY INSULIN SYRINGE ...	133
QUDEXY XR CS24 150 MG, 200 MG (Use topiramate)	19	QUINTET CONTROL HIGH/NORMAL SOLN	122	REALITY LATEX CONDOMS MISC .	99
QUDEXY XR CS24 25 MG, 50 MG, 100 MG (Use topiramate)	19	QULIPTA	138	REALITY LATEX/ULTRA TEXTURED DEVI	99
QUESTRAN LIGHT POWD (Use cholestyramine light)	32	QUTENZA (2 PATCH)	69	REALITY LATEX/ULTRA THIN DEVI	99
QUESTRAN PACK (Use cholestyramine)	32	QUTENZA (4 PATCH)	69	REBIF REBIDOSE SOAJ	202
QUESTRAN POWD (Use cholestyramine)	32	QUTENZA	69	REBIF REBIDOSE TITRATION PACK SOAJ	202
quetiapine fumarate TABS	45	QUVIVIQ	94	REBIF SOSY	202
quetiapine fumarate TB24	45	QVAR REDIHALER	15	REBIF TITRATION PACK SOSY	202
QUFLORA FE	182	RABAVERT	208	REBINYN	89
QUFLORA FE PEDIATRIC LIQD	185	rabeprazole sodium TBEC	206	REBLOZYL	92
QUFLORA PEDIATRIC CHEW ..	186	RAGWITEK SUBL	3	RECOMBINATE SOLR	89
QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML	186	RALDESY SOLN PO 10 MG/ML ..	23	RECOMBIVAX HB SUSP	208
QUILLICHEW ER CHER	3	raloxifene hcl	83	RECOMBIVAX HB SUSY	208
QUILLIVANT XR SRER	3	ramelteon	94	REFRESH	193
QUIN B STRONG TABS	176	ramipril CAPS	34	REFUAH PLUS BLOOD GLUCOSE TEST STRP	80
quinapril hcl	34	RAPAFLO (Use silodosin)	88	REFUAH PLUS GLUCOSE CONTROL SOLN	123
quinapril-hydrochlorothiazide	35	RAPAMUNE SOLN (Use sirolimus) 142		REFUAH PLUS MONITORING SYSTEM KIT	123
quinidine gluconate TBCR	13	RAPAMUNE TABS (Use sirolimus) 142		REGLAN TABS (Use metoclopramide hcl)	86
quinidine sulfate TABS	13	RAPIVAB	50	RELCARE TABS	184
QUINTABS TABS	184	rasagiline mesylate	44	RELENZA DISKHALER	50
QUINTABS-M TABS	176	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	4	RELEUKO SOSY	92
QUINTET AC BLOOD GLUCOSE DEVI	122	RAYALDEE	84	RELEXXII TBCR (Use methylphenidate hcl)	3
QUINTET AC BLOOD GLUCOSE TEST STRP	79	RAYASAL CREA	67		
QUINTET BLOOD GLUCOSE		RAYAVIT TABS	176		

RELEXXII TBCR	3	RELION ULTIMA TEST STRP	80	RESTASIS MULTIDOSE EMUL	195
RELION ALL-IN-ONE	123	RELION ULTRA THIN LANCETS 30G	123	RESTORE CONTACT LAYER PADS	98
RELION BLOOD GLUCOSE TEST STRP	80	RELMAX (Use eletriptan hydrobromide)	139	RESTORE FOAM DRESSING PADS	98
RELION CONFIRM GLUCOSE MONITOR KIT	123	RELMAX 40 MG (Use eletriptan hydrobromide)	139	RESTORE ODOR ABSORBING DRESS PADS	98
RELION CONFIRM/MICRO TEST STRP	80	REMEDIENT CAPS	176	RESTORE TRIO ABSORBENT DRESS PADS	98
RELION INSULIN SYRINGE	133	REMERON SOLTAB TBDP (Use mirtazapine)	21	RESTORIL (Use temazepam)	94
RELION KETONE TEST STRP ...	80	REMERON TABS 15 MG, 30 MG (Use mirtazapine)	21	RETACRIT	92
RELION LANCET DEVICES 30G 123		REMICADE	87	RETEVMO CAPS	42
RELION LANCETS MICRO-THIN 33G	123	RENAL CAPS 1 MG	144	RETEVMO TABS	42
RELION LANCETS THIN 26G ...	123	RENAL MULTIVITAMIN TABS ...	176	RETIN-A CREA (Use tretinoin)	59
RELION MICRO KIT	123	RENAPLEX TABS 60 MG-10 MG- 300 MCG-800 MCG-6 MCG-1.7 MG- 20 MG-10 MG-1.5 MG-12.5 MG ...	176	RETIN-A GEL (Use tretinoin)	59
RELION PREMIER BLU MONITOR DEVI	123	RENAPLEX-D TABS	176	RETIN-A MICRO (Use tretinoin microsphere)	59
RELION PREMIER CLASSIC DEVI 123		RENFLEXIS	87	RETIN-A MICRO PUMP (Use tretinoin microsphere)	59
RELION PREMIER COMPACT SYSTEM KIT	123	RENO CAPS CAPS 1 MG	144	RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)	59
RELION PREMIER TEST STRP ..	80	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	204	RETISERT	196
RELION PREMIER VOICE MONITOR DEVI	123	RENVELA PACK (Use sevelamer carbonate)	88	RETROVIR CAPS (Use zidovudine) . 48	
RELION PRIME MONITOR DEVI 123		RENVELA TABS (Use sevelamer carbonate)	88	RETROVIR SOLN	48
RELION PRIME TEST STRP	80	repaglinide	28	RETROVIR SYRP (Use zidovudine) . 48	
RELION TRUE MET AIR GLUC METER KIT	123	REPATHA PUSHTRONEX SYSTEM SOCT	33	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	53
RELION TRUE METRIX TEST STRIPS STRP	80	REPATHA SOSY	33	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	53
RELION ULTIMA GLUCOSE SYSTEM KIT	123	REPATHA SURECLICK SOAJ	33	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	53
		RESTASIS EMUL (Use cyclosporine (ophth))	195	REVLIMID (Use lenalidomide) ...	141

REVUFORJ	40	RIGHTEST GS300 BLOOD GLUCOSE STRP	80	RITEFLO DEVI	138
REVUFORJ 25 MG	40	RIGHTEST GS550 BLOOD GLUCOSE STRP	80	ritonavir TABS	48
REXTOVY LIQD	29	RIGHTEST GT333 BLOOD GLUCOSE DEVI	124	rivaroxaban SUSR 1 MG/ML	17
REXULTI	46	RIGHTEST GT333 BLOOD GLUCOSE STRP	80	rivaroxaban TABS 2.5 MG	17
REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	48	RIGHTEST GT333 BLOOD GLUCOSE STRP	80	rivastigmine	200
REYATAZ PACK	48	RIGHTEST GT333 BLOOD GLUCOSE STRP	80	rivastigmine tartrate CAPS	200
REYVOW	139	RIGHTEST GT333 GLUCOSE TEST STRP	80	RIVFLOZA SOLN	88
REZDIFFRA	86	rilpivirine hcl 25 MG	48	RIVFLOZA SOSY	88
REZLIDHIA	42	rimantadine hydrochloride TABS ..	50	RIXUBIS SOLR	90
REZVOGLAR KWIKPEN	27	RINVOQ LQ SOLN	4	rizatriptan benzoate TABS	139
RHAPSIDO TABS PO 25 MG	141	RINVOQ TB24	4	rizatriptan benzoate TBDP	139
RHOPRESSA	195	RIOMET SOLN (Use metformin hcl) . 25		ROBINUL TABS (Use glycopyrrolate)	205
RIASTAP	89	risedronate sodium TABS	83	ROBINUL-FORTE TABS (Use glycopyrrolate)	205
ribavirin (hepatitis c) CAPS	49	risedronate sodium TBEC	83	ROCALTROL CAPS (Use calcitriol) 84	
ribavirin (hepatitis c) TABS 200 MG 49		RISPERDAL CONSTA (Use risperidone microspheres)	45	ROCKLATAN	195
riboflavin TABS 50 MG, 100 MG .	210	RISPERDAL SOLN (Use risperidone)	45	ROCTAVIAN	90
rifabutin	37	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 45		roflumilast	15
rifampin CAPS	37	RISPERDAL TABS 3 MG (Use risperidone)	45	ROLVEDON	92
RIGHTEST GC300 CONTROL LIQD 123		risperidone SOLN	45	romidepsin SOLR	42
RIGHTEST GD500 LANCING DEVICE MISC	123	risperidone TABS	45	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	42
RIGHTEST GL300 LANCETS ...	124	risperidone TBDP	45	ropinirole hydrochloride TABS	43
RIGHTEST GM100 BLOOD GLUCOSE KIT	124	RITALIN LA CP24 (Use methylphenidate hcl)	3	ropinirole hydrochloride TB24	43
RIGHTEST GM300 BLOOD GLUCOSE KIT	124	RITALIN TABS (Use methylphenidate hcl)	3	rosuvastatin calcium TABS 10 MG	33
RIGHTEST GM550 BLOOD GLUCOSE KIT	124			rosuvastatin calcium TABS 20 MG, 40 MG	33
RIGHTEST GS100 BLOOD GLUCOSE STRP	80			rosuvastatin calcium TABS 5 MG .	33
				ROTARIX SUSP	208
				ROTATEQ SOLN	208

ROWASA (Use mesalamine w/ cleanser)	87	estradiol-levomefolate calcium) ...	54	SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %	12
ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	10	SALAGEN 5 MG (Use pilocarpine hcl (oral))	144	SB INSULIN SYRINGE	133
ROZEREM (Use ramelteon)	94	saline SOLN 0.65 %	189	SCEMBLIX	42
ROZLYTREK CAPS	42	salsalate	9	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	51
ROZLYTREK PACK	42	SANCUSO PTCH	29	SECUADO	45
RUBRACA	42	SANDIMMUNE CAPS (Use cyclosporine)	142	SECURESAFE INSULIN SYRINGE . 133	
RUCONEST	90	SANDIMMUNE SOLN IV 50 MG/ML . 142		SEGLUROMET	24
rufinamide SUSP	19	SANDIMMUNE SOLN PO 100 MG/ML	142	SELARSDI SOLN SC 45 MG/0.5ML . 62	
rufinamide TABS	19	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	84	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	62
RUKOBIA	48	SAPHNELO	143	SELECT-OB CHEW	188
RYALTRIS	189	SAPHRIS (Use asenapine maleate) . 45		SELECT-OB+DHA MISC	188
RYBELSUS TABS	26	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	45	selenium sulfide LOTN 1 %	63
RYDAPT	42	SAPS HEALTH PLUS LANCETS 124		selenium sulfide LOTN 2.5 %	63
RYKINDO SRER	45	SAPS HEALTH TWIST TOP LANCETS	124	selenium sulfide SHAM 1 %	63
RYPLAZIM	90	SAPS TWIST TOP LANCETS ...	124	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 63	
RYSTIGGO	141	SAVAYSA	17	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	63
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (Use carbidopa-levodopa)	44	SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use milnacipran hcl) 201		SELSUN BLUE LOTN (Use selenium sulfide)	63
RYZNEUTA SOSY SC 20 MG/ML	92	SAVELLA TITRATION PACK MISC (Use milnacipran hcl)	201	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	63
SABRIL PACK (Use vigabatrin) ...	20	saxagliptin hcl	25	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	63
SABRIL TABS (Use vigabatrin) ...	20	saxagliptin-metformin hcl	24	SELZENTRY SOLN	48
sacubitril-valsartan TABS	52	SB FIB LAX ORANGE POWD 30 %, 33 %	95	SELZENTRY TABS 150 MG (Use maraviroc)	48
SAFETY LANCET 30G/PRESSURE ACT	124			SELZENTRY TABS 300 MG (Use maraviroc)	48
SAFETY LANCETS 21G	124				
SAFETY LANCETS 23G	124				
SAFETY LANCETS 28G	124				
SAFYRAL (Use drospirenone-ethinyl					

SEMGLEE (YFGN) SOLN	27	SEROQUEL XR TB24 (Use quetiapine fumarate)	45	sulfadiazine)	63
SEMGLEE (YFGN) SOPN	27	SEROSTIM SC 4 MG, 5 MG, 6 MG 83		silver sulfadiazine	63
SE-NATAL 19 CHEW	188	SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)	22	SIMBRINZA	195
SE-NATAL 19 TABS	188	sertraline hcl CAPS 150 MG, 200 MG	22	simethicone CHEW 80 MG	85
SENIOR TABS TABS 60 MG-3 MG- 30 MCG-400 MCG-1.5 MG-20 MG- 25 MCG-10 MG-1.7 MG-250 MCG- 300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	176	sertraline hcl CONC	22	simethicone SUSP	85
senna SYRP 176 MG/5ML	95	sertraline hcl TABS	23	SIMLANDI (1 PEN) AJKT	5
sennosides LIQD	95	sevelamer carbonate PACK	88	SIMLANDI (1 SYRINGE) PSKT	5
sennosides SYRP	95	sevelamer carbonate TABS	88	SIMLANDI (2 PEN) AJKT	5
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	95	sevelamer hcl	88	SIMLANDI (2 SYRINGE) PSKT	5
sennosides-docusate sodium TABS 95		SEVENFACT	90	SIMPLE DIAGNOSTICS LANCING DEV MISC	125
SENSILANCE SAFETY LANCETS 21G	124	SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	143	SIMPLERA SENSOR	125
SENSILANCE SAFETY LANCETS 26G	124	SF GEL 1.1 % (Use sodium fluoride (dental))	143	SIMPLERA SYNC SENSOR	125
SENSILANCE SAFETY LANCETS 28G	124	SFROWASA ENEM	87	SIMPLERA SYSTEM	125
SENTRY SENIOR MENS 50+ TABS . 176		SHINGRIX	208	SIMPONI ARIA SOLN	5
SENTRY SENIOR TABS	176	SHINGRIX IM 50 MCG/0.5ML ...	208	SIMPONI SOAJ	5
SENTRY SENIOR/LUTEIN TABS 176		SIDEROL TABS	176	SIMPONI SOSY	5
SENTRY TABS	176	sildenafil citrate (pulmonary hypertension) SOLN	53	simvastatin TABS	33
SEREVENT DISKUS	16	sildenafil citrate (pulmonary hypertension) SUSR	53	SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa)	44
SEROQUEL TABS (Use quetiapine fumarate)	45	SILENOR (Use doxepin hcl (sleep)) . 93		SINEMET TABS 100 MG-25 MG (Use carbidopa-levodopa)	44
		SILIGENTLE FOAM DRESSING PADS	98	SINGULAIR CHEW (Use montelukast sodium)	14
		silodosin	88	SINGULAIR PACK (Use montelukast sodium)	15
		SILVADENE (Use silver		SINGULAIR TABS (Use montelukast sodium)	15
				sirolimus SOLN	142
				sirolimus TABS	142
				sitagliptin 25 MG, 50 MG, 100 MG 25	
				sitagliptin free base-metformin hcl	

TABS 1000 MG-50 MG, 500 MG-50 MG	24	KIT	125	GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML	95
sitagliptin free base-metformin hcl TB24	24	SMARTEST PRONTO STARTER KIT	125	sodium polystyrene sulfonate POWD 142	
SIVEXTRO SOLR	36	SMARTEST PROTEGE DEVI	125	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	142
SIVEXTRO TABS	36	SMARTEST PROTEGE STARTER KIT	125	sodium sulfate-potassium sulfate-magnesium sulfate	95
SKIN HAIR & NAILS ADVANCED CAPS	176	SOANZ TABS 20 MG	82	sodium tetradecyl sulfate	143
SKYCLARYS	190	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	SOFOSBUVIR-VELPATASVIR TABS	49
SKYLA	55	sodium chloride (gu irrigant) 0.9 %	88	SOF-WICK PADS	98
SKYRIZI PEN SOAJ	62	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	58	SOGROYA	83
SKYRIZI SOCT	87	SODIUM CHLORIDE SOLN IJ 0.9 % 141		solifenacin succinate TABS	207
SKYRIZI SOLN	87	sodium chloride SOLN IV 0.9 % ..	141	SOLIQUA	24
SKYRIZI SOSY	62	sodium citrate & citric acid	88	SOLO TABS	176
SKYTROFA	83	sodium fluoride (dental) CREA ..	143	SOLTAMOX SOLN	40
SLYND	55	sodium fluoride (dental) GEL	143	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	125
SM ADHESIVE PADS 2"X3" PADS 98		sodium fluoride (dental) SOLN 0.2 % 143		SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	125
SM IPECAC SYRUP	28	SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	143	SOLUS V2 CONTROL SOLN	125
SM PRENATAL VITAMINS TABS 188		sodium fluoride CHEW	140	SOLUS V2 LANCETS 28G	125
SM STERILE PADS	98	sodium fluoride SOLN 0.5 MG/ML 140		SOLUS V2 LANCING DEVICE MISC 125	
SMART DIABETES VANTAGE LANCING MISC	125	SODIUM FLUORIDE SOLN 0.5 MG/ML	140	SOLUS V2 TEST STRP	81
SMARTEST BLOOD GLUCOSE TEST STRP	80	sodium hypochlorite SOLN EX	46	SOLUS V2 TWIST LANCETS 30G 126	
SMARTEST CONTROL MEDIUM SOLN	125	sodium oxybate SOLN	200	SOMA TABS (Use carisoprodol) .	189
SMARTEST EJECT DEVI	125	sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7		SOMAVERT	83
SMARTEST EJECT STARTER KIT 125				sorafenib tosylate	42
SMARTEST LANCETS 28G	125			SORBITOL PO 70 %	95
SMARTEST PERSONA STARTER				SORILUX FOAM	62

sotalol hcl (afib/af)	51	levodopa-entacapone)	44	15 MG-30 UNIT	145
sotalol hcl TABS	51	STAMARIL SUSR	208	STRESS FORMULA TABS 500 MG-	
SOTYKTU	62	STARJEMZA SOLN IV 130		3 MG-45 MCG-400 MCG-12 MCG-20	
SOTYLIZE SOLN PO	51	MG/26ML	87	MG-10 MG-100 MG-10 MG-30 UNIT,	
SOVALDI PACK	49	STARJEMZA SOSY SC 45		500 MG-5 MG-45 MCG-400 MCG-12	
SOVALDI TABS	49	MG/0.5ML, 90 MG/ML	62	MCG-10 MG-100 MG-20 MG-10 MG-	
SOVUNA 200 MG	37	STEGLATRO	28	30 UNIT, 500 MG-5 MG-45 MCG-400	
SPECTRAVITE TABS	176	STEGLUJAN	24	MCG-15 MG-12 MCG-20 MG-10	
SPEVIGO SOLN	62	STELARA 130 MG/26ML	87	MG-100 MG-30 UNIT	185
SPEVIGO SOSY	62	STELARA SOSY	62	STRESS FORMULA/IRON TABS	
SPIKEVAX SUSY	208	STEQEYMA	62	145	
spinosad	70	STEQEYMA SC	62	STRESS FORMULA/IRON/ENERGY	
SPINRAZA	192	STERILANCE PA MISC	126	TABS	145
SPIRIVA HANDIHALER CAPS IN		STERILANCE TL	126	STRESS FORMULA/ZINC/ENERGY	
(Use tiotropium bromide)	14	STERILE GAUZE PADS	98	TABS	184
SPIRIVA RESPIMAT AERS IN	14	STERILE PADS	98	STRESSTABS ADVANCED TABS	
SPIRO PD DEVI	138	STIMUFEND	92	30 MG-5 MG-400 MCG-400 UNIT-50	
spironolactone & hydrochlorothiazide		STIOLTO RESPIMAT	16	MCG-2500 UNIT-1.5 MG-20 MG-1.5	
.....	81	STIVARGA	42	MG-30 MG-20 MG-15 UNIT	176
spironolactone TABS	82	STOBOCLO SOSY SC 60 MG/ML	83	STRESSTABS ENERGY TABS ..	185
SPORT SUNSCREEN SPF50 LOTN		STOP LICE MAXIMUM STRENGTH		STRIBILD	48
70		LIQD 4 %-0.33 %	70	STRIVERDI RESPIMAT	16
SPRAVATO (56 MG DOSE)	22	STRATTERA (Use atomoxetine hcl) .		STROVITE ONE TABS	176
SPRAVATO (84 MG DOSE)	22	2		SUBLOCADE SOSY	11
SPRITAM TB3D 250 MG, 500 MG,		STRENSIQ	84	SUBOXONE FILM SL 0.5 MG-2 MG,	
750 MG, 1000 MG (Use		STRESS B		2 MG-8 MG (Use buprenorphine hcl-	
levetiracetam)	20	COMPLEX/ANTIOXID/ZINC TABS		naloxone hcl dihydrate)	11
SPRITAM TB3D	20	500 MG-45 MCG-400 MCG-10 MG-		SUBOXONE FILM SL 1 MG-4 MG, 3	
SPRYCEL (Use dasatinib)	42	100 MG-5 MG-20 MG-10 MG-13.5		MG-12 MG (Use buprenorphine hcl-	
SSS 10-5 CREA 10 %-5 % (Use		MG-3 MG-24 MG-77 MG-12 MCG		naloxone hcl dihydrate)	11
sulfacetamide sodium w/ sulfur) ...	59	176		SUBVENITE SUSP PO 10 MG/ML	
STALEVO 150 (Use carbidopa-		STRESS B COMPLEX/IRON TABS		20	
		600 MG-5 MG-45 MCG-400 MCG-12		sucralfate SUSP	205
		MCG-15 MG-100 MG-20 MG-27 MG-		sucralfate TABS	205

sulfacetamide sodium (acne)	59	60	120 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-12 MCG-10 MG-1.7 MG-20 MG-275 MCG-9 MG-225
sulfacetamide sodium (ophth) OINT 195		sulfasalazine TABS	87
sulfacetamide sodium (ophth) SOLN . 195		sulfasalazine TBEC	87
sulfacetamide sodium GEL	63	sulindac TABS	7
sulfacetamide sodium LIQD	63	SUMADAN	60
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	59	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) . . .	60
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	59	sumatriptan 20 MG/ACT	139
sulfacetamide sodium w/ sulfur FOAM	60	sumatriptan 5 MG/ACT	139
sulfacetamide sodium w/ sulfur LIQD 60		sumatriptan succinate SOAJ 4 MG/0.5ML	139
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	60	sumatriptan succinate SOAJ 6 MG/0.5ML	139
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	60	sumatriptan succinate SOLN 6 MG/0.5ML	139
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	60	sumatriptan succinate TABS 25 MG . 140	
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	60	sumatriptan succinate TABS 50 MG, 100 MG	140
SULFACETAMIDE SODIUM- SULFUR SUSP	60	sumatriptan-naproxen sodium . . .	138
sulfacetamide sod-prednisolone SOLN	196	SUMAXIN CP	60
SULFACLEANSE 8/4 SUSP 8 %-4 % (Use sulfacetamide sodium w/ sulfur) 60		SUMAXIN PADS	60
sulfamethoxazole-trimethoprim SUSP	36	sunitinib malate	42
sulfamethoxazole-trimethoprim TABS	36	SUNLENCA SOLN	48
SULFAMEZ WASH EMUL 10 %-1 % (Use sulfacetamide sodium w/ sulfur)		SUNLENCA TABS PO 300 MG . . .	48
		SUNLENCA TBPK 300 MG	48
		SUNOSI	2
		sunscreens LOTN	70
		SUPER ANTIOXIDANT CAPS . . .	176
		SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	177
		SUPER AYTINAL 50 PLUS TABS	
		SUPER AYTINAL TABS 90 MG-5 MG-40 MCG-400 MCG-400 UNIT-12 MCG-10 MG-5 MG-30 MG-275 MCG-3500 UNIT-25 MG-300 MCG-5 MG-100 MG-15 MG-3 MG-7.7 MG- 150 MCG-50 MCG-162 MG-150 MCG-2 MG-50 MCG-30 UNIT-125 MG-5 MCG-10 MCG-7.5 MG-25 MCG-50 MCG-10 MCG-7 MG . . .	177
		SUPER D-ZINC-SELENIUM- COPPER TABS	177
		SUPER THERA VITE M TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT- 27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG- 150 MCG-31 MG-10 MCG-7.5 MG 177	
		SUPER VITA-MINS TABS 250 MG-5 MG-0.4 MG-10 MG-6 MCG-20 MG- 10 MG-100 MG-400 UNIT-30 UNIT- 24 MG-100 MG-1.25 MG-2 MG-15 MG-0.161 MG-150 MCG-0.125 MG- 10000 UNIT	177
		SUPERIOR MENS MULTI TABS .	177
		SUPERIOR WOMENS MULTI TABS 177	
		SUPPORT LIQD	177
		SUPPORT-500 CAPS	177
		SUPPRELIN LA	83
		SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-	

magnesium sulfate) .....95	SYNAGIS SOLN 100 MG/ML 199	TABS 60 MG-2 MG-400 MCG-400
SURE COMFORT INSULIN	SYNAGIS SOLN 50 MG/0.5ML .. 199	UNIT-6 MCG-1.7 MG-20 MG-3000
SYRINGE 134	SYNALAR CREA (Use fluocinolone	UNIT-10 MG-1.5 MG-45 MG-30 UNIT
SURE COMFORT LANCETS 18G	acetonide) .....66	.....185
126	SYNALAR OINT (Use fluocinolone	TAB-A-VITE/IRON TABS 50 MG-1
SURE COMFORT LANCETS 21G	acetonide) .....66	MG-400 MCG-20 MG-2 MG-10
126	SYNAREL 83	MCG-1 MCG-2.5 MG-1500 MCG-1
SURE COMFORT LANCETS 23G	SYNJARDY TABS 24	MG-15 MG .....145
126	SYNJARDY XR TB24 .....24	TAB-A-VITE/IRON/BETA
SURE COMFORT LANCETS 28G	SYNOFLEX PTCH .....69	CAROTENE TABS 145
126	SYNTHROID TABS (Use	TABRECTA 42
SURE COMFORT LANCETS 30G	levothyroxine sodium) 204	TACLONEX SUSP (Use
126	SYSTANE ICAPS AREDS2 CAPS	calcipotriene-betamethasone
SURE COMFORT LANCING PEN	250 MG-5 MG-1 MG-1 MG-12.5 MG-	dipropionate) .....66
MISC .....126	200 UNIT .....177	tacrolimus (topical) OINT 0.03 % ..67
SURGICAL GAUZE SPONGE PADS	SYSTANE ICAPS AREDS2 TABS	tacrolimus (topical) OINT 0.1 % ... 67
98	177	tacrolimus CAPS .....142
SUTENT (Use sunitinib malate) ...42	T:FLEX T:LOCK CARTRIDGE 4.8ML	tacrolimus SOLN 5 MG/ML .....142
SYMBICORT (Use budesonide-	MISC .....126	tadalafil (pulmonary hypertension)
formoterol fumarate dihydrate) .....16	T:SLIM X2 3ML CARTRIDGE MISC .	TABS .....53
SYMBRAVO TABS PO .....138	126	tadalafil 5 MG .....52
SYMBYAX 25 MG-3 MG, 25 MG-6	T:SLIM X2 BASAL-IQ PUMP DEVI	TADLIQ SUSP .....53
MG (Use olanzapine-fluoxetine hcl)	126	TAFINLAR CAPS 42
201	T:SLIM X2 CONTROL-IQ 7.7 PUMP	TAFINLAR TBSO 42
SYMDEKO .....204	DEVI 126	tafluprost 197
SYMFI (Use efavirenz-lamivudine-	T:SLIM X2 CONTROL-IQ 7.8 PUMP	TAGRISSO .....38
tenofovir disoproxil fumarate) .....48	DEVI 126	TAI DOC CONTROL SOLN 126
SYMFI LO (Use efavirenz-	T:SLIM X2 INSULIN PMP BASAL6.4	TAKHZYRO SOLN .....90
lamivudine-tenofovir disoproxil	DEVI 126	TAKHZYRO SOSY .....90
fumarate) .....48	T:SLIM X2 INSULIN PUMP DEVI 126	TALTZ SOAJ .....62
SYMLINPEN 120 SOPN .....24	T:SLIM X2 STARTER 7.10 KIT ...126	TALTZ SOSY 62
SYMLINPEN 60 SOPN 24	TAB-A-VITE TABS 60 MG-2 MG-400	TALZENNA .....42
SYMPAZAN FILM .....18	MCG-20 MG-1.5 MG-10 MCG-6	TAMIFLU CAPS 30 MG (Use
SYMPROIC .....87	MCG-1.7 MG-1500 MCG .....185	oseltamivir phosphate) .....50
SYMTUZA .....48	TAB-A-VITE/BETA CAROTENE	

TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	50	TARGRETIN (Use bexarotene) ...	43	telmisartan	34
TAMIFLU SUSR (Use oseltamivir phosphate)	50	TARON-C DHA	188	telmisartan-amlodipine	35
tamoxifen citrate TABS	40	TASCENSO ODT	202	telmisartan-hydrochlorothiazide ...	35
tamsulosin hcl	88	TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	42	temazepam 22.5 MG	94
TANDEM MOBI AUTOSOFT 30 KIT MISC	126	tasimelteon CAPS	94	temazepam 7.5 MG, 15 MG, 30 MG .	94
TANDEM MOBI AUTOSOFT XC KIT MISC	126	TAVNEOS	90	TEMODAR SOLR	38
TANDEM MOBI AUTOSOFT30 14PK23" MISC	126	TAYTULLA CAPS (Use norethin acet & estrad-fe)	54	temozolomide CAPS	38
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	126	tazarotene CREA	63	TEMPO SMART BUTTON MISC .	127
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	126	TAZAROTENE FOAM	60	TEMPO WELCOME KIT	127
TANDEM MOBI SYSTEM STARTER KIT	127	tazarotene GEL	63	tenofovir disoproxil fumarate TABS	48
TANDEM MOBI TRUSTEEL SUPP KIT MISC	127	TAZORAC CREA (Use tazarotene) 63		TENORETIC 100 (Use atenolol & chlorthalidone)	35
TANDEM T:SLIM ASFT 30 PK10 23" MISC	127	TAZORAC GEL (Use tazarotene) .	63	TENORETIC 50 (Use atenolol & chlorthalidone)	35
TANDEM T:SLIM ASFT 30 PK14 23" MISC	127	TAZVERIK	42	TENORMIN TABS (Use atenolol) .	50
TANDEM T:SLIM ASFT XC PK10 23" MISC	127	TDVAX SUSP	204	TENORMIN TABS 25 MG, 50 MG (Use atenolol)	50
TANDEM T:SLIM ASFT XC PK14 23" MISC	127	TECFIDERA CDPK (Use dimethyl fumarate)	202	TEPMETKO	42
TANDEM T:SLIM TRUSTL PK10 23" MISC	127	TECFIDERA CPDR (Use dimethyl fumarate)	202	terazosin hcl	34
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	10	TECHLITE INSULIN SYRINGE ..	134	terbinafine hcl (topical) CREA	61
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	10	TECHLITE LANCETS	127	terbutaline sulfate TABS	16
TARCEVA (Use erlotinib hcl)	38	TECHLITE LANCETS 26G	127	terconazole vaginal CREA 0.4 %	209
		TEGRETOL SUSP (Use carbamazepine)	20	terconazole vaginal CREA 0.8 %	209
		TEGRETOL TABS (Use carbamazepine)	20	terconazole vaginal SUPP	209
		TEGRETOL-XR TB12 (Use carbamazepine)	20	teriflunomide	202
		TEKTURNA (Use aliskiren fumarate)	35	teriparatide SOPN	83
		TEKTURNA HCT	35	TERIPARATIDE SOPN	83
				TESTIM GEL TD (Use testosterone) .	11
				testosterone cypionate SOLN IM	100

MG/ML	11	10 MG-3.4 MG-20 MG-2500 UNIT-400 UNIT-30 UNIT-2500 UNIT-27	MG-1400 UNIT	178
testosterone cypionate SOLN IM	200	MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150	THERAPEUTIC-M TABS 90 MG-2	
MG/ML	11	MCG-31 MG-10 MCG-7.5 MG ...	177	
testosterone enanthate SOLN IM ..	11		UNIT-6 MCG-1.7 MG-20 MG-5000	
testosterone GEL TD 1 %, 1.62 %, 1.62 %	11	THERA VITAL-M TABS 120 MG-3	UNIT-10 MG-9 MG-60 MG-2 MG-15	
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11	MG-15 MCG-400 MCG-400 UNIT-9	MCG-8 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-10 MCG-30 UNIT-8	
testosterone SOLN	11	MCG-3.4 MG-30 MG-5500 UNIT-10	MG, 90 MG-30 MCG-400 MCG-3	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	205	MG-18 MG-3 MG-100 MG-15 MG-2	MG-20 MG-6 MG-10 MG-3.4 MG-10	
tetrabenazine	201	MG-40 MG-7.5 MG-15 MCG-150	MCG-27 MG-9 MG-100 MG-2 MG-75	
tetracaine hcl (ophth)	196	MCG-30 UNIT-31 MG-5 MG-15	MCG-11 MG-2 MG-10 MCG-150	
TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth))	195	MCG-10 MCG	177	
TETRACAINE HCL 0.5 %	196	THERABASIC-M TABS 400 UNIT-90	MG-145 MG-150 MCG-35 MG-70	
tetracycline hcl CAPS 500 MG ...	204	MG-3 MG-35 MCG-0.4 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-27	MCG-1500 MCG-28 MCG-12 MCG-8	178
tetrahydrozoline hcl (ophth) 0.05 %	195	MG-3 MG-100 MG-1250 UNIT-15	MG	178
TEZRULY PO 1 MG/ML	34	MCG-7.5 MG-15 MCG-40 MG-15	THERA-TABS M TABS	178
TEZSPIRE SOAJ	14	MG-150 MCG-30 UNIT-31 MG-2	THERA-TABS TABS 90 MG-3 MG-30	
TEZSPIRE SOSY	14	MG-10 MCG-5 MG-7.5 MG	178	
THALOMID 50 MG, 100 MG	141	THERAGAUZE PADS	185	
THEO-24 CP24	16	THERAGRAN-M ADVANCED 50 PLUS TABS	178	
theophylline ELIX	16	THERAGRAN-M ADVANCED TABS ..	178	
theophylline SOLN	16	THERAGRAN-M PREMIER 50 PLUS TABS	178	
theophylline TB12	16	THERAGRAN-M PREMIER TABS	178	
theophylline TB24	16	THERAGRAN-M TABS	178	
THERA TABS	185	THERA-M PLUS MV W/BETA-CAROT TABS	178	
THERA VITAL M TABS 90 MG-3 MG-30 MCG-0.4 MG-3 MG-9 MCG-		THERAMILL FORTE CAPS	178	
		THERANATAL LACTATION ONE CAPS	178	
		THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG-100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67		
			THERATRUM COMPLETE 50 PLUS TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-100 MG-15 MG-150 MCG-200 MG-80 MG-75 MCG-150 MCG-48 MG-2 MG-5 MCG-2 MG-150 MCG-45 UNIT-20 MCG-10 MCG-72 MG-2 MG	178
			THERATRUM COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-5000 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-80 MG-2 MG-150 MCG-162 MG-150 MCG-75 MCG-30 UNIT-108 MG-2 MG-72 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-15 MG-80 MG-150 MCG-162 MG-72	

MG-75 MCG-150 MCG-30 UNIT-109	timolol maleate TABS51	tolmetin sodium TABS 600 MG 7
MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-2 MG 179	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) 194	tolnaftate CREA61
THERA-VITE MAX-M TABS179	TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))194	tolterodine tartrate CP24 207
THEREMS TABS185	TINACTIN CREA (Use tolnaftate) .61	tolterodine tartrate TABS207
thiamine hcl TABS210	tioconazole vaginal 6.5 % 209	tolvaptan TBPK 15 MG 84
thiamine mononitrate TABS 100 MG . 210	tiotropium bromide CAPS IN 18 MCG 14	TONMYA SUBL SL 2.8 MG201
thioridazine hcl 46	TIVICAY PD TBSO 48	TOPAMAX SPRINKLE CPSP (Use topiramate)20
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VYVANSE CHEW	1	WIDE-SEAL DIAPHRAGM 65	99		
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VYVGART HYTRULO	141	WIDE-SEAL DIAPHRAGM 75	99		
VYVGART HYTRULO SC	141	WIDE-SEAL DIAPHRAGM 80	99		
VYZULTA	197	WIDE-SEAL DIAPHRAGM 85	99		
WAINUA	203	WIDE-SEAL DIAPHRAGM 90	99		
WAKIX	2	WIDE-SEAL DIAPHRAGM 95	99		
warfarin sodium TABS	16	WILATE KIT	90		
WATER BABIES SPF50 LOTN (Use sunscreens)	70	WINLEVI	60		
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2	WINREVAIR	52		
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	1				

YUFLYMA-CD/UC/HS STARTER AJKT	5	ZEPATIER	49	ZIPSOR CAPS (Use diclofenac potassium)	7
YUPELRI IN 175 MCG/3ML	14	ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	2	ZITHROMAX SUSR (Use azithromycin)	96
YUSIMRY	5	ZEPBOUND SOAJ	2	ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	96
YUTIQ	197	ZEPBOUND SOLN	2	ZITHROMAX TRI-PAK TABS (Use azithromycin)	96
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	52	ZEPOSIA 7-DAY STARTER PACK CPPK	202	ZITHROMAX Z-PAK TABS (Use azithromycin)	96
zafirlukast	15	ZEPOSIA CAPS	202	ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin free base-metformin hcl)	24
zaleplon	94	ZEPOSIA STARTER KIT CPPK ..	202	ZITUVIMET XR TB24	24
ZANAFLEX CAPS (Use tizanidine hcl)	189	ZERVIAE	197	ZITUVIO 25 MG, 50 MG, 100 MG (Use sitagliptin)	25
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	189	ZESTORETIC (Use lisinopril & hydrochlorothiazide)	35	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	33
ZARONTIN CAPS (Use ethosuximide)	21	ZESTRIL TABS (Use lisinopril)	34	ZOLADEX	40
ZARONTIN SOLN (Use ethosuximide)	21	ZETIA (Use ezetimibe)	33	ZOLGENSMA 20.6-21.0 KG	192
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ZAVZPRET	138	ZEVRX TWIST TOP LANCETS 30G 132		ZOLGENSMA 11.1-11.5 KG	192
ZEGALOGUE SOAJ	25	ZIAGEN SOLN (Use abacavir sulfate)	49	ZOLGENSMA 11.6-12.0 KG	192
ZEGALOGUE SOSY	25	ZIANA (Use clindamycin phosphate- tretinoin)	60	ZOLGENSMA 12.1-12.5 KG	192
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ZELBORAF	43	zidovudine SYRP	49	ZOLGENSMA 13.1-13.5 KG	192
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		zinc sulfate CAPS	141	ZOLGENSMA 15.6-16.0 KG	193
		ZIOPTAN (Use tafluprost)	197	ZOLGENSMA 16.1-16.5 KG	193
		ziprasidone hcl	44		

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