Lista de medicamentos preferidos

La **lista de medicamentos preferidos (Preferred Drug List, PDL)** incluye una lista de medicamentos cubiertos por su beneficio de medicamentos recetados. La PDL se actualiza con frecuencia y puede cambiar. Para obtener la información más actualizada, visite **SilverSummitHealthplan.com**. También puede llamar al **1-844-366-2880** (TTY: 1-844-804-6086 o al servicio de retransmisión 711) de lunes a viernes, de 8:00 a. m. a 6:00 p. m.

Puede buscar los medicamentos en la lista de medicamentos preferidos. Siga los siguientes pasos para buscar un medicamento:

1. **Pulse Control F para abrir la herramienta de búsqueda.**
2. **Escriba el nombre del medicamento en el cuadro de texto.**
3. **Pulse la tecla Enter (Intro).**

¿Necesita ayuda para comprender este documento? Tiene servicios de asistencia de idiomas, dispositivos auxiliares y otros formatos alternativos, sin costo, disponibles para usted. Llame a Servicios al Miembro al 1-844-366-2880 (TTY: 1-844-804-6086 o al servicio de retransmisión 711). SilverSummit Healthplan tiene una línea de asistencia en idiomas disponible las 24 horas del día, los 7 días de la semana.

Programa de farmacias

SilverSummit Healthplan cubre los medicamentos recetados y algunos de venta libre. Su médico debe emitir una receta médica. No todos los medicamentos están cubiertos. Algunos medicamentos requieren autorización previa. Algunos medicamentos tienen límites de edad, dosis o cantidad.

Puede obtener ayuda de las siguientes maneras:

- Llame a Servicios al Miembro de SilverSummit Healthplan al 1-844-366-2880
- Cómo usar la herramienta de búsqueda de medicamentos

Administrador de beneficios de farmacia

SilverSummit Healthplan trabaja con Express Scripts, Inc. para procesar las reclamaciones de farmacia. Express Scripts es nuestro administrador de beneficios de farmacia.

Autorizaciones previas (PA)

Algunos medicamentos de la lista de medicamentos preferidos necesitan autorización previa (prior authorization, PA). Su médico puede enviar la solicitud de PA a través de Cover My Meds (www.covermymeds.com) o por fax al 1-833-645-2736.

SilverSummit Healthplan cubrirá el medicamento si cumple con lo siguiente:

- Necesita el medicamento por motivos médicos
- Otros medicamentos en la PDL no funcionaron
- El medicamento no es una exclusión de beneficios

Las solicitudes de PA las revisa un farmacéutico con licencia en un plazo de 24 horas. Si se aprueba, su médico recibe un fax. Si se rechaza la PA, se enviará un fax a su médico. Recibirá una carta nuestra con la lista de medicamentos que están cubiertos. La carta también le informará sobre el proceso de apelación.

Periodo de transición

Los nuevos miembros pueden obtener la mayoría de los medicamentos recetados sin PA para dos surtidos (hasta 68 días) en los primeros 90 días. Los medicamentos controlados tienen un límite de 30 días. Esto les dará a usted y a su médico tiempo para cambiar a medicamentos de la lista de medicamentos preferidos o solicitar una autorización previa.

Política de suministro para emergencias de 96 horas

Las leyes estatales y federales permiten que una farmacia entregue medicamentos para un máximo de 4 días si está esperando una PA. Se les pagará el suministro de 4 días a las farmacias aunque no se apruebe la PA. No se incluyen los medicamentos controlados. La farmacia debe llamar al 1-866-399-0928 para obtener la aprobación.

Terapia Escalonada

En terapia escalonada, para que algunos medicamentos estén cubiertos, es posible que primero deba probar otro medicamento. Si ya lo probó, el medicamento estará cubierto. De lo contrario, su médico debe enviar una PA. Si no se aprueba la PA, se enviará un fax a su médico. Recibirá una carta nuestra con la lista de medicamentos que están cubiertos. La carta también le informará sobre el proceso de apelación.

Límites de dispensación

La farmacia puede brindarle lo siguiente:

- Hasta 34 días por cada receta médica nueva o resurtido
- Hasta 100 días por medicamento de mantenimiento
- El 80% del suministro del medicamento o deben transcurrir 25 días antes de que se pueda volver a surtir el medicamento
- El 90% para medicamentos controlados, y es posible que necesite una nueva receta médica para algunos medicamentos controlados

Límites de cantidad

Algunos medicamentos tienen límites en cuanto a la cantidad que se puede obtener de una sola vez. Su médico puede solicitar una PA si es necesario. De lo contrario, su médico debe enviar una PA. Si no se aprueba la PA, se enviará un fax a su médico. Recibirá una carta nuestra con la lista de medicamentos que están cubiertos. La carta también le informará sobre el proceso de apelación.

Límite de edad

Algunos medicamentos de la lista de medicamentos preferidos tienen límites de edad. Estas limitaciones se basan en las normas de la Administración de Alimentos y Medicamentos para mantener su seguridad. Si su médico decide que usted aún necesita el medicamento, puede enviar una solicitud de PA a Servicios de Farmacia. Si no se aprueba la PA, se enviará un fax a su médico. Recibirá una carta nuestra con la lista de medicamentos que están cubiertos. La carta también le informará sobre el proceso de apelación.

Solicitudes de necesidad médica

Si un medicamento no está en la lista de medicamentos preferidos (PDL), su médico puede elaborar una PA de necesidad médica con notas que muestren lo siguiente:

- Probó dos medicamentos de la PDL de la misma clase que se usaron para el mismo diagnóstico
- No puede tomar medicamentos de la PDL debido a una alergia u otros motivos
- No puede tomar ninguno de los agentes de la PDL para su diagnóstico

Todas las solicitudes las verifica un farmacéutico clínico autorizado. La mayoría de las revisiones finalizan en un plazo de 24 horas, a menos que se necesite más información. El farmacéutico sigue las normas del Comité de Farmacia y Terapéutica. Si se aprueba su solicitud, se enviará un fax a su médico. Si no se aprueba la PA, se enviará un fax a su médico. Recibirá una carta nuestra con la lista de medicamentos que están cubiertos. La carta también le informará sobre el proceso de apelación.

Uso adecuado y modificaciones de seguridad

Su seguridad es muy importante para nosotros. Una de las formas en que contribuimos a su seguridad es mediante la aplicación de ajustes en el punto de venta cuando la farmacia envía su reclamación de reembolso por los medicamentos. Estas modificaciones siguen las normas de la Administración de Alimentos y Medicamentos. Por ejemplo, solo puede obtener un medicamento del mismo grupo de tratamiento cada mes.

Medicamentos genéricos

Los medicamentos genéricos contienen el mismo principio activo y funcionan de la misma manera que los medicamentos de marca. Si usted o su médico deciden que necesita un medicamento de marca que no es preferido, su médico puede solicitar una PA. Cubriremos el medicamento de marca si hay una razón médica por la que lo necesita. Si no se aprueba la PA, se enviará un fax a su médico. Además, recibirá una carta con una lista de medicamentos genéricos que están cubiertos. La carta le informará sobre el proceso de apelación.

Medicamentos de venta libre

Algunos medicamentos de venta libre están cubiertos si su médico emite una receta médica. Estos medicamentos se enumeran en la lista de medicamentos preferidos.

Cómo surtir una receta médica

Puede obtener su medicamento en una farmacia de la red. Para encontrar una, llame a Servicios al Miembro de SilverSummit Healthplan o use la herramienta de búsqueda de proveedores en nuestro sitio web. Lleve su receta médica y su tarjeta de ID de SilverSummit a la farmacia. La farmacia también puede solicitar otra identificación, como una licencia de conducir o una identificación estatal.

Medicamentos de mantenimiento

Algunos medicamentos se denominan medicamentos de mantenimiento porque tratan problemas de salud a largo plazo. Si su medicamento forma parte de la lista de medicamentos de mantenimiento, puede obtener un suministro de hasta 100 días en determinadas farmacias minoristas.

Exclusiones

A continuación, encontrará una lista de artículos que no forman parte de la PDL. La política de suministro para emergencias de 96 horas no cubre estos medicamentos tampoco.

- Medicamentos experimentales que no cuentan con descuentos federales
- Medicamentos del programa de Implementación del Estudio de la Eficacia de los Medicamentos (Drug Efficacy Study and Implementation, DESI)
- Medicamentos recetados para la anorexia, la pérdida o el aumento de peso
- Medicamentos recetados para tratar la infertilidad
- Medicamentos recetados para la disfunción eréctil
- Medicamentos recetados con fines cosméticos o para el crecimiento capilar
- Polvos a granel

Medicamentos del programa de Implementación del Estudio de la Eficacia de los Medicamentos

Según la Administración de Alimentos y Medicamentos, los medicamentos del programa de Implementación del Estudio de la Eficacia de los Medicamentos (DESI) son menos eficaces. Los productos del DESI no están cubiertos por SilverSummit Healthplan.

Beneficios médicos

Algunos medicamentos y servicios médicos forman parte del beneficio médico de SilverSummit Healthplan y no están cubiertos en farmacias minoristas, como los siguientes:

- Medicamentos inyectables administrados en el consultorio de un médico o en una clínica para pacientes ambulatorios
- Productos de salud en el hogar y terapia de infusión en el hogar, como los siguientes:
    - » Equipo médico duradero
    - » Nebulizadores y tubos
    - » Monitores de la presión arterial
    - » Nutrición enteral y parenteral
    - » Terapia antibiótica inyectable
    - » Quimioterapia
    - » Otros suministros médicos

Si un profesional que expide recetas solicita una autorización médica previa a Servicios de Farmacia, se le indicará que se comunique directamente con SilverSummit Healthplan.

Productos recientemente aprobados

Los medicamentos nuevos se revisan antes de agregarlos a la lista de medicamentos preferidos. Estos medicamentos necesitarán una PA hasta que se agreguen a la lista de medicamentos preferidos. Si no se aprueba, Servicios de Farmacia le enviará una carta a usted y un fax a su médico. La carta tendrá una lista de otros medicamentos similares que están cubiertos. También se le informará sobre el proceso de apelación.

Información de contacto

Servicios al Miembro de SilverSummit Healthplan: **1-844-366-2880** (TTY: 1-844-804-6086 o al servicio de retransmisión: 711)

Autorizaciones previas de Servicios de Farmacia: **1-855-565-9520**

Servicio de asistencia de farmacia de ESI de Servicios de Farmacia: **1-833-750-4490**

AcariaHealth: **1-855-535-1815**

ABREVIATURAS EN LOS NIVELES DE LA LISTA DE MEDICAMENTOS PREFERIDOS	
Nivel	**Definiciones de los niveles**
P	**Preferido**: Este medicamento está cubierto en la lista de medicamentos.
NP	**No preferido**: Este medicamento necesita autorización previa.
PA	**Preferido con autorización previa**: Este medicamento necesita autorización previa.
NF	**Fuera del formulario de medicamentos**: Este medicamento necesita autorización previa. Use el medicamento preferido.
REQUISITOS o LÍMITES	
Requisitos/Límites	**Descripción de requisitos/límites**
AL	**Límite de edad**: El medicamento está limitado para determinada edad.
MP	**Programa de mantenimiento**: El medicamento se puede surtir para un suministro de hasta 100 días (suministro de 3 meses) por surtido.
PA	**Autorización previa**: Se requiere una revisión antes de que se pueda surtir la receta médica.
QL	**Límite de cantidad**: Hay límite en la cantidad cubierta por cada receta médica o dentro de un plazo.
Rx/OTC	El producto tiene **cobertura tanto para medicamentos con receta médica o medicamentos de venta libre.**
SP	**Medicamentos especializados**: Medicamentos de alto costo que se usan para tratar condiciones complejas, como la esclerosis múltiple, la artritis reumatoide, la hepatitis C y la hemofilia y es posible que solo se vendan en una farmacia determinada.
ST	**Terapia escalonada**: Requiere un proceso de prueba y error de uno o más productos preferidos antes de la cobertura.
Opioide	Los medicamentos opioides solo se pueden surtir durante 7 días a la vez sin autorización previa. Este límite se extiende a surtidos de 30 días cuando un miembro tiene antecedentes médicos de cáncer o cuidados paliativos en sus expedientes. Los surtidos de opioides están limitados a 13 surtidos dentro de un período de 12 meses consecutivos sin autorización previa. Es posible que se apliquen restricciones adicionales a los miembros menores de 18 años. Límites: • Dosis diaria máxima = 60 MME** • Suministro máximo de días = 7 días • Se deben usar opioides de acción rápida antes de los de acción prolongada ** MME = miligramos equivalentes de morfina
Tiras reactivas	Los usuarios de insulina están limitados a 200 tiras por mes.

ABREVIATURAS ESTÁNDAR			
Presentación	**Descripción de la presentación**	**Presentación**	**Descripción de la presentación**
AEPB	Aerosol de polvo por aspiración	***CSDR***	Cápsula dispersable de liberación retardada
AERB	Aerosol por aspiración	***DEVI***	Dispositivo
AERO	Aerosol	***ELIX***	Elixir
AJKT	Kit autoinyectable	***EMUL***	Emulsión
AUIJ	Autoinyectable	***ENEM***	Enema
CAPS	Cápsula	***GRAN***	Gránulos
CHEW	Tabletas masticables	***IJ***	Inyección
CONC	Concentrado	***IMPL***	Implante
CP12	Cápsula de liberación prolongada 12 h	***INHA***	Inhalador
CP24	Cápsula de liberación prolongada 24 h	***INJ***	Inyectable
CPCR	Cápsula de liberación prolongada	***IUD***	Dispositivo intrauterino
CPDR	Cápsula de liberación retardada	***IV***	Intravenoso
CPEP	Cápsula con recubrimiento entérico	***LIQD***	Líquido
CPSP	Cápsula dispersable	***LOTN***	Loción
CREA	Crema	***SOPN***	Solución para pluma inyectable
LOZG	Pastilla para chupar	***SOSY***	Solución para jeringa precargada
MISC	Disposiciones varias	***SRER***	Suspensión reconstituida de liberación prolongada
NEBU	Solución para nebulización	***STRP***	Tira
OINT	Pomada	***SUBL***	Tableta sublingual
OPHT	Oftálmico	***SUER***	Suspensión de liberación prolongada
O	Oral	***SUPN***	Suspensión para pluma inyectable
ENVASE	Envase	***SUPP***	Supositorio
PEN	Pluma inyectable	***SUSP***	Suspensión
PNKT	Kit de pluma inyectable	***SUSR***	Suspensión reconstituida
POT	Potasio	***SUSY***	Suspensión para jeringa precargada
POWD	Polvo	***SYRP***	Jarabe
PRSY	Jeringa precargada	***TABS***	Tabletas
PSKT	Kit de jeringa precargada	***TB12***	Tableta de liberación prolongada 12 h
PSTE	Pasta	***TB24***	Tableta de liberación prolongada 24 h
PT24	Parche de 24 h	***TBCR***	Tableta de liberación prolongada
PT72	Parche de 72 h	***TBDP***	Tableta dispersable
PTCH	Parche	***TBEC***	Tableta con recubrimiento entérico
PTTW	Parche bisemanal	***TBEF***	Tableta efervescente
PTWK	Parche semanal	***TBPK***	Paquete de tratamiento con tabletas
S.O.P.	Preparación oftalmológica estéril	***TBSO***	Tableta soluble
SHAM	Champú	***MUSCULAR***	Exámenes de diagnóstico
SOAJ	Solución autoinyectable	***WAFR***	Oblea masticable
SOCT	Solución para cartucho	***XR***	Liberación prolongada
SOLN	por nebulizador		
SOLR	Solución reconstituida		

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)
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	NP	AL(At least 3 yrs old)
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)
amphetamine sulfate TABS	NP	AL(At least 3 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)
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
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 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)
ARYNTA SOLN PO 10 MG/ML	NP	QL(1 ML daily); AL(At least 6 yrs old)
DESOXYN *(Use methamphetamine hcl)*	NF	AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)
DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO TABS *(Use amphetamine sulfate)*	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 *(Use amphetamine-dextroamphetamine)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS *(Use lisdexamfetamine dimesylate)*	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW *(Use lisdexamfetamine dimesylate)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
XELSTRYM	NP	AL(At least 6 yrs old)
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(Use caffeine citrate)*	NF	
caffeine citrate SOLN PO 60 MG/3ML	P	QL(45 ML per fill retail; 45 per fill mail)
Anti-Obesity Agents		
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

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
WEGOVY 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
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
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
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
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
atomoxetine hcl PO 4 MG/ML	NP	QL(2 ML daily); AL(At least 6 yrs old)
ATONCY PO 4 MG/ML	NP	QL(2 ML daily); AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
guanfacine hcl (adhd)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
INTUNIV *(Use guanfacine hcl (adhd))*	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
QELBREE	PA	AL(At least 6 yrs old); PA
STRATTERA *(Use atomoxetine hcl)*	NP	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	PA	SP; PA
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
armodafinil	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	QL(1 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH *(Use methylphenidate)*	NF	
dexmethylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
dexmethylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA
FOCALIN XR CP24 10 MG, 40 MG *(Use dexmethylphenidate hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NP	AL(At least 3 yrs old)
FOCALIN TABS 2.5 MG *(Use dexmethylphenidate hcl)*	NF	AL(At least 3 yrs old)
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA
METADATE CD CPCR *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN *(Use methylphenidate hcl)*	NP	AL(At least 3 yrs old)
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW	NP	AL(At least 3 yrs old)
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl CP24	NP	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CPCR	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl SOLN	PA	AL(At least 3 yrs old); PA
methylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA
methylphenidate hcl TB24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate PTCH	NP	QL(1 EA daily); AL(At least 6 yrs old)
modafinil	NP	QL(1 EA daily)
NUVIGIL 250 MG *(Use armodafinil)*	NF	
NUVIGIL *(Use armodafinil)*	NP	QL(1 EA daily)
PROVIGIL *(Use modafinil)*	PA	QL(1 EA daily); PA
QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)
QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR *(Use methylphenidate hcl)*	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 *(Use methylphenidate hcl)*	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
RITALIN TABS *(Use methylphenidate hcl)*	NP	AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR SUBL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin TABS 3 MG, 5 MG	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU *(Use tobramycin)*	P	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	P	SP
neomycin sulfate TABS	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU *(Use tobramycin)*	NP	SP
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	P	
tobramycin sulfate SOLR	P	
tobramycin NEBU	NP	SP
tobramycin NEBU	P	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
tofacitinib citrate SOLN 1 MG/ML	NP	SP
tofacitinib citrate TABS 5 MG, 10 MG	NP	QL(2 EA daily); SP
tofacitinib citrate TB24 11 MG, 22 MG	NP	QL(1 EA daily); SP
XELJANZ XR TB24 11 MG, 22 MG *(Use tofacitinib citrate)*	NP	QL(1 EA daily); SP
XELJANZ SOLN 1 MG/ML *(Use tofacitinib citrate)*	PA	SP; PA
XELJANZ TABS 5 MG, 10 MG *(Use tofacitinib citrate)*	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
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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	P	RX/OTC
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	P	
ibuprofen TABS 600 MG	P	QL(5 EA daily)
ibuprofen TABS 800 MG	P	QL(4 EA daily)
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	P	
ibuprofen TABS 400 MG	P	QL(8 EA daily)
INDOCIN SUSP *(Use indomethacin)*	NF	
indomethacin CAPS 25 MG, 50 MG	P	
indomethacin CPCR	NP	
indomethacin SUPP	NP	
indomethacin SUSP	NP	
ketoprofen CAPS 50 MG, 75 MG	NP	
ketoprofen CP24	NP	
ketorolac tromethamine TABS	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA
LODINE TABS *(Use etodolac)*	NF	
LURBIPR TABS 100 MG *(Use flurbiprofen)*	NF	
LURBIRO TABS 100 MG *(Use flurbiprofen)*	NP	
meclofenamate sodium CAPS	NP	
mefenamic acid CAPS	NP	MP
meloxicam TABS	P	
nabumetone	P	
NAPRELAN TB24 375 MG, 500 MG *(Use naproxen sodium)*	NP	
NAPRELAN TB24 500 MG, 750 MG *(Use naproxen sodium)*	NF	
NAPROSYN SUSP *(Use naproxen)*	NF	
NAPROSYN TABS 500 MG *(Use naproxen)*	NF	
naproxen sodium CAPS	P	
naproxen sodium TABS 220 MG	P	
naproxen sodium TABS	NP	
naproxen sodium TB24	NP	
naproxen-esomeprazole magnesium	NP	
naproxen SUSP	NP	QL(200 ML per fill retail; 200 per fill mail)
naproxen TABS	P	
naproxen TBEC	P	
ORUDIS CAPS 75 MG	NP	
oxaprozin CAPS	NP	
oxaprozin TABS	NP	
piroxicam CAPS	P	
sulindac TABS	P	
TOLECTIN DS CAPS 400 MG *(Use tolmetin sodium)*	NP	
tolmetin sodium CAPS	NP	
tolmetin sodium TABS	NP	
VIMOVO *(Use naproxen-esomeprazole magnesium)*	NF	
VYSCOXA PO 10 MG/ML	NP	QL(8 ML daily)
ZYBIC SUSP 7.5 MG/5ML *(Use meloxicam)*	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	QL(1 EA daily); SP
OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	QL(2 EA daily); SP
OTEZLA TABS	PA	QL(2 EA daily); SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
DOLOBID TABS	P	
salsalate	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 400 MCG *(Use fentanyl citrate)*	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)
codeine sulfate TABS 30 MG	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 tramadol hcl)*	NP	AL(At least 18 yrs old)
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID TABS *(Use hydromorphone hcl)*	NF	QL(8 EA daily)
DISKETS TBSO 40 MG *(Use methadone hcl)*	NP	
fentanyl citrate LPOP 400 MCG, 800 MCG	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA
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	PA	QL(0.34 EA daily); PA
hydrocodone bitartrate CP12	NP	QL(2 EA daily)
hydrocodone bitartrate T24A	NP	QL(1 EA daily)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
hydromorphone hcl TABS	P	QL(8 EA daily)
hydromorphone hcl TB24	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)
meperidine hcl SOLN PO 50 MG/5ML	P	QL(500 ML per fill retail; 500 per fill mail)
meperidine hcl TABS 50 MG	P	QL(6 EA daily)
methadone hcl CONC	NP	
methadone hcl SOLN PO	NP	
methadone hcl TABS	NP	
methadone hcl TBSO	NP	
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NP	
METHADOSE CONC *(Use methadone hcl)*	NP	
morphine sulfate beads	P	QL(1 EA daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	P	QL(2 EA daily)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	QL(16.67 ML daily)
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
morphine sulfate SUPP	P	QL(24 EA per fill retail; 24 per fill mail)
morphine sulfate TABS 30 MG	P	
morphine sulfate TABS 15 MG	P	QL(6 EA daily)
morphine sulfate TBCR	P	QL(3 EA daily)
MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG *(Use morphine sulfate)*	NP	QL(3 EA daily)
MS CONTIN TBCR 100 MG *(Use morphine sulfate)*	NF	QL(3 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NF	
PROLATE SOLN	PA	QL(20 ML daily); PA
PROLATE TABS	PA	QL(13 EA daily); PA
tramadol-acetaminophen	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
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG	NP	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG	NP	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	P	QL(3 EA daily)
buprenorphine hcl SUBL	P	QL(3 EA daily)
buprenorphine PTWK	NP	
BUTRANS PTWK *(Use buprenorphine)*	P	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	P	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	P	QL(3 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
XYOSTED SOAJ	PA	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
CORTENEMA *(Use hydrocortisone (intrarectal))*	NF	QL(420 ML per fill retail; 420 per fill mail)
hydrocortisone (intrarectal)	P	QL(420 ML per fill retail; 420 per fill mail)
UCERIS *(Use budesonide (intrarectal))*	NF	
Rectal Combinations		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per fill retail; 12 per fill mail)
lidocaine-hydrocortisone acetate (rectal) CREA EX	NP	
LIDOCORT CREA EX 0.5 %-3 % *(Use lidocaine-hydrocortisone acetate (rectal))*	NF	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	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 *(Use hydrocortisone (rectal))*	NF	
hydrocortisone (rectal) EX	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone CHEW	P	
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML	P	
alum & mag hydrox-simethicone LIQD	P	QL(24 ML daily)
alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	QL(16.54 EA daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	P	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NF	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	P	
isosorbide mononitrate TABS	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
isosorbide mononitrate TB24	P	QL(1 EA daily)
NITRO-DUR PT24 *(Use nitroglycerin)*	NF	
nitroglycerin OINT	P	
nitroglycerin PT24	P	
nitroglycerin SUBL	P	
NITROSTAT SUBL *(Use nitroglycerin)*	NF	
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	P	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 7.5 MG, 30 MG	P	QL(3 EA daily)
buspirone hcl 5 MG, 10 MG	P	QL(6 EA daily)
buspirone hcl 15 MG	P	QL(4 EA daily)
droperidol SOLN 2.5 MG/ML	P	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	P	
hydroxyzine hcl SYRP	P	
hydroxyzine hcl TABS	P	
hydroxyzine pamoate CAPS	P	
meprobamate	P	
VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)*	NF	
Benzodiazepines		
alprazolam TABS	P	QL(4 EA daily)
ATIVAN SOLN *(Use lorazepam)*	NF	
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NF	QL(3 EA daily)
ATIVAN TABS 1 MG *(Use lorazepam)*	NF	QL(4 EA daily)
chlordiazepoxide hcl CAPS	P	QL(4 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
propafenone hcl TABS	P	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	P	
dofetilide	P	
TIKOSYN *(Use dofetilide)*	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	Maximum 180 day supply allowed; QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); 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 150 MG/ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old); SP
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	NP	QL(0.215 ML daily); SP
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		
cromolyn sodium NEBU	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT *(Use ipratropium bromide hfa)*	P	
INCRUSE ELLIPTA 62.5 MCG/ACT *(Use umeclidinium bromide)*	P	MP
ipratropium bromide hfa 17 MCG/ACT	NP	
ipratropium bromide SOLN 0.02 %	P	
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	P	MP
SPIRIVA RESPIMAT AERS IN	P	MP
tiotropium bromide CAPS IN 18 MCG	NP	MP
TUDORZA PRESSAIR	NP	MP
umeclidinium bromide 62.5 MCG/INH	NP	
YUPELRI IN 175 MCG/3ML	NP	MP
Leukotriene Modulators		
ACCOLATE *(Use zafirlukast)*	NF	
montelukast sodium CHEW	P	
montelukast sodium PACK	P	
montelukast sodium TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR CHEW 5 MG *(Use montelukast sodium)*	NP	
SINGULAIR CHEW 4 MG *(Use montelukast sodium)*	NF	
SINGULAIR PACK *(Use montelukast sodium)*	NF	
SINGULAIR TABS *(Use montelukast sodium)*	NP	
zafirlukast	P	
zileuton TB12	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 *(Use roflumilast)*	NP	QL(1 EA daily)
roflumilast	PA	QL(1 EA daily); PA
Steroid Inhalants		
ALVESCO	NP	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	P	MP
ASMANEX (120 METERED DOSES) AEPB	P	MP
ASMANEX (14 METERED DOSES) AEPB	P	MP
ASMANEX (30 METERED DOSES) AEPB	P	MP
ASMANEX (60 METERED DOSES) AEPB	P	MP
ASMANEX HFA AERO	P	MP
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	NP	MP
budesonide (inhalation) SUSP	P	AL(At least 1 yrs old - Up to 8 yrs old); MP
FLOVENT HFA 44 MCG/ACT *(Use fluticasone propionate hfa)*	NF	QL(0.36 GM daily)
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	NP	MP
fluticasone propionate (inhalation) AEPB	P	QL(2 EA daily); MP
fluticasone propionate hfa 44 MCG/ACT	P	QL(0.36 GM daily); MP
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 GM daily); MP
PULMICORT FLEXHALER AEPB	P	MP
PULMICORT FLEXHALER AEPB	P	MP
PULMICORT SUSP *(Use budesonide (inhalation))*	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP
QVAR REDIHALER	NP	MP
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	P	MP
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NF	
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	P	MP
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	NP	MP
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	NP	MP
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
AIRSUPRA	NP	QL(1.07 GM daily)
albuterol sulfate AERS	P	QL(0.447 GM daily)
albuterol sulfate AERS	P	QL(0.567 GM daily)
albuterol sulfate AERS	NP	QL(1.2 GM daily)
albuterol sulfate NEBU	P	QL(2 EA daily)
albuterol sulfate NEBU	P	QL(12 ML daily)
albuterol sulfate SYRP	P	
albuterol sulfate TABS	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	P	MP
arformoterol tartrate	NP	MP
BEVESPI AEROSPHERE	NP	MP
BREO ELLIPTA	P	MP
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	P	MP
BREZTRI AEROSPHERE	NP	MP
BROVANA *(Use arformoterol tartrate)*	NP	MP
budesonide-formoterol fumarate dihydrate	NP	MP
COMBIVENT RESPIMAT AERS	P	
DUAKLIR PRESSAIR	NP	MP
DULERA	P	MP
fluticasone furoate-vilanterol	NP	MP
fluticasone-salmeterol AEPB	NP	MP
fluticasone-salmeterol AERO	NP	MP
formoterol fumarate NEBU	NP	MP
ipratropium-albuterol SOLN	P	QL(12 ML daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
gabapentin TABS 600 MG, 800 MG	P	
KEPPRA XR TB24 *(Use levetiracetam)*	NP	
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NP	
KEPPRA SOLN IV 500 MG/5ML *(Use levetiracetam)*	NF	
KEPPRA TABS *(Use levetiracetam)*	NP	
lacosamide SOLN IV 200 MG/20ML	P	
lacosamide TABS	P	
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	
LAMICTAL ODT TBDP *(Use lamotrigine)*	NP	
LAMICTAL STARTER KIT 25 MG *(Use lamotrigine)*	NP	
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 *(Use lamotrigine)*	NP	
LAMICTAL CHEW *(Use lamotrigine)*	NP	
LAMICTAL TABS *(Use lamotrigine)*	NP	
lamotrigine CHEW	P	
lamotrigine KIT 25 MG	P	
lamotrigine TABS	P	
lamotrigine TB24	P	
lamotrigine TBDP	P	
levetiracetam SOLN IV 500 MG/5ML	P	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	
levetiracetam TABS	P	
levetiracetam TB24	P	
levetiracetam TB3D 250 MG, 500 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS 25 MG, 50 MG, 100 MG, 150 MG *(Use pregabalin)*	NF	
LYRICA CAPS *(Use pregabalin)*	P	
LYRICA SOLN *(Use pregabalin)*	P	
LYRICA SOLN *(Use pregabalin)*	NF	
MOTPOLY XR CP24	NP	
MYSOLINE *(Use primidone)*	NF	
NEURONTIN CAPS *(Use gabapentin)*	P	
NEURONTIN SOLN *(Use gabapentin)*	P	
NEURONTIN SOLN *(Use gabapentin)*	NF	
NEURONTIN TABS *(Use gabapentin)*	P	
oxcarbazepine SUSP	P	
oxcarbazepine TABS	P	
oxcarbazepine TB24	NP	
OXTELLAR XR TB24 *(Use oxcarbazepine)*	NP	
pregabalin CAPS	NP	
pregabalin SOLN	NP	
primidone	P	
QUDEXY XR CS24 *(Use topiramate)*	NF	
rufinamide SUSP	P	SP
rufinamide TABS	P	SP
SPRITAM TB3D	NP	
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG *(Use levetiracetam)*	NP	
SUBVENITE SUSP PO 10 MG/ML	NP	
TEGRETOL SUSP *(Use carbamazepine)*	NP	

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

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

Drug Name	Drug Tier	Requirements/ Limits
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	P	AL(At least 18 yrs old); SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	P	
MARPLAN	P	
NARDIL *(Use phenelzine sulfate)*	NF	
PARNATE *(Use tranylcypromine sulfate)*	NF	
phenelzine sulfate	P	
tranylcypromine sulfate	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 *(Use citalopram hydrobromide)*	NP	AL(At least 18 yrs old)
citalopram hydrobromide CAPS 30 MG	P	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS 30 MG *(Use citalopram hydrobromide)*	P	AL(At least 18 yrs old)
citalopram hydrobromide SOLN	P	AL(At least 18 yrs old)
citalopram hydrobromide TABS	P	AL(At least 18 yrs old)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)
escitalopram oxalate SOLN	P	AL(At least 18 yrs old)
escitalopram oxalate TABS	P	AL(At least 18 yrs old)
fluoxetine hcl CAPS	P	AL(At least 18 yrs old)
fluoxetine hcl CPDR	P	AL(At least 18 yrs old)
fluoxetine hcl SOLN	P	AL(At least 18 yrs old)
fluoxetine hcl TABS	P	AL(At least 18 yrs old)
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	NF	
fluvoxamine maleate CP24	NP	AL(At least 18 yrs old)
fluvoxamine maleate TABS	P	AL(At least 18 yrs old)
LEXAPRO TABS *(Use escitalopram oxalate)*	NP	AL(At least 18 yrs old)
paroxetine hcl SUSP	P	AL(At least 18 yrs old)
paroxetine hcl TABS	P	AL(At least 18 yrs old)
paroxetine hcl TB24	NP	AL(At least 18 yrs old)
PAXIL CR TB24 *(Use paroxetine hcl)*	NP	AL(At least 18 yrs old)
PAXIL SUSP *(Use paroxetine hcl)*	NF	AL(At least 18 yrs old)
PAXIL TABS *(Use paroxetine hcl)*	NP	AL(At least 18 yrs old)
PROZAC CAPS *(Use fluoxetine hcl)*	NP	AL(At least 18 yrs old)
sertraline hcl CAPS 150 MG, 200 MG	P	AL(At least 18 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG *(Use sertraline hcl)*	P	AL(At least 18 yrs old)
sertraline hcl CONC	P	AL(At least 18 yrs old)
sertraline hcl TABS	P	AL(At least 18 yrs old)
ZOLOFT CONC *(Use sertraline hcl)*	NP	AL(At least 18 yrs old)
ZOLOFT TABS 25 MG *(Use sertraline hcl)*	NF	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 50 MG, 100 MG *(Use sertraline hcl)*	NF	
ZOLOFT TABS *(Use sertraline hcl)*	NP	AL(At least 18 yrs old)
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	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)
nefazodone hcl	NP	AL(At least 18 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
trazodone hcl TABS	P	AL(At least 18 yrs old)
TRINTELLIX	NP	AL(At least 18 yrs old)
VIIBRYD TABS *(Use vilazodone hcl)*	NP	AL(At least 18 yrs old)
vilazodone hcl TABS	P	AL(At least 18 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 20 MG *(Use duloxetine hcl)*	NP	AL(At least 18 yrs old)
CYMBALTA CPEP 30 MG, 60 MG *(Use duloxetine hcl)*	NF	
DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)
desvenlafaxine succinate	P	AL(At least 18 yrs old)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)
duloxetine hcl CPEP	P	AL(At least 18 yrs old)
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP	AL(At least 18 yrs old)
EFFEXOR XR CP24 75 MG *(Use venlafaxine hcl)*	NF	
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NF	AL(At least 18 yrs old)
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NP	AL(At least 18 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
FETZIMA CP24	NP	AL(At least 18 yrs old)
PRISTIQ 50 MG *(Use desvenlafaxine succinate)*	NF	AL(At least 18 yrs old)
PRISTIQ *(Use desvenlafaxine succinate)*	NP	AL(At least 18 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
venlafaxine hcl CP24	P	AL(At least 18 yrs old)
venlafaxine hcl TABS	P	AL(At least 18 yrs old)
venlafaxine hcl TB24	P	AL(At least 18 yrs old)
Tricyclic Agents		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL *(Use clomipramine hcl)*	NF	
clomipramine hcl	P	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
desipramine hcl TABS 25 MG	P	QL(2 EA daily)
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	
imipramine pamoate	P	
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NF	
NORPRAMIN TABS 25 MG *(Use desipramine hcl)*	NF	QL(2 EA daily)
nortriptyline hcl CAPS	P	
nortriptyline hcl SOLN	P	QL(20 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
PAMELOR CAPS *(Use nortriptyline hcl)*	NF	
protriptyline hcl	P	
trimipramine maleate CAPS	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	MP
miglitol	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 *(Use pioglitazone hcl-metformin hcl)*	NP	MP
alogliptin-metformin hcl	NP	MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	MP
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	NP	MP
dapagliflozin-saxagliptin	NP	MP
DUETACT *(Use pioglitazone hcl-glimepiride)*	NP	MP
glipizide-metformin hcl	NP	MP
glyburide-metformin	NP	MP
GLYXAMBI	P	MP
INVOKAMET XR TB24	NP	MP
INVOKAMET TABS	NP	MP
JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NP	MP
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NP	MP
JENTADUETO XR TB24	P	MP
JENTADUETO TABS	P	MP
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl TABS	NP	MP
saxagliptin-metformin hcl	NP	MP
SEGLUROMET	NP	MP
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	NP	MP
sitagliptin free base-metformin hcl TB24	NP	MP
sitagliptin phosphate-metformin hcl TABS	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	P	MP
XIGDUO XR TB24 PO *(Use dapagliflozin free base-metformin hcl)*	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 *(Use sitagliptin free base-metformin hcl)*	P	MP
Antidiabetic-Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use metformin hcl)*	NF	
metformin hcl SOLN	PA	MP; PA
metformin hcl TABS 500 MG, 850 MG, 1000 MG	P	MP
metformin hcl TB24	P	MP
metformin hcl TB24 500 MG, 1000 MG	NP	MP
RIOMET SOLN *(Use metformin hcl)*	NP	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
dextrose (diabetic use) CHEW 4 GM	P	QL(1.67 EA daily)
dextrose (diabetic use) GEL	P	
diazoxide	P	
GLUCAGON EMERGENCY	P	
GLUCAGON EMERGENCY SOLR IJ 1 MG *(Use glucagon)*	NF	
glucagon SOLR IJ 1 MG	P	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	
PROGLYCEM *(Use diazoxide)*	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		
alogliptin benzoate	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA 25 MG, 50 MG, 100 MG *(Use sitagliptin phosphate)*	NP	MP
ONGLYZA 5 MG *(Use saxagliptin hcl)*	NF	
saxagliptin hcl	NP	MP
sitagliptin 25 MG, 50 MG, 100 MG	P	MP
sitagliptin phosphate 25 MG, 50 MG, 100 MG	NP	MP
TRADJENTA	P	MP
ZITUVIO 25 MG, 50 MG, 100 MG *(Use sitagliptin)*	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(Use exenatide)*	PA	QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(Use exenatide)*	PA	QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP; PA
exenatide SOPN 10 MCG/0.04ML	NP	QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP
exenatide SOPN 5 MCG/0.02ML	NP	QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP
liraglutide	NP	QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old)
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	PA	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; PA
MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	PA	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; PA
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
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
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
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	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
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
TRULICITY	PA	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; PA

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA *(Use liraglutide)*	PA	QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old); MP; PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	MP
ADMELOG SOLN IJ	NP	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
APIDRA SOLOSTAR SOPN	NP	MP
APIDRA SOLN	NP	MP
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP
BASAGLAR TEMPO PEN SOPN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
FIASP PUMPCART SOCT	NP	
FIASP SOLN	NP	MP
HUMALOG JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	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
HUMALOG TEMPO PEN SOPN	NP	MP
HUMALOG SOCT	P	MP
HUMALOG SOLN IJ	P	MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP
HUMULIN 70/30 SUSP	P	MP
HUMULIN N KWIKPEN SUPN	P	MP
HUMULIN N SUSP	P	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
HUMULIN R SOLN IJ	P	MP
INSULIN ASPART FLEXPEN SOPN	P	MP
INSULIN ASPART SOLN IJ	P	MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
INSULIN DEGLUDEC SOLN	NP	MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
INSULIN GLARGINE-YFGN SOLN	NP	MP
INSULIN GLARGINE-YFGN SOPN	NP	MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
INSULIN LISPRO PROT & LISPRO SUPN	P	MP
INSULIN LISPRO SOLN IJ	P	MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	MP
KIRSTY SOPN SC 100 UNIT/ML	NP	MP
LANTUS SOLOSTAR SOPN	P	MP

Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLN	P	MP
LEVEMIR FLEXPEN SOPN	NP	MP
LEVEMIR SOLN	NP	MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	MP
LYUMJEV SOLN	NP	MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP
MERILOG SOLN SC 100 UNIT/ML	NP	MP
MYXREDLIN	P	
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	MP
NOVOLIN 70/30 FLEXPEN SUPN	P	MP
NOVOLIN 70/30 RELION SUSP	P	MP
NOVOLIN 70/30 SUSP	P	MP
NOVOLIN N FLEXPEN RELION SUPN	P	MP
NOVOLIN N FLEXPEN SUPN	P	MP
NOVOLIN N RELION SUSP	P	MP
NOVOLIN N SUSP	P	MP
NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP
NOVOLIN R FLEXPEN SOPN IJ	P	MP
NOVOLIN R RELION SOLN IJ	P	MP
NOVOLIN R SOLN IJ	P	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP
NOVOLOG FLEXPEN RELION SOPN	NP	MP
NOVOLOG FLEXPEN SOPN	NP	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP
NOVOLOG MIX 70/30 RELION SUSP	P	MP
NOVOLOG MIX 70/30 SUSP	P	MP
NOVOLOG PENFILL SOCT	NP	MP
NOVOLOG RELION SOLN IJ	NP	MP
NOVOLOG SOLN IJ	NP	MP
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	MP
SEMGLEE (YFGN) SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	P	MP
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
FARXIGA TABS PO *(Use dapagliflozin)*	P	MP
INVOKANA	NP	MP
JARDIANCE	P	MP
STEGLATRO	NP	MP
Sulfonylureas		

Drug Name	Drug Tier	Requirements/ Limits
glimepiride 1 MG, 2 MG, 4 MG	P	MP
glipizide TABS	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 5 MG *(Use glipizide)*	NP	MP
GLUCOTROL XL TB24 10 MG *(Use glipizide)*	NF	
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	
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

Drug Name	Drug Tier	Requirements/ Limits
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	
NARCAN LIQD *(Use naloxone hcl)*	NF	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		
granisetron hcl TABS	P	QL(2 EA per fill retail; 2 per fill mail)
GRANISOL SOLN PO	NP	QL(30 ML per fill retail; 30 per fill mail)
ondansetron hcl SOLN IJ 40 MG/20ML	P	QL(20 ML per fill retail; 20 per fill mail)
ondansetron hcl SOLN PO 4 MG/5ML	P	QL(50 ML per fill retail; 50 per fill mail)
ondansetron hcl SOLN IJ 4 MG/2ML	P	QL(8 ML per fill retail; 8 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ondansetron hcl SOSY	P	QL(8 ML per fill retail; 8 per fill mail)
ondansetron hcl TABS 4 MG	P	QL(12 EA per fill retail; 12 per fill mail)
ondansetron hcl TABS 24 MG	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
ondansetron hcl TABS 8 MG	P	QL(6 EA per fill retail; 6 per fill mail)
ondansetron TBDP 8 MG	P	QL(6 EA per fill retail; 6 per fill mail)
ondansetron TBDP 16 MG	NP	QL(3 EA per fill retail; 3 per fill mail)
ondansetron TBDP 4 MG	P	QL(12 EA per fill retail; 12 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	NF	RX/OTC
ANTIVERT TABS 50 MG *(Use meclizine hcl)*	NF	
dimenhydrinate TABS	P	
meclizine hcl CHEW	P	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	P	RX/OTC
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	P	
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	P	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	PA	PA
DRONABINOL SOLN 5 MG/ML	PA	PA
MARINOL CAPS 5 MG, 10 MG *(Use dronabinol)*	NF	
MARINOL CAPS 2.5 MG *(Use dronabinol)*	PA	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
aprepitant CAPS 125 MG	P	QL(1 EA per fill retail; 1 per fill mail)
aprepitant CAPS 40 MG, 80 MG	P	QL(2 EA per fill retail; 2 per fill mail)
aprepitant CPPK PO	NP	QL(3 EA per fill retail; 3 per fill mail)
CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
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)
NAVITRUX SOLR 150 MG	NP	QL(1 EA per fill retail; 1 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
nystatin TABS	P	QL(6 EA daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 40 MG/ML *(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 50 MG	P	QL(7 EA per fill retail; 7 per fill mail)
fluconazole TABS 200 MG	P	QL(2 EA daily)
fluconazole TABS 150 MG	P	QL(2 EA per fill retail; 2 per fill mail)
fluconazole TABS 100 MG	P	QL(1 EA daily)
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	
CLARINEX TABS *(Use desloratadine)*	NF	
CLARINEX TABS *(Use desloratadine)*	NP	
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	

Drug Name	Drug Tier	Requirements/ Limits
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		
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	
Angiopoietin-like Protein Inhibitors		
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
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 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	
VASCEPA *(Use icosapent ethyl)*	NF	
Bile Acid Sequestrants		
cholestyramine light PACK	P	
cholestyramine light PACK	NP	
cholestyramine light POWD	NP	
cholestyramine light POWD	P	
cholestyramine PACK	P	
cholestyramine POWD	P	
colesevelam hcl PACK	P	
colesevelam hcl TABS	P	
COLESTID GRAN *(Use colestipol hcl)*	NP	
COLESTID PACK *(Use colestipol hcl)*	NF	
COLESTID TABS *(Use colestipol hcl)*	NP	
colestipol hcl GRAN	P	
colestipol hcl PACK	P	
colestipol hcl TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NP	
QUESTRAN PACK *(Use cholestyramine)*	NP	
QUESTRAN POWD *(Use cholestyramine)*	NP	
WELCHOL PACK *(Use colesevelam hcl)*	NP	
WELCHOL TABS *(Use colesevelam hcl)*	NP	
Fibric Acid Derivatives		
choline fenofibrate	P	
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	P	
fenofibrate CAPS	NP	
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	P	
fenofibrate TABS 40 MG, 120 MG	NP	
fenofibric acid	NP	
FENOGLIDE TABS *(Use fenofibrate)*	NF	
FIBRICOR 105 MG *(Use fenofibric acid)*	NP	
FIBRICOR 35 MG *(Use fenofibric acid)*	NF	
gemfibrozil TABS	P	
LIPOFEN CAPS 50 MG *(Use fenofibrate)*	NF	
LIPOFEN CAPS *(Use fenofibrate)*	P	
LOPID TABS *(Use gemfibrozil)*	NP	
TRICOR TABS *(Use fenofibrate)*	NF	
TRILIPIX *(Use choline fenofibrate)*	NF	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
ATORVALIQ SUSP	NP	MP
atorvastatin calcium TABS	P	MP
CRESTOR TABS 5 MG *(Use rosuvastatin calcium)*	NP	MP
CRESTOR TABS 20 MG, 40 MG *(Use rosuvastatin calcium)*	NP	QL(1 EA daily); MP
CRESTOR TABS 10 MG *(Use rosuvastatin calcium)*	NP	QL(2 EA daily); MP
fluvastatin sodium CAPS	NP	MP
fluvastatin sodium TB24	NP	MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	NP	MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	NF	
LIPITOR TABS *(Use atorvastatin calcium)*	NP	MP
LIPITOR TABS *(Use atorvastatin calcium)*	NF	
LIVALO *(Use pitavastatin calcium)*	NP	MP
lovastatin TABS	P	MP
pitavastatin calcium	NP	MP
pravastatin sodium	P	MP
rosuvastatin calcium TABS 5 MG	P	MP
rosuvastatin calcium TABS 20 MG, 40 MG	P	QL(1 EA daily); MP
rosuvastatin calcium TABS 10 MG	P	QL(2 EA daily); MP
simvastatin TABS	P	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NP	MP
ZYPITAMAG 2 MG, 4 MG	NP	MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	

Drug Name	Drug Tier	Requirements/ Limits
ZETIA *(Use ezetimibe)*	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	P	
niacin (antihyperlipidemic) TBCR	P	
Proprotein Convertase Subtilisin/Kexin Type 9 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 *(Use quinapril hcl)*	NP	MP
ALTACE CAPS 1.25 MG, 5 MG *(Use ramipril)*	NP	MP
ALTACE CAPS 10 MG *(Use ramipril)*	NF	
benazepril hcl	P	MP
captopril	P	MP
enalapril maleate SOLN	P	AL(Up to 10 yrs old); MP
enalapril maleate TABS	P	MP
EPANED SOLN *(Use enalapril maleate)*	NP	AL(Up to 10 yrs old); MP
fosinopril sodium	NP	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	NP	MP
moexipril hcl	NP	MP
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	MP
quinapril hcl	NP	MP
ramipril CAPS	P	MP
trandolapril	NP	MP
VASOTEC TABS *(Use enalapril maleate)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NP	MP
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	MP
ATACAND *(Use candesartan cilexetil)*	NP	MP
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NP	MP
azilsartan medoxomil 40 MG, 80 MG	NP	MP
BENICAR *(Use olmesartan medoxomil)*	NP	MP
candesartan cilexetil	NP	MP
COZAAR *(Use losartan potassium)*	NP	MP
DIOVAN TABS *(Use valsartan)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EDARBI 40 MG, 80 MG *(Use azilsartan medoxomil)*	NP	MP
irbesartan	NP	MP
losartan potassium	P	MP
MICARDIS *(Use telmisartan)*	NF	
olmesartan medoxomil	P	MP
telmisartan	NP	MP
valsartan SOLN	P	MP
valsartan TABS	P	MP
Antiadrenergic Antihypertensives		
CARDURA 1 MG, 8 MG *(Use doxazosin mesylate)*	NF	
CARDURA *(Use doxazosin mesylate)*	NP	MP
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	
clonidine hcl TABS	P	
clonidine PTWK	P	
doxazosin mesylate	P	MP
guanfacine hcl	P	
methyldopa TABS	P	
prazosin hcl CAPS	NP	MP
terazosin hcl	P	MP
TEZRULY PO 1 MG/ML	NP	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	MP
amlodipine besylate-benazepril hcl	P	MP
amlodipine besylate-olmesartan medoxomil	P	MP
amlodipine besylate-valsartan	P	MP
amlodipine-valsartan-hydrochlorothiazide	NP	MP
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NP	MP
atenolol & chlorthalidone	P	MP
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NP	MP
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NP	MP
benazepril & hydrochlorothiazide	P	MP
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NP	MP
bisoprolol & hydrochlorothiazide	P	MP
candesartan cilexetil-hydrochlorothiazide	NP	MP
captopril & hydrochlorothiazide	P	MP
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NP	MP
EDARBYCLOR	NP	MP
enalapril maleate & hydrochlorothiazide	P	MP
EXFORGE *(Use amlodipine besylate-valsartan)*	NP	MP
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	MP
fosinopril sodium & hydrochlorothiazide	NP	MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
irbesartan-hydrochlorothiazide	NP	MP
lisinopril & hydrochlorothiazide	P	MP
losartan potassium & hydrochlorothiazide	P	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NP	MP
LOTREL 10 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NP	MP
LOTREL 20 MG-10 MG, 20 MG-5 MG *(Use amlodipine besylate-benazepril hcl)*	NF	
metoprolol & hydrochlorothiazide TABS	NP	MP
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NP	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	MP
olmesartan medoxomil-hydrochlorothiazide	P	MP
quinapril-hydrochlorothiazide	NP	MP
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	MP
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NP	MP
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NP	MP
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NF	
trandolapril-verapamil hcl	NP	MP
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	MP
valsartan-hydrochlorothiazide	P	MP
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NP	MP
Direct Renin Inhibitors		
aliskiren fumarate	P	
TEKTURNA *(Use aliskiren fumarate)*	NF	
Endothelin Receptor Antagonists		
TRYVIO	PA	QL(1 EA daily); AL(At least 18 yrs old); MP; PA
Vasodilators		
hydralazine hcl TABS	P	
minoxidil 2.5 MG, 10 MG	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS	P	
trimethoprim TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
URETRON D/S TABS 81.6 MG	P	
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NF	QL(300 ML per fill retail; 300 per fill mail)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NF	QL(4 EA daily)
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NF	QL(8 EA daily)
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
vancomycin hcl SOLR IV 500 MG	P	QL(0.467 EA daily)
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ML per fill retail; 300 per fill mail)
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)
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	QL(100 ML per fill retail; 100 per fill mail)
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	QL(100 ML per fill retail; 100 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
Monobactams		
CAYSTON	PA	AL(At least 7 yrs old); SP; PA
Oxazolidinones		
linezolid SOLN	PA	PA
linezolid SUSR	PA	PA
linezolid TABS	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SOLN *(Use linezolid)*	NF	
ZYVOX SUSR *(Use linezolid)*	NF	
ZYVOX SUSR *(Use linezolid)*	PA	PA
ZYVOX TABS *(Use linezolid)*	PA	PA
Urinary Anti-infectives		
MACROBID *(Use nitrofurantoin monohyd macro)*	NF	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NF	
methenamine mandelate	P	
nitrofurantoin 25 MG/5ML	PA	PA
nitrofurantoin macrocrystal 50 MG, 100 MG	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
Antimalarials		

Drug Name	Drug Tier	Requirements/ Limits
chloroquine phosphate TABS 250 MG	P	QL(2 EA daily)
chloroquine phosphate TABS 500 MG	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
hydroxychloroquine sulfate 200 MG	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
mefloquine hcl	P	
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NF	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NF	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	NF	
MYCOBUTIN *(Use rifabutin)*	NF	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	PA	PA
CYCLOPHOSPHAMIDE TABS 50 MG	PA	PA
GLEOSTINE *(Use lomustine)*	NF	
LEUKERAN	P	
lomustine	PA	PA
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
temozolomide CAPS	PA	SP; PA
Antimetabolites		
capecitabine	PA	SP; PA
JYLAMVO SOLN PO	PA	SP; PA
mercaptopurine SUSP 2000 MG/100ML	PA	PA
mercaptopurine TABS	PA	PA
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium TABS 2.5 MG	PA	PA
ONUREG TABS	PA	SP; PA
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	NF	
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	PA	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
XATMEP SOLN PO	PA	PA
XELODA 500 MG *(Use capecitabine)*	PA	SP; PA
XELODA *(Use capecitabine)*	NF	SP
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
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		
erlotinib hcl	PA	SP; PA
gefitinib	PA	SP; PA
GILOTRIF	PA	SP; PA
IRESSA *(Use gefitinib)*	PA	SP; PA
LAZCLUZE	PA	SP; PA
TAGRISSO	PA	SP; PA
TARCEVA *(Use erlotinib hcl)*	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		
abiraterone acetate	PA	SP; PA
AKEEGA	PA	SP; PA
anastrozole	PA	PA
ARIMIDEX *(Use anastrozole)*	PA	PA
AROMASIN *(Use exemestane)*	PA	PA
bicalutamide	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
CASODEX *(Use bicalutamide)*	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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
EMCYT	P	SP
ERLEADA	PA	SP; PA
EULEXIN	P	
exemestane	PA	PA
FARESTON *(Use toremifene citrate)*	PA	MP; PA
FEMARA *(Use letrozole)*	PA	PA
INLURIYO TABS PO 200 MG	PA	SP; PA
letrozole	PA	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
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
LIFYORLI (125 MG DOSE) CPPK PO	PA	SP; PA
LIFYORLI (150 MG DOSE) CPPK PO	PA	SP; PA
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
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
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
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
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
LYSODREN	PA	SP; PA
megestrol acetate SUSP	P	
megestrol acetate TABS	PA	PA
NILANDRON *(Use nilutamide)*	NF	
nilutamide	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
NUBEQA	PA	SP; PA
ORGOVYX	PA	SP; PA
ORSERDU	PA	SP; PA
SOLTAMOX SOLN	PA	MP; PA
tamoxifen citrate TABS	PA	MP; PA
toremifene citrate	PA	MP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA
TRELSTAR MIXJECT 3.75 MG	PA	SP; PA
VEPPANU TABS PO 100 MG, 200 MG	PA	PA
XTANDI CAPS	PA	SP; PA
XTANDI TABS	PA	SP; PA
YONSA	PA	SP; PA
ZOLADEX	P	SP; PA
ZYTIGA *(Use abiraterone acetate)*	PA	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	PA	SP; PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	PA	SP; PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(Use pomalidomide)*	PA	SP; PA
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	PA	SP; PA
REVUFORJ 25 MG	PA	PA
REVUFORJ	PA	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	PA	SP; PA
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA
XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA
XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA
XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA
XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA
INQOVI	PA	SP; PA
LONSURF	PA	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(Use everolimus)*	PA	SP; PA
AFINITOR TABS *(Use everolimus)*	PA	SP; PA
ALECENSA	PA	SP; PA
ALUNBRIG TABS	PA	SP; PA
ALUNBRIG TBPK	PA	SP; PA
AUGTYRO	PA	SP; PA
BALVERSA	PA	SP; PA
BOSULIF CAPS	PA	SP; PA
BOSULIF TABS 100 MG, 400 MG, 500 MG *(Use bosutinib)*	PA	SP; PA
bosutinib TABS 100 MG, 400 MG, 500 MG	PA	SP; PA
BRAFTOVI 75 MG	PA	SP; PA
BRUKINSA	PA	SP; PA
BRUKINSA PO 160 MG	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
CABOMETYX TABS	PA	SP; PA
CALQUENCE	PA	SP; PA
CAPRELSA	PA	SP; PA
CAVHANZA TBDP PO 60 MG, 80 MG	PA	PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	PA	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	PA	SP; PA
COPIKTRA	PA	SP; PA
COTELLIC	PA	SP; PA
DANZITEN	PA	SP; PA
dasatinib	PA	SP; PA
ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA
everolimus TABS	PA	SP; PA
everolimus TBSO	PA	SP; PA
FOTIVDA	PA	SP; PA
GAVRETO	PA	SP; PA
GAVRETO	PA	SP; PA
GLEEVEC TABS *(Use imatinib mesylate)*	PA	SP; PA
GOMEKLI CAPS PO 1 MG, 2 MG	PA	SP; PA
GOMEKLI TBSO PO 1 MG	PA	SP; PA
HYRNUO TABS PO 10 MG	PA	SP; PA
IBRANCE CAPS 100 MG, 125 MG	PA	SP; PA
IBRANCE TABS	PA	SP; PA
IBTROZI CAPS PO 200 MG	PA	SP; PA
ICLUSIG	PA	SP; PA
IDHIFA	PA	SP; PA
imatinib mesylate TABS	PA	SP; PA
IMBRUVICA CAPS	PA	SP; PA
IMBRUVICA SUSP	PA	SP; PA
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	SP; PA
IMKELDI SOLN	PA	SP; PA
INREBIC	PA	SP; PA
ISTODAX SOLR *(Use romidepsin)*	NF	SP; PA
ITOVEBI	PA	SP; PA
JAKAFI	PA	SP; PA
JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	PA	SP; PA
JAYPIRCA	PA	SP; PA
KISQALI (200 MG DOSE)	PA	SP; PA
KISQALI (400 MG DOSE)	PA	SP; PA
KISQALI (600 MG DOSE)	PA	SP; PA
KOSELUGO PO 5 MG, 7.5 MG	PA	SP; PA
KOSELUGO	PA	SP; PA
KRAZATI	PA	SP; PA
lapatinib ditosylate	PA	SP; PA
LORBRENA	PA	SP; PA
LUMAKRAS	PA	SP; PA
LYNPARZA TABS	PA	SP; PA
LYTGOBI (12 MG DAILY DOSE)	PA	SP; PA
LYTGOBI (16 MG DAILY DOSE)	PA	SP; PA
LYTGOBI (20 MG DAILY DOSE)	PA	SP; PA
MEKINIST SOLR	PA	SP; PA
MEKINIST TABS	PA	SP; PA
MEKTOVI	PA	SP; PA
NERLYNX	PA	SP; PA
NEXAVAR *(Use sorafenib tosylate)*	PA	SP; PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA
nilotinib hcl 50 MG, 150 MG, 200 MG	PA	SP; PA
NINLARO	PA	SP; PA
OGSIVEO 100 MG, 150 MG	PA	SP; PA
OJEMDA SUSR	PA	SP; PA
OJEMDA TABS	PA	SP; PA
OJJAARA	PA	SP; PA
pazopanib hcl	PA	SP; PA
PEMAZYRE	PA	SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	SP; PA
PIQRAY (200 MG DAILY DOSE)	PA	SP; PA
PIQRAY (250 MG DAILY DOSE)	PA	SP; PA
PIQRAY (300 MG DAILY DOSE)	PA	SP; PA
QINLOCK	PA	SP; PA
RETEVMO CAPS	PA	SP; PA
RETEVMO TABS	PA	SP; PA
REZLIDHIA	PA	SP; PA
romidepsin SOLR	P	SP; PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	SP; PA
ROZLYTREK CAPS	PA	SP; PA
ROZLYTREK PACK	PA	SP; PA
RUBRACA	PA	SP; PA
RYDAPT	PA	SP; PA
SCEMBLIX	PA	SP; PA
sorafenib tosylate	PA	SP; PA
SPRYCEL *(Use dasatinib)*	PA	SP; PA
STIVARGA	PA	SP; PA
sunitinib malate	PA	SP; PA
SUTENT *(Use sunitinib malate)*	PA	SP; PA
TABRECTA	PA	SP; PA
TAFINLAR CAPS	PA	SP; PA
TAFINLAR TBSO	PA	SP; PA
TALZENNA	PA	SP; PA
TASIGNA 50 MG, 150 MG, 200 MG *(Use nilotinib hcl)*	PA	SP; PA
TEPMETKO	PA	SP; PA
TIBSOVO	PA	SP; PA
TRUQAP TABS	PA	SP; PA
TRUQAP TBPK	PA	SP; PA
TURALIO 125 MG	PA	SP; PA
TYKERB *(Use lapatinib ditosylate)*	PA	SP; PA
VANFLYTA	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 *(Use pazopanib hcl)*	PA	SP; PA
XALKORI CAPS	PA	SP; PA
XALKORI CPSP	PA	SP; PA
XOSPATA	PA	SP; PA
ZEJULA TABS	PA	SP; PA
ZELBORAF	PA	SP; PA
ZOLINZA	PA	SP; PA
ZYDELIG	PA	SP; PA
ZYKADIA TABS	PA	SP; PA
Antineoplastics Misc.		
bexarotene	PA	SP; PA
HYDREA *(Use hydroxyurea)*	PA	PA
HYDREA *(Use hydroxyurea)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
hydroxyurea	PA	PA
MATULANE	PA	SP; PA
TARGRETIN *(Use bexarotene)*	NF	SP
tretinoin (chemotherapy)	PA	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	PA	SP; PA
leucovorin calcium TABS	P	
mesna TABS	P	SP
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide CAPS	PA	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	PA	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	NP	
LODOSYN *(Use carbidopa)*	NF	
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	P	
benztropine mesylate TABS	P	
trihexyphenidyl hcl SOLN	NP	
trihexyphenidyl hcl TABS	P	
Antiparkinson COMT Inhibitors		
entacapone	P	
ONGENTYS	NP	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	P	
amantadine hcl SOLN	P	
amantadine hcl TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
APOKYN SOCT	NP	SP
apomorphine hydrochloride SOCT	NP	SP
bromocriptine mesylate CAPS	NP	
bromocriptine mesylate TABS 2.5 MG	NP	
carbidopa-levodopa CPCR	NP	
carbidopa-levodopa-entacapone	P	
carbidopa-levodopa TABS	P	
carbidopa-levodopa TBCR	P	
carbidopa-levodopa TBDP	P	
CREXONT CPCR	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG *(Use pramipexole dihydrochloride)*	NF	
NEUPRO	NP	
ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old); SP
PARLODEL CAPS *(Use bromocriptine mesylate)*	NF	
PARLODEL TABS *(Use bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS	P	
pramipexole dihydrochloride TB24	NP	
ropinirole hydrochloride TABS	P	
ropinirole hydrochloride TB24	NP	

Drug Name	Drug Tier	Requirements/ Limits
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)*	NP	
SINEMET TABS 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	
SINEMET TABS 100 MG-10 MG *(Use carbidopa-levodopa)*	NP	
STALEVO 150 *(Use carbidopa-levodopa-entacapone)*	NF	
VYALEV SOLN SC	NP	SP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NP	
rasagiline mesylate	NP	
selegiline hcl CAPS	NP	
selegiline hcl TABS	NP	
XADAGO	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	
lithium carbonate CAPS	P	
lithium carbonate TABS	P	
lithium carbonate TBCR	P	
LITHOBID TBCR *(Use lithium carbonate)*	NF	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	NP	
GEODON 40 MG, 60 MG *(Use ziprasidone hcl)*	NF	AL(At least 18 yrs old)
GEODON *(Use ziprasidone hcl)*	NP	AL(At least 18 yrs old)
LATUDA *(Use lurasidone hcl)*	NP	AL(At least 18 yrs old)
lurasidone hcl	P	AL(At least 18 yrs old)
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)
ziprasidone hcl	P	AL(At least 18 yrs old)
Benzisoxazoles		
BYSANTI TITRATION PACK A TBPK PO	NP	AL(At least 18 yrs old)
BYSANTI TITRATION PACK B TBPK PO	NP	AL(At least 18 yrs old)
BYSANTI TITRATION PACK C TBPK PO	NP	AL(At least 18 yrs old)
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	AL(At least 18 yrs old)
ERZOFRI	PA	AL(At least 18 yrs old); SP; PA
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 *(Use paliperidone)*	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA

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
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 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 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA
paliperidone	P	AL(At least 18 yrs old)
PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	PA	AL(At least 18 yrs old); SP; PA
RISPERDAL SOLN *(Use risperidone)*	NP	AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NP	AL(At least 18 yrs old)
RISPERDAL TABS 3 MG *(Use risperidone)*	NF	AL(At least 18 yrs old)
risperidone microspheres	NP	AL(At least 18 yrs old); SP
risperidone SOLN	P	AL(At least 18 yrs old)
risperidone TABS	P	AL(At least 18 yrs old)
risperidone TBDP	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	
haloperidol decanoate	P	
haloperidol lactate CONC	P	
haloperidol lactate SOLN	P	
haloperidol TABS 0.5 MG, 1 MG, 10 MG	P	QL(3 EA daily)
haloperidol TABS 2 MG, 5 MG, 20 MG	P	
Dibenzapines		
asenapine maleate	P	AL(At least 18 yrs old)
clozapine TABS	P	AL(At least 18 yrs old)
clozapine TBDP	P	AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 100 MG *(Use clozapine)*	NP	AL(At least 18 yrs old)
CLOZARIL TABS 50 MG, 200 MG *(Use clozapine)*	NF	AL(At least 18 yrs old)
loxapine succinate	P	QL(4 EA daily)
olanzapine TABS	P	AL(At least 18 yrs old)
olanzapine TBDP	P	AL(At least 18 yrs old)
quetiapine fumarate TABS	P	AL(At least 18 yrs old)
quetiapine fumarate TB24	P	AL(At least 18 yrs old)
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	NF	AL(At least 18 yrs old)
SAPHRIS *(Use asenapine maleate)*	NP	AL(At least 18 yrs old)
SECUADO	NP	AL(At least 18 yrs old)
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NP	AL(At least 18 yrs old)
SEROQUEL TABS *(Use quetiapine fumarate)*	NP	AL(At least 18 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); SP; PA
ZYPREXA ZYDIS TBDP *(Use olanzapine)*	NP	AL(At least 18 yrs old)
ZYPREXA ZYDIS TBDP *(Use olanzapine)*	NF	AL(At least 18 yrs old)
ZYPREXA TABS *(Use olanzapine)*	NF	AL(At least 18 yrs old)
ZYPREXA TABS *(Use olanzapine)*	NP	AL(At least 18 yrs old)
Dihydroindolones		
molindone hcl	P	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
Phenothiazines		
chlorpromazine hcl SOLN 25 MG/ML	P	
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	P	QL(3 EA daily)
chlorpromazine hcl TABS 10 MG	P	QL(10 EA daily)
fluphenazine decanoate	P	
fluphenazine hcl CONC	P	
fluphenazine hcl ELIX	P	
fluphenazine hcl SOLN	P	
fluphenazine hcl TABS	P	
perphenazine TABS	P	QL(4 EA daily)
prochlorperazine	P	
prochlorperazine edisylate 10 MG/2ML	P	
prochlorperazine maleate TABS	P	
thioridazine hcl	P	QL(3 EA daily)
trifluoperazine hcl TABS	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
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	NP	AL(At least 18 yrs old); SP
ABILIFY TABS *(Use aripiprazole)*	NP	AL(At least 18 yrs old)
aripiprazole SOLN PO	P	AL(At least 18 yrs old)
aripiprazole TABS	P	AL(At least 18 yrs old)
aripiprazole TBDP	P	AL(At least 18 yrs old)
ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	PA	AL(At least 18 yrs old); SP; PA
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	PA	AL(At least 18 yrs old); SP; PA
ARISTADA INITIO	PA	AL(At least 18 yrs old); SP; PA
OPIPZA FILM	NP	AL(At least 18 yrs old)
REXULTI	P	AL(At least 18 yrs old)
Thioxanthenes		
thiothixene	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN	P	QL(90 ML per fill retail; 90 per fill mail)
Chlorine Antiseptics		

Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate SOLN EX 4 %	P	
sodium hypochlorite SOLN EX	P	
Iodine Antiseptics		
povidone-iodine SOLN 10 %	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	P	QL(1 EA daily)
abacavir sulfate SOLN	P	QL(30 ML daily)
abacavir sulfate TABS	P	QL(2 EA daily)
APRETUDE	P	
APTIVUS CAPS	P	QL(4 EA daily)
atazanavir sulfate CAPS	P	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA
CIMDUO	P	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
darunavir TABS 800 MG	P	QL(1 EA daily)
darunavir TABS 600 MG	P	QL(2 EA daily)
DELSTRIGO	P	QL(1 EA daily)
DESCOVY	P	QL(1 EA daily)
DOVATO	P	
EDURANT 25 MG *(Use rilpivirine hcl)*	NF	QL(1 EA daily)
EDURANT PED PO 2.5 MG	P	
efavirenz CAPS 200 MG	P	QL(1 EA daily)
efavirenz CAPS 50 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
efavirenz TABS	P	QL(1 EA daily)
emtricitabine CAPS	P	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily)
EMTRIVA CAPS *(Use emtricitabine)*	NF	QL(1 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)
EPIVIR SOLN *(Use lamivudine)*	NF	QL(30 ML daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NF	QL(1 EA daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NF	QL(2 EA daily)
etravirine 100 MG	P	QL(4 EA daily)
etravirine 200 MG	P	QL(2 EA daily)
EVOTAZ	P	QL(1 EA daily)
fosamprenavir calcium TABS	P	QL(4 EA daily)
FUZEON SOLR	P	SP
GENVOYA	P	QL(1 EA daily)
IDVYNSO TABS PO	P	
INTELENCE 200 MG *(Use etravirine)*	NF	QL(2 EA daily)
INTELENCE 25 MG	P	QL(4 EA daily)
INTELENCE 100 MG *(Use etravirine)*	NF	QL(4 EA daily)
ISENTRESS HD TABS	P	QL(2 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS PACK	P	QL(2 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)
JULUCA	P	
KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	NF	QL(4 EA daily)
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	NF	QL(6 EA daily)
lamivudine SOLN	P	QL(30 ML daily)
lamivudine TABS 150 MG	P	QL(2 EA daily)
lamivudine TABS 300 MG	P	QL(1 EA daily)
lamivudine-zidovudine	P	QL(2 EA daily)
lopinavir-ritonavir SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily)
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 EA daily)
maraviroc TABS 150 MG	P	QL(2 EA daily)
maraviroc TABS 300 MG	P	QL(4 EA daily)
nevirapine SUSP	P	QL(40 ML daily)
nevirapine TABS	P	QL(2 EA daily)
nevirapine TB24 400 MG	P	QL(1 EA daily)
NORVIR PACK	P	QL(12 EA daily)
NORVIR TABS *(Use ritonavir)*	NF	QL(12 EA daily)
ODEFSEY	P	QL(1 EA daily)
PIFELTRO	P	QL(1 EA daily)
PREZCOBIX	P	
PREZISTA SUSP	P	QL(12 ML daily)
PREZISTA TABS 800 MG *(Use darunavir)*	NF	QL(1 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 600 MG *(Use darunavir)*	NF	QL(2 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily)
RETROVIR CAPS *(Use zidovudine)*	NF	QL(6 EA daily)
RETROVIR SOLN	P	
RETROVIR SYRP *(Use zidovudine)*	NF	QL(60 ML daily)
REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)*	NF	QL(2 EA daily)
REYATAZ PACK	P	QL(6 EA daily)
rilpivirine hcl 25 MG	P	QL(1 EA daily)
ritonavir TABS	P	QL(12 EA daily)
RUKOBIA	P	
SELZENTRY SOLN	P	
SELZENTRY TABS 300 MG *(Use maraviroc)*	NF	QL(4 EA daily)
SELZENTRY TABS 150 MG *(Use maraviroc)*	NF	QL(2 EA daily)
STRIBILD	P	QL(1 EA daily)
SUNLENCA SOLN	P	SP
SUNLENCA TABS PO 300 MG	P	SP
SUNLENCA TBPK 300 MG	P	SP
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMTUZA	P	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	P	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
TROGARZO	P	SP
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TYBOST	P	QL(1 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
ZIAGEN SOLN *(Use abacavir sulfate)*	NF	QL(30 ML daily)
zidovudine CAPS	P	QL(6 EA daily)
zidovudine SYRP	P	QL(60 ML daily)
zidovudine TABS	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

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(2 EA daily)
valganciclovir hcl TABS	P	QL(2 EA daily)
Hepatitis Agents		
adefovir dipivoxil	P	
BARACLUDE TABS *(Use entecavir)*	NF	
entecavir TABS	P	
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
ribavirin (hepatitis c) CAPS	P	SP
ribavirin (hepatitis c) TABS 200 MG	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

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

Drug Name	Drug Tier	Requirements/ Limits
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NP	MP
CORGARD TABS 20 MG, 40 MG *(Use nadolol)*	NF	
HEMANGEOL SOLN PO	PA	SP; MP; PA
HEMANGEOL SOLN PO	PA	SP; MP; PA
INDERAL LA CP24 *(Use propranolol hcl)*	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
nadolol TABS 20 MG, 40 MG, 80 MG	P	MP
pindolol TABS	NP	MP
propranolol hcl CP24	P	MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	P	MP
propranolol hcl TABS	P	MP
sotalol hcl (afib/afl)	P	MP
sotalol hcl TABS	P	MP
SOTYLIZE SOLN PO	NP	MP
timolol maleate TABS	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	MP
CARDIZEM CD CP24 *(Use diltiazem hcl coated beads)*	NF	
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NF	
diltiazem hcl coated beads CP24	P	MP
diltiazem hcl extended release beads	P	MP
diltiazem hcl CP12	P	MP
diltiazem hcl CP24	P	MP
diltiazem hcl TABS	P	MP
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	MP
diltiazem hcl TB24	P	MP
felodipine	P	MP
isradipine CAPS	NP	MP
KATERZIA	NP	MP
nicardipine hcl CAPS	P	MP
nifedipine CAPS	P	MP
nifedipine TB24	P	MP
nisoldipine 8.5 MG, 17 MG, 34 MG	NP	MP
NORLIQVA SOLN	NP	MP
NORVASC TABS *(Use amlodipine besylate)*	NP	MP
NORVASC TABS 5 MG, 10 MG *(Use amlodipine besylate)*	NF	
NYMALIZE SOLN 6 MG/ML	NP	MP
PROCARDIA XL TB24 60 MG, 90 MG *(Use nifedipine)*	NF	
PROCARDIA XL TB24 30 MG, 60 MG *(Use nifedipine)*	NP	MP
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NP	MP
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	P	MP
verapamil hcl CP24	P	MP
verapamil hcl SOLN 2.5 MG/ML	P	MP
verapamil hcl TABS	P	MP
verapamil hcl TBCR	P	MP

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM CP24 *(Use verapamil hcl)*	NP	MP
VERELAN CP24 *(Use verapamil hcl)*	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	P	
digoxin TABS 125 MCG, 250 MCG	P	
LANOXIN TABS 125 MCG, 250 MCG *(Use digoxin)*	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	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 amlodipine besylate-atorvastatin calcium)*	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 amlodipine besylate-atorvastatin calcium)*	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 sacubitril-valsartan)*	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
OPSYNVI	NP	SP
sacubitril-valsartan TABS	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 tadalafil)*	PA	PA
tadalafil 5 MG	PA	PA
Prostaglandin Vasodilators		
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	NP	SP
TYVASO STARTER KIT SOLN IN	NP	SP
TYVASO SOLN IN	NP	SP
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	PA	AL(At least 18 yrs old); SP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	PA	AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	NP	SP
bosentan TABS	PA	SP; PA
bosentan TBSO 32 MG	NP	SP
LETAIRIS *(Use ambrisentan)*	NP	SP
macitentan 10 MG	NP	SP
OPSUMIT 10 MG *(Use macitentan)*	NP	SP
TRACLEER TABS *(Use bosentan)*	NP	SP
TRACLEER TBSO 32 MG *(Use bosentan)*	NF	SP
TRACLEER TBSO 32 MG *(Use bosentan)*	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	NP	SP
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP; PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP
sildenafil citrate (pulmonary hypertension) SOLN	P	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	PA	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	PA	SP; PA
tadalafil (pulmonary hypertension) TABS	NP	SP
tadalafil (pulmonary hypertension) TABS	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		
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); SP; MP
CORLANOR TABS *(Use ivabradine hcl)*	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
ivabradine hcl TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
ATTRUBY	PA	QL(4 EA daily); AL(At least 18 yrs old); SP; PA
VYNDAMAX	PA	QL(1 EA daily); AL(At least 18 yrs old); 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		

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
cephalexin CAPS 250 MG, 500 MG	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	P	
cefprozil SUSR	P	
cefprozil TABS	P	
cefuroxime axetil TABS	P	
Cephalosporins - 3rd Generation		
cefdinir CAPS	PA	PA
cefdinir SUSR	PA	PA
cefixime CAPS	NP	
cefixime SUSR	NP	
cefixime TABS	NP	
cefpodoxime proxetil SUSR	PA	PA
cefpodoxime proxetil TABS	PA	PA
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	PA	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	NF	QL(1 EA daily)
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	QL(1 EA daily)
desogestrel & ethinyl estradiol	P	QL(1 EA daily)
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 EA daily)
desogestrel-ethinyl estradiol (triphasic)	P	QL(1 EA daily)
drospirenone-ethinyl estradiol	P	QL(1 EA daily)
drospirenone-ethinyl estradiol-levomefolate calcium	P	QL(1 EA daily)
ethynodiol diacet & eth estrad	P	QL(1 EA daily)
FEMLYV TBDP	P	
levonorgestrel & eth estradiol TABS	P	QL(1 EA daily)
levonorgestrel-eth estradiol (triphasic)	P	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 EA daily)
levonorgestrel-ethinyl estradiol-iron	P	QL(1 EA daily)
LO LOESTRIN FE TABS	P	QL(1 EA daily)
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NF	QL(1 EA daily)
NATAZIA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)
norethin acet & estrad-fe CAPS	P	QL(1 EA daily)
norethin acet & estrad-fe CHEW	P	QL(1 EA daily)
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 EA daily)
norethindrone & eth estradiol	P	QL(1 EA daily)
norethindrone & ethinyl estradiol-fe	P	
norethindrone acet & eth estra TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate-ethinyl estradiol-fe	P	
norethindrone-eth estradiol (triphasic)	P	QL(1 EA daily)
norgestimate-ethinyl estradiol	P	QL(1 EA daily)
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 EA daily)
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(1 EA daily)
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	QL(1 EA daily)
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	QL(1 EA daily)
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NF	QL(1 EA daily)
TYBLUME CHEW	P	QL(1 EA daily)
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NF	QL(1 EA daily)
YAZ *(Use drospirenone-ethinyl estradiol)*	NF	QL(1 EA daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
etonogestrel-ethinyl estradiol	P	13 max fill(s) per 365 day(s) retail
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
levonorgestrel (emergency oc) 1.5 MG	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 medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	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)
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail; 1 per fill mail)
medroxyprogesterone acetate (contraceptive) SUSY IM	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

Drug Name	Drug Tier	Requirements/ Limits
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		
norethindrone (contraceptive)	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
budesonide CPEP	NP	
budesonide TB24	NP	
CORTEF TABS *(Use hydrocortisone)*	NF	
CORTISONE ACETATE TABS	P	
deflazacort SUSP	NP	SP
deflazacort TABS	NP	SP
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	P	QL(5 ML daily)
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS	P	
EMFLAZA SUSP *(Use deflazacort)*	NP	SP
EMFLAZA TABS *(Use deflazacort)*	PA	SP; PA
EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
hydrocortisone TABS	P	
MEDROL TABS *(Use methylprednisolone)*	NF	
MEDROL TBPK *(Use methylprednisolone)*	NF	
methylprednisolone TABS 4 MG, 8 MG	P	
methylprednisolone TBPK	P	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	
prednisolone sodium phosphate SOLN 5 MG/5ML	P	
prednisolone sodium phosphate SOLN 15 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ML per fill retail; 150 per fill mail)
prednisolone SOLN	P	
prednisolone TABS	P	
PREDNISONE INTENSOL CONC	P	
prednisone SOLN	P	
prednisone TABS	P	
prednisone TBEC 1 MG, 2 MG	PA	PA
prednisone TBPK	P	
UCERIS TB24 *(Use budesonide)*	NF	
Mineralocorticoids		

Drug Name	Drug Tier	Requirements/ Limits
fludrocortisone acetate TABS	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 200 MG	P	QL(1 EA daily); AL(At least 10 yrs old)
benzonatate 100 MG	P	AL(At least 10 yrs old)
dextromethorphan polistirex SUER	P	
HYCODAN SOLN *(Use hydrocodone bitartrate-homatropine methylbromide)*	NF	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide SOLN	P	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph ELIX	P	QL(120 ML per fill retail; 120 per fill mail)
brompheniramine & pseudoeph ELIX	P	QL(120 ML per fill retail; 120 per fill mail)
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	P	QL(120 ML per fill retail; 120 per fill mail)
cetirizine-pseudoephedrine	NP	
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 *(Use loratadine & pseudoephedrine)*	NF	
CLARITIN-D 24 HOUR TB24 *(Use loratadine & pseudoephedrine)*	NF	
dextromethorphan-doxylamine-acetaminophen LIQD	P	
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	P	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	P	
dextromethorphan-guaifenesin TB12 600 MG-30 MG	P	
dextromethorphan-phenylephrine-acetaminophen CAPS	P	
fexofenadine-pseudoephedrine TB12	NP	
fexofenadine-pseudoephedrine TB24	NP	
guaifenesin-codeine SOLN	P	QL(240 ML per fill retail; 240 per fill mail)
LOHIST-D LIQD	P	
loratadine & pseudoephedrine TB12	P	
loratadine & pseudoephedrine TB24	P	
MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	P	QL(120 ML per fill retail; 120 per fill mail)
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	P	
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
phenylephrine-dm SOLN	P	QL(240 ML per fill retail; 240 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML	P	
promethazine & phenylephrine SYRP	P	
promethazine w/codeine SOLN	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
promethazine-dm SYRP	P	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	P	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	P	
pseudoephedrine-ibuprofen TABS	P	
Expectorants		
GERI-TUSSIN SYRP	P	
guaifenesin LIQD	P	
guaifenesin TB12	P	
Misc. Respiratory Inhalants		
NEBUSAL NEBU 3 %, 6 % *(Use sodium chloride (inhalant))*	NF	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	P	
Mucolytics		
acetylcysteine SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA 10 MG, 20 MG, 40 MG *(Use isotretinoin)*	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
ACANYA GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	AL(Up to 20 yrs old)
ACZONE *(Use dapsone (topical))*	NF	AL(Up to 20 yrs old)
adapalene-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)
adapalene CREA	NP	AL(Up to 20 yrs old)
adapalene GEL	NP	AL(Up to 20 yrs old)
adapalene GEL	P	AL(Up to 20 yrs old); RX/OTC
AKLIEF	NP	AL(Up to 20 yrs old)
ATRALIN GEL *(Use tretinoin)*	NF	AL(Up to 20 yrs old)
AVAR CLEANSER LIQD 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
AVAR LS CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
AVAR-E EMOLLIENT CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
AVAR-E LS CREA *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NF	AL(Up to 20 yrs old)
benzoyl peroxide BAR	P	
benzoyl peroxide CREA 10 %	P	
benzoyl peroxide-erythromycin GEL	P	AL(Up to 20 yrs old)
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide LIQD 4 %	P	
benzoyl peroxide LIQD 5 %, 10 %	P	AL(Up to 20 yrs old)
benzoyl peroxide LOTN 5 %, 10 %	P	AL(Up to 20 yrs old)
BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	AL(Up to 20 yrs old)
clindamycin phosphate (topical) FOAM	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) LOTN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	P	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)
clindamycin phosphate-tretinoin	NP	AL(Up to 20 yrs old)
dapsone (topical)	NP	AL(Up to 20 yrs old)
DIFFERIN CREA *(Use adapalene)*	NP	AL(Up to 20 yrs old)
DIFFERIN GEL 0.1 % *(Use adapalene)*	NF	AL(Up to 20 yrs old); RX/OTC
DIFFERIN GEL *(Use adapalene)*	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NF	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)
erythromycin (acne aid) GEL	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) PADS	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) SOLN	NP	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
KLARON *(Use sulfacetamide sodium (acne))*	NF	AL(Up to 20 yrs old)
ONEXTON GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	AL(Up to 20 yrs old)
PLEXION CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
PLEXION LOTN *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
RETIN-A MICRO *(Use tretinoin microsphere)*	NF	
RETIN-A MICRO PUMP 0.08 % *(Use tretinoin microsphere)*	NF	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP *(Use tretinoin microsphere)*	NF	
RETIN-A CREA *(Use tretinoin)*	NF	AL(Up to 20 yrs old)
RETIN-A GEL *(Use tretinoin)*	NF	AL(Up to 20 yrs old)
SSS 10-5 CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SSS 10-5 FOAM 10 %-5 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium (acne)	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LIQD	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	P	QL(60 GM per fill retail; 60 per fill mail)
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	P	QL(30 GM per fill retail; 30 per fill mail)
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
SULFACLEANSE 8/4 SUSP 8 %-4 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
SULFAMEZ WASH EMUL 10 %-1 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(Up to 20 yrs old)
SUMADAN	NP	AL(Up to 20 yrs old)
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	AL(Up to 20 yrs old)
SUMAXIN CP	NP	
SUMAXIN PADS	NP	AL(Up to 20 yrs old)
TAZAROTENE FOAM	NP	
tretinoin microsphere 0.08 %	NP	AL(Up to 20 yrs old)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	P	AL(Up to 20 yrs old)
tretinoin GEL 0.01 %, 0.025 %	P	AL(Up to 20 yrs old)
tretinoin GEL 0.05 %	NP	AL(Up to 20 yrs old)
TWYNEO	NP	AL(Up to 20 yrs old)
WINLEVI	NP	AL(Up to 20 yrs old)
ZIANA *(Use clindamycin phosphate-tretinoin)*	NF	AL(Up to 20 yrs old)
Antibiotics - Topical		
bacitracin (topical) OINT	P	QL(30 EA per fill retail; 30 per fill mail)
bacitracin zinc OINT	P	QL(30 EA per fill retail; 30 per fill mail)
bacitracin-polymyxin b OINT	P	
CENTANY AT KIT	NP	
gentamicin sulfate (topical) CREA	P	QL(30 GM per fill retail; 30 per fill mail)
gentamicin sulfate (topical) OINT	P	QL(30 GM per fill retail; 30 per fill mail)
mupirocin calcium (topical)	NP	
mupirocin OINT	P	
neomycin-bacitracin-polymyxin OINT	P	QL(30 EA per fill retail; 30 per fill mail)
neomycin-polymyxin w/ pramoxine	P	QL(30 GM per fill retail; 30 per fill mail)
XEPI	NP	
Antifungals - Topical		
clotrimazole (topical) CREA	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
clotrimazole (topical) SOLN	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) CREA 0.5 %	P	
fluorouracil (topical) CREA 5 %	P	QL(40 GM per fill retail; 40 per fill mail)
fluorouracil (topical) SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
VALCHLOR	P	SP; PA
Antipruritics - Topical		
camphor & menthol LOTN	P	QL(222 ML per fill retail; 222 per fill mail)
doxepin hcl (antipruritic)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
PRUDOXIN *(Use doxepin hcl (antipruritic))*	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
ZONALON *(Use doxepin hcl (antipruritic))*	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
Antipsoriatics		
BIMZELX SOAJ	NP	SP
BIMZELX SOSY	NP	SP
calcipotriene CREA	P	QL(60 GM per fill retail; 60 per fill mail)
calcipotriene CREA	P	QL(120 GM per fill retail; 120 per fill mail)
CALCIPOTRIENE FOAM	P	
calcipotriene OINT	P	
calcipotriene SOLN	P	
calcitriol (topical)	NP	
COSENTYX (300 MG DOSE) SOSY	NP	QL(0.072 ML daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY (300 MG) SOAJ	NP	QL(0.072 ML daily); SP
COSENTYX SENSOREADY PEN SOAJ	NP	QL(0.072 ML daily); SP
COSENTYX UNOREADY SOAJ	NP	QL(0.072 ML daily); SP
COSENTYX SOLN	NP	SP
COSENTYX SOSY 75 MG/0.5ML	NP	QL(0.036 ML daily); SP
COSENTYX SOSY 150 MG/ML	NP	QL(0.072 ML daily); SP
ICOTYDE TABS PO 200 MG	NP	SP
ILUMYA	NP	SP
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
OTULFI SOLN SC 45 MG/0.5ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	PA	SP; PA
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	PA	SP; PA
SKYRIZI PEN SOAJ	NP	SP
SKYRIZI SOSY	NP	
SKYRIZI SOSY	NP	SP
SORILUX FOAM	NP	
SOTYKTU	NP	SP
SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 12 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 12 yrs old); SP
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	PA	SP; PA
STELARA SOSY	NP	QL(0.018 ML daily); SP
STEQEYMA SC	NP	SP
STEQEYMA	NP	SP
TALTZ SOAJ	PA	SP; PA
TALTZ SOSY	PA	SP; PA
tazarotene CREA	NP	AL(Up to 20 yrs old)
tazarotene GEL	NP	AL(Up to 20 yrs old)
TAZORAC CREA *(Use tazarotene)*	NF	AL(Up to 20 yrs old)
TAZORAC GEL *(Use tazarotene)*	NF	AL(Up to 20 yrs old)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	QL(0.018 ML daily); SP
USTEKINUMAB-TTWE SC	NP	SP
USTEKINUMAB-TTWE	NP	SP
VECTICAL *(Use calcitriol (topical))*	NP	
VTAMA	NP	
YESINTEK SOLN 45 MG/0.5ML	NP	SP
YESINTEK SOSY	NP	SP
Antiseborrheic Products		
OVACE PLUS WASH GEL *(Use sulfacetamide sodium)*	NF	
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NF	AL(Up to 20 yrs old)
OVACE WASH LIQD *(Use sulfacetamide sodium)*	NF	AL(Up to 20 yrs old)
selenium sulfide LOTN 1 %	P	QL(240 ML per fill retail; 240 per fill mail)
selenium sulfide LOTN 2.5 %	P	QL(120 ML per fill retail; 120 per fill mail)
selenium sulfide SHAM 1 %	P	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
SELSUN BLUE LOTN *(Use selenium sulfide)*	NF	QL(240 ML per fill retail; 240 per fill mail)
sulfacetamide sodium GEL	NP	
sulfacetamide sodium LIQD	NP	AL(Up to 20 yrs old)
Antivirals - Topical		
acyclovir topical CREA	NP	
acyclovir topical OINT	P	
DENAVIR *(Use penciclovir)*	NF	
docosanol	P	
penciclovir	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX CREA *(Use acyclovir topical)*	NF	
ZOVIRAX OINT *(Use acyclovir topical)*	NF	
Burn Products		
SILVADENE *(Use silver sulfadiazine)*	NF	QL(50 GM per fill retail; 50 per fill mail)
silver sulfadiazine	P	QL(50 GM per fill retail; 50 per fill mail)
Corticosteroids - Topical		
alclometasone dipropionate CREA	NP	
alclometasone dipropionate OINT	NP	
APEXICON E CREA	NP	
betamethasone dipropionate (topical) CREA	P	
betamethasone dipropionate (topical) LOTN	P	
betamethasone dipropionate (topical) OINT	P	
betamethasone dipropionate augmented CREA	P	
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	NP	
betamethasone dipropionate augmented OINT	NP	
betamethasone valerate CREA	NP	
betamethasone valerate FOAM	NP	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate LOTN	NP	
betamethasone valerate OINT	NP	
calcipotriene-betamethasone dipropionate OINT	NP	
calcipotriene-betamethasone dipropionate SUSP	NP	
clobetasol propionate emollient base 0.05 %	NP	
clobetasol propionate emulsion	NP	
clobetasol propionate CREA 0.05 %	P	
clobetasol propionate FOAM	NP	
clobetasol propionate GEL 0.05 %	P	
clobetasol propionate LIQD	NP	
clobetasol propionate LOTN	NP	
clobetasol propionate OINT 0.05 %	P	
clobetasol propionate SHAM	NP	
clobetasol propionate SOLN 0.05 %	P	
CLOBEX SPRAY LIQD *(Use clobetasol propionate)*	NP	
CLOBEX LOTN 0.05 % *(Use clobetasol propionate)*	NF	
CLOBEX SHAM *(Use clobetasol propionate)*	NP	
clocortolone pivalate	NP	
CLODERM *(Use clocortolone pivalate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NP	
desonide CREA	NP	
desonide LOTN	NP	
desonide OINT	NP	
desoximetasone CREA	NP	
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	NP	
diflorasone diacetate CREA	NP	QL(60 GM per fill retail; 60 per fill mail)
diflorasone diacetate CREA	NP	QL(30 GM per fill retail; 30 per fill mail)
diflorasone diacetate OINT	NP	
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NF	
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	P	
fluocinolone acetonide CREA	NP	
fluocinolone acetonide OIL	NP	
fluocinolone acetonide OINT	NP	
fluocinolone acetonide SOLN	P	
fluocinonide emulsified base	NP	
fluocinonide CREA	P	
fluocinonide GEL	NP	
fluocinonide OINT	P	
fluocinonide SOLN	P	
flurandrenolide LOTN	NP	
fluticasone propionate CREA 0.05 %	P	
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	P	
halcinonide CREA	NP	
halcinonide SOLN 0.1 %	NP	
halobetasol propionate CREA	P	
halobetasol propionate FOAM	NP	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP	
halobetasol propionate OINT	P	
HALOG CREA *(Use halcinonide)*	NP	
HALOG CREA *(Use halcinonide)*	NF	
HALOG SOLN 0.1 % *(Use halcinonide)*	NP	
hydrocortisone (topical) CREA	P	RX/OTC
hydrocortisone (topical) LOTN 2.5 %	NP	
hydrocortisone (topical) LOTN 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
hydrocortisone (topical) OINT	P	RX/OTC
hydrocortisone (topical) OINT	P	
hydrocortisone acetate (topical) OINT	P	
HYDROCORTISONE ACETATE CREA	P	
hydrocortisone butyrate CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate OINT	NP	
hydrocortisone butyrate SOLN	NP	
HYDROCORTISONE COMPLETE KIT THPK	NP	
hydrocortisone valerate CREA	P	
hydrocortisone valerate OINT	NP	
HYDROCORTISONE GEL 2 %	NP	
LEXETTE FOAM *(Use halobetasol propionate)*	NP	
LEXETTE FOAM *(Use halobetasol propionate)*	NF	
mometasone furoate CREA	P	
mometasone furoate OINT	P	
mometasone furoate SOLN	P	
PANDEL	NP	
SYNALAR CREA *(Use fluocinolone acetonide)*	NP	
SYNALAR OINT *(Use fluocinolone acetonide)*	NP	
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	P	
TOPICORT SPRAY LIQD *(Use desoximetasone)*	NP	
TOPICORT CREA *(Use desoximetasone)*	NP	
TOPICORT GEL *(Use desoximetasone)*	NP	
TOPICORT OINT *(Use desoximetasone)*	NP	
TOPICORT OINT 0.05 % *(Use desoximetasone)*	NF	
triamcinolone acetonide (topical) CREA	P	
triamcinolone acetonide (topical) LOTN	P	
triamcinolone acetonide (topical) OINT	P	
ULTRAVATE LOTN	NP	
ULTRAVATE LOTN	NP	
VANOS CREA *(Use fluocinonide)*	NF	
Diaper Rash Products		
diaper rash products OINT	P	
Eczema Agents		
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	PA	AL(At least 12 yrs old); SP; PA
EBGLYSS SOSY	PA	AL(At least 12 yrs old); SP; PA
OPZELURA	NP	
Emollient/Keratolytic Agents		
GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
urea CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
urea LOTN 40 %	P	QL(240 GM per fill retail; 240 per fill mail)
UREDEB CREA 39 % *(Use urea)*	NF	
UREMEZ-40 CREA 40 % *(Use urea)*	NF	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
Emollients		
emollient OINT	P	
EUCERIN INTENSIVE REPAIR OINT	P	
GOLD BOND ULTIMATE HEALING OINT	P	
lactic acid (ammonium lactate) CREA	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	P	QL(13.34 GM daily); RX/OTC
Immunomodulating Agents - Systemic		
NEMLUVIO	PA	AL(At least 18 yrs old); SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)
pimecrolimus	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.03 %	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.1 %	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	P	QL(4 ML per fill retail; 4 per fill mail)
RAYASAL CREA	NP	
Liniments		
ASPERCREME/ALOE CREA *(Use trolamine salicylate)*	NF	
camphor-menthol-methyl salicylate CREA	P	QL(1017 GM per fill retail; 1017 per fill mail)
camphor-menthol-methyl salicylate CREA	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)
camphor-menthol-methyl salicylate GEL	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)
camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %	NP	QL(4 EA daily)
SPORTSCREME CREA *(Use trolamine salicylate)*	NF	
trolamine salicylate CREA	NP	QL(85 GM per fill retail; 85 per fill mail)
Local Anesthetics - Topical		
AGONEAZE KIT 2.5 %-2.5 % *(Use lidocaine-prilocaine)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)
capsaicin CREA 0.1 %	P	QL(127.5 GM per fill retail; 127.5 per fill mail)
capsaicin CREA 0.075 %	P	QL(57 GM per fill retail; 57 per fill mail)
capsaicin CREA 0.025 %	P	QL(60 GM per fill retail; 60 per fill mail)
capsaicin PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
capsaicin PTCH	P	QL(30 EA per fill retail; 30 per fill mail)
CAPZASIN-HP CREA *(Use capsaicin)*	NF	QL(127.5 GM per fill retail; 127.5 per fill mail)
CAPZASIN-P CREA 0.035 % *(Use capsaicin)*	NF	
COLLAVERA GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
dibucaine	P	QL(30 GM per fill retail; 30 per fill mail)
LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
LIDO BDK KIT 2.5 %-2.5 % *(Use lidocaine-prilocaine)*	NF	
lidocaine hcl CREA 3 %	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC
lidocaine hcl CREA 4 %	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
lidocaine hcl CREA 4 %	NP	QL(30 GM per fill retail; 30 per fill mail)
lidocaine hcl CREA 4 %	NP	QL(60 GM per fill retail; 60 per fill mail)
lidocaine hcl CREA 3 %	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
lidocaine hcl GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
lidocaine hcl LIQD	NP	
lidocaine hcl PRSY	P	QL(30 ML per fill retail; 30 per fill mail)
lidocaine hcl SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
lidocaine CREA 4 %	P	QL(5 GM per fill retail; 5 per fill mail)
lidocaine CREA 4 %	P	QL(15 GM per fill retail; 15 per fill mail)
lidocaine CREA 4 %	P	QL(30 GM per fill retail; 30 per fill mail)
lidocaine CREA 4 %	P	QL(28 GM per fill retail; 28 per fill mail)
lidocaine CREA 4 %	P	QL(119 GM per fill retail; 119 per fill mail)
lidocaine CREA 4 %	P	QL(60 GM per fill retail; 60 per fill mail)
lidocaine CREA 4 %	P	QL(58.5 GM per fill retail; 58.5 per fill mail)
lidocaine-menthol PTCH 4 %-4 %	NP	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
lidocaine OINT 5 %	P	QL(35.44 GM per fill retail; 35.44 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine OINT 5 %	P	QL(50 GM per fill retail; 50 per fill mail)
lidocaine OINT 5 %	P	QL(30 GM per fill retail; 30 per fill mail)
lidocaine-prilocaine CREA	P	
lidocaine-prilocaine KIT	P	
lidocaine PTCH 4 %	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)
lidocaine PTCH 5 %	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
LIDODERM PTCH *(Use lidocaine)*	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDODERM PTCH *(Use lidocaine)*	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
LIDOPIN CREA 3 % *(Use lidocaine hcl)*	NF	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
LIVIXIL PAK KIT 2.5 %-2.5 % *(Use lidocaine-prilocaine)*	NF	
PLIAGLIS CREA	NP	
PREMIUM LIDOCAINE OINT 5 % *(Use lidocaine)*	NF	QL(30 GM per fill retail; 30 per fill mail)
PRILOVIX PLUS KIT 2.5 %-2.5 % *(Use lidocaine-prilocaine)*	NF	
PRILOVIX KIT 2.5 %-2.5 % *(Use lidocaine-prilocaine)*	NF	
PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)
QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 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)
SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC
ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
Misc. Topical		
CERAVE THERAPEUTIC HAND CREAM CREA	P	
dimethicone (topical) CREA 1 %	P	
zinc oxide (topical) OINT 20 %	P	QL(60 GM per fill retail; 60 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	PA	PA
ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
ZORYVE CREA EX 0.3 %	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZORYVE CREA EX 0.15 %	NP	AL(At least 6 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	
COPPERTONE GLOW PROTECT & TAN LOTN	P	
COPPERTONE GLOW SHIMMER SPF15 LOTN	P	
COPPERTONE GLOW SHIMMER SPF30 LOTN	P	
COPPERTONE GLOW SHIMMER SPF50 LOTN	P	
COPPERTONE KIDS PURE & SIMPLE LOTN	P	
COPPERTONE LIMITED EDITION LOTN	P	
COPPERTONE OIL FREE FACE SPF30 LOTN	P	
COPPERTONE OIL FREE FACE SPF50 LOTN	P	
COPPERTONE PURE & SIMPLE FACE LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P	
COPPERTONE SPORT CLEAR LOTN	P	
COPPERTONE TANNING SPF 8 LOTN	P	
COPPERTONE TANNING SPF15 LOTN	P	
COPPERTONE ULTRAGUARD SPF70+ LOTN	P	
COPPERTONE WATERBABIES SPF50 LOTN	P	
EUCERIN REDNESS RELIEF DAY LOTN	P	
KERI AGE DEFY & PROTECT LOTN	P	
SPORT SUNSCREEN SPF50 LOTN	P	
sunscreens LOTN	P	
WATER BABIES SPF50 LOTN *(Use sunscreens)*	NF	
Rosacea Agents		
METROCREAM CREA *(Use metronidazole (topical))*	NF	QL(45 GM per fill retail; 45 per fill mail)
METROGEL GEL 1 % *(Use metronidazole (topical))*	NF	
metronidazole (topical) CREA	P	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) GEL 0.75 %	P	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) LOTN	P	
Scabicides & Pediculicides		
crotamiton LOTN	NP	
ELIMITE CREA *(Use permethrin)*	NF	
ivermectin (pediculicide)	NP	
malathion	NP	
NATROBA *(Use spinosad)*	P	
OVIDE *(Use malathion)*	NP	
permethrin CREA	P	
PERMETHRIN CREA 5 % *(Use permethrin)*	P	
permethrin LIQD EX	P	

Drug Name	Drug Tier	Requirements/ Limits
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	
spinosad	P	
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
VANALICE GEL	NP	
Tar Products		
coal tar extract SHAM 0.5 %	P	
Wound Care Products		
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
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
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
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
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
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
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
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
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
CVS KETONE CARE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
EASYGLUCO 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
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
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
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
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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 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 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 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 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 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 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 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 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 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

Drug Name	Drug Tier	Requirements/ Limits
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 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 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
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
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
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
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
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
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
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
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
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
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
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
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
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
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
GOJJI BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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
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
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
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
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
KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KETOSTIX STRP	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
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
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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
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
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
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
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
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
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
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
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
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
PRECISION XTRA KETONE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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 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 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
RELION KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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
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
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
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
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
TRUE METRIX PRO 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
TRUENESS BLOOD 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
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 PRODUCTS		
Dietary Management Products		
ELFOLATE TABS	P	
l-methylfolate TABS 7.5 MG, 15 MG	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	P	
acetazolamide TABS	P	
methazolamide TABS	P	
Diuretic Combinations		
amiloride & hydrochlorothiazide	P	QL(1 EA daily)
spironolactone & hydrochlorothiazide	P	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 EA daily)
triamterene & hydrochlorothiazide TABS	P	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS	P	
BUMEX TABS 0.5 MG *(Use bumetanide)*	NF	
furosemide SOLN IJ 10 MG/ML	P	
FUROSEMIDE SOLN IJ	P	
furosemide TABS	P	
LASIX TABS *(Use furosemide)*	NF	
SOAANZ TABS 20 MG	P	QL(1 EA daily)
torsemide TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NF	
amiloride hcl TABS	P	QL(4 EA daily)
spironolactone TABS	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	
hydrochlorothiazide CAPS	P	
hydrochlorothiazide TABS	P	
indapamide TABS 1.25 MG, 2.5 MG	P	
metolazone	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG *(Use risedronate sodium)*	NF	
ACTONEL TABS 35 MG, 150 MG *(Use risedronate sodium)*	NP	
alendronate sodium SOLN	NP	
alendronate sodium TABS 10 MG, 35 MG, 70 MG	P	
ATELVIA TBEC *(Use risedronate sodium)*	NP	
AUKELSO SOLN SC 120 MG/1.7ML	NP	SP
BILDYOS SOSY SC 60 MG/ML	NP	SP
BILPREVDA SOLN SC 120 MG/1.7ML	NP	SP
BINOSTO TBEF	NP	
BOMYNTRA SOLN SC 120 MG/1.7ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BOMYNTRA SOSY SC 120 MG/1.7ML	NP	SP
BONSITY SOPN 560 MCG/2.24ML	PA	PA
BOSAYA SOSY SC 60 MG/ML	NP	SP
calcitonin (salmon) IJ	NP	
calcitonin (salmon) NA	P	
CONEXXENCE SOSY SC 60 MG/ML	NP	SP
ENOBY SOSY SC 60 MG/ML	PA	SP; PA
EVENITY	PA	SP; PA
FORTEO SOPN *(Use teriparatide)*	PA	PA
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NP	
ibandronate sodium SOLN	NP	SP
ibandronate sodium TABS	P	
JUBBONTI SOSY SC 60 MG/ML	NP	SP
JUBEREQ SOLN SC 120 MG/1.7ML	NP	SP
MIACALCIN IJ *(Use calcitonin (salmon))*	NP	
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
OSVYRTI SOSY SC 60 MG/ML	NP	SP
PROLIA SOSY	NP	SP
risedronate sodium TABS	P	
risedronate sodium TBEC	NP	
STOBOCLO SOSY SC 60 MG/ML	NP	SP
teriparatide SOPN	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	SP; PA
WYOST SOLN SC 120 MG/1.7ML	NP	SP
XGEVA SOLN	NP	SP
XTRENBO SOLN SC 120 MG/1.7ML	PA	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	PA	SP; PA
Growth Hormone Receptor Antagonists		
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
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 EA daily)
raloxifene hcl	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
SUPPRELIN LA	PA	SP; PA
SYNAREL	PA	SP; PA
TRIPTODUR	PA	SP; PA
Menopausal Symptoms Suppressants		
LYNKUET CAPS PO 60 MG	PA	QL(2 EA daily); PA
VEOZAH	PA	QL(1 EA daily); PA
Metabolic Modifiers		
BRINEURA	PA	AL(At least 3 yrs old); SP; PA
calcitriol CAPS	P	
CARNITOR SF SOLN PO *(Use levocarnitine (metabolic modifiers))*	NF	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	NF	QL(30 ML daily)
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	NF	QL(3 EA daily)
ELFABRIO	PA	AL(At least 18 yrs old); SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	P	QL(30 ML daily)
levocarnitine (metabolic modifiers) TABS	P	QL(3 EA daily)
RAYALDEE	PA	AL(At least 18 yrs old); PA
ROCALTROL CAPS *(Use calcitriol)*	NF	
STRENSIQ	PA	SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); PA
XPHOZAH	NP	SP
YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
Natriuretic Peptides		
VOXZOGO	PA	AL(Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(Use desmopressin acetate)*	NF	SP; PA
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	NF	SP; PA
DDAVP TABS *(Use desmopressin acetate)*	NF	QL(3 EA daily)
desmopressin acetate spray	P	QL(5 ML per fill retail; 5 per fill mail); PA
desmopressin acetate spray refrigerated 0.01 %	P	QL(5 ML per fill retail; 5 per fill mail)
desmopressin acetate SOLN IJ	P	SP; PA
desmopressin acetate TABS	P	QL(3 EA daily)
Somatostatic Agents		
octreotide acetate KIT	P	SP; PA
SANDOSTATIN LAR DEPOT KIT *(Use octreotide acetate)*	NF	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG *(Use tolvaptan)*	NF	SP; PA
tolvaptan TBPK 15 MG	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
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 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

Drug Name	Drug Tier	Requirements/ Limits
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 EA 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
Gallstone Solubilizing Agents		
chenodiol	PA	AL(At least 18 yrs old); SP; PA
URSO 250 TABS *(Use ursodiol)*	NF	QL(7 EA daily)
ursodiol CAPS	P	QL(3 EA daily)
ursodiol TABS 250 MG	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NP	QL(2 EA daily)
lubiprostone	PA	QL(2 EA daily); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); SP; PA
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
REGLAN TABS *(Use metoclopramide hcl)*	NF	
Hepatotropics		
REZDIFFRA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	PA	SP; PA
BYLVAY CAPS	PA	SP; PA
LIVMARLI	PA	SP; PA
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	PA	SP; PA
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	
AVSOLA	PA	SP; PA
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NP	
AZULFIDINE TABS *(Use sulfasalazine)*	NP	
balsalazide disodium CAPS	NP	
CANASA SUPP *(Use mesalamine)*	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
CIMZIA (2 SYRINGE) PSKT	PA	SP; PA
CIMZIA KIT	PA	SP; PA
CIMZIA-STARTER PSKT	PA	SP; PA
COLAZAL CAPS *(Use balsalazide disodium)*	NF	
DELZICOL CPDR *(Use mesalamine)*	NF	
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	SP
ENTYVIO SOLR	NP	SP
IMULDOSA SOLN IV 130 MG/26ML	NP	SP
INFLECTRA SOLR	PA	SP; PA
INFLIXIMAB	PA	SP; PA
LIALDA TBEC *(Use mesalamine)*	NP	
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine w/ cleanser	NP	
mesalamine CP24	P	
mesalamine CPCR	NP	
mesalamine CPDR	NP	
mesalamine ENEM	NP	
mesalamine SUPP	P	
mesalamine TBEC 1.2 GM	P	
mesalamine TBEC 800 MG	NP	
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 *(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	PA	SP; PA
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
VELSIPITY	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		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	QL(2 EA daily)
alosetron hcl	PA	QL(2 EA daily); PA
IBSRELA	NP	
LINZESS	PA	QL(1 EA daily); PA
LOTRONEX *(Use alosetron hcl)*	PA	QL(2 EA daily); PA
VIBERZI	PA	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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 ferric citrate)*	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	P	RX/OTC
calcium acetate (phosphate binder) TABS	NP	RX/OTC
ferric citrate	NP	
FOSRENOL CHEW *(Use lanthanum carbonate)*	NP	
FOSRENOL PACK	NP	
lanthanum carbonate CHEW	NP	
RENVELA PACK *(Use sevelamer carbonate)*	NP	
RENVELA TABS *(Use sevelamer carbonate)*	NF	
RENVELA TABS *(Use sevelamer carbonate)*	NP	
sevelamer carbonate PACK	P	
sevelamer carbonate TABS	P	
sevelamer hcl	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	
potassium citrate (alkalinizer) TBCR	P	
sodium citrate & citric acid	P	RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NF	
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	NF	
Genitourinary Irrigants		
ARGYLE STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
CURITY STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
sodium chloride (gu irrigant) 0.9 %	P	
Hyperoxaluria Agents		
OXLUMO	PA	SP; PA
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		
alfuzosin hcl	P	
AVODART *(Use dutasteride)*	NF	
CARDURA XL	NP	MP
dutasteride	P	
dutasteride-tamsulosin hcl	NP	

Drug Name	Drug Tier	Requirements/ Limits
finasteride	P	
JALYN *(Use dutasteride-tamsulosin hcl)*	NF	
PROSCAR *(Use finasteride)*	NP	
RAPAFLO *(Use silodosin)*	NF	
silodosin	NP	
tamsulosin hcl	P	
UROXATRAL *(Use alfuzosin hcl)*	NF	
Urinary Analgesics		
phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	
Gout Agents		
allopurinol 100 MG, 300 MG	P	
allopurinol 200 MG	NP	
colchicine CAPS	NP	QL(2 EA daily); AL(At least 18 yrs old)
colchicine TABS	PA	PA
febuxostat	P	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS *(Use colchicine)*	NP	QL(2 EA daily); AL(At least 18 yrs old)
ULORIC *(Use febuxostat)*	NP	
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
Antihemophilic Products		
ADVATE	PA	SP; PA
ADYNOVATE	PA	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	PA	SP; PA
ALHEMO	PA	AL(At least 12 yrs old); SP; PA
ALPHANATE SOLR	PA	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	PA	SP; PA
ALPROLIX	PA	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	SP; PA
BENEFIX KIT	PA	SP; PA
BEQVEZ	PA	AL(At least 18 yrs old); SP; PA
COAGADEX	PA	SP; PA
CORIFACT	PA	SP; PA
ELOCTATE	PA	SP; PA
ESPEROCT	PA	SP; PA
FEIBA	PA	SP; PA
HEMGENIX	PA	AL(At least 18 yrs old); SP; PA
HEMLIBRA	PA	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	SP; PA
HUMATE-P SOLR	PA	SP; PA
HYMPAVZI	PA	SP; PA
IDELVION	PA	SP; PA
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	PA	SP; PA
JIVI	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
KCENTRA	PA	SP; PA
KOATE-DVI SOLR 1000 UNIT	PA	SP; PA
KOATE SOLR	PA	SP; PA
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	SP; PA
KOVALTRY	PA	SP; PA
NOVOEIGHT	PA	SP; PA
NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); SP; PA
NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	SP; PA
NUWIQ KIT	PA	SP; PA
NUWIQ SOLR	PA	SP; PA
OBIZUR	PA	SP; PA
PROFILNINE	PA	SP; PA
QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); 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
RIXUBIS SOLR	PA	SP; PA
ROCTAVIAN	PA	AL(At least 18 yrs old); 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 icatibant acetate)*	NP	SP
icatibant acetate SOSY	PA	SP; PA
Complement Inhibitors		
BERINERT KIT	PA	SP; PA
CINRYZE SOLR IV	NP	SP
HAEGARDA SOLR SC	PA	SP; PA
RUCONEST	NP	SP
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		
pentoxifylline	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	PA	SP; PA
TAKHZYRO SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NP	
anagrelide hcl	NP	
aspirin-dipyridamole	P	

Drug Name	Drug Tier	Requirements/ Limits
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	NP	QL(2 EA daily)
cilostazol	P	
clopidogrel bisulfate	P	
dipyridamole	P	
EFFIENT *(Use prasugrel hcl)*	NP	QL(1 EA daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NP	
prasugrel hcl	PA	QL(1 EA daily); PA
ticagrelor 60 MG, 90 MG	PA	QL(2 EA daily); PA
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	NP	SP
Pyruvate Kinase Activators		
AQVESME TABS 100 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
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		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
miglustat	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA *(Use miglustat)*	NF	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	PA	AL(At least 12 yrs old); SP; PA
DROXIA CAPS	P	
LYFGENIA	PA	AL(At least 12 yrs old); SP; PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	P	
Folic Acid/Folates		
folic acid TABS 1 MG	P	RX/OTC
folic acid TABS 400 MCG, 800 MCG	P	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	PA	AL(At least 4 yrs old); SP; PA
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 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
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
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
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
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) 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
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
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
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
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA
EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 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
EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 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
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	QL(8.5 ML daily); SP
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP
GRANIX SOSY	NP	QL(0.8 ML daily); SP
LEUKINE SOLR IJ	NP	SP
MIRCERA	NP	SP
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); 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
NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA
NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA
NIVESTYM SOLN	NP	QL(8.5 ML daily); SP
NIVESTYM SOSY	NP	QL(8.5 ML daily); SP
NYPOZI	NP	QL(8.5 ML daily); SP
NYVEPRIA	PA	SP; PA
PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 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

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT 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
PROCRIT 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
PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP
REBLOZYL	NP	AL(At least 18 yrs old); SP
RELEUKO SOSY	NP	QL(8.5 ML daily); SP
RETACRIT	PA	SP; PA
ROLVEDON	NP	SP
RYZNEUTA SOSY SC 20 MG/ML	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
VAFSEO 300 MG	NP	QL(2 EA daily); SP
VAFSEO 150 MG	NP	QL(4 EA daily); SP
ZARXIO	NP	QL(8.5 ML daily); SP
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FERRETTS TABS	P	QL(2 EA daily)
ferrous fumarate TABS	P	
ferrous gluconate TABS	P	
ferrous gluconate TABS 324 MG	P	AL(Up to 50 yrs old)
ferrous sulfate dried TBCR	P	
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	P	QL(3.4 ML daily)
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	P	QL(16 ML daily)
ferrous sulfate TABS	P	
ferrous sulfate TBEC	P	
IRON CHEWS PEDIATRIC CHEW	P	
iron sucrose 20 MG/ML	P	
polysaccharide iron complex CAPS	P	QL(1 EA daily)
VENOFER 20 MG/ML *(Use iron sucrose)*	NF	
Stem Cell Mobilizers		
MOZOBIL *(Use plerixafor)*	NF	SP; PA
plerixafor	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		
aminocaproic acid TABS 500 MG	P	QL(24 EA per fill retail; 24 per fill mail); SP

Drug Name	Drug Tier	Requirements/ Limits
tranexamic acid TABS	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		
diphenhydramine hcl (sleep) CAPS	P	
diphenhydramine hcl (sleep) LIQD	P	
diphenhydramine hcl (sleep) TABS 50 MG	P	
diphenhydramine hcl (sleep) TABS 25 MG	P	QL(1 EA daily)
doxylamine succinate (sleep)	P	
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM	P	
phenobarbital sodium SOLN	P	
phenobarbital ELIX	P	
phenobarbital TABS	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	QL(1 EA daily); AL(At least 18 yrs old)
SILENOR *(Use doxepin hcl (sleep))*	NF	QL(1 EA daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN CR TBCR 6.25 MG *(Use zolpidem tartrate)*	NF	
AMBIEN TABS *(Use zolpidem tartrate)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
DORAL *(Use quazepam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
estazolam	P	QL(1 EA daily); AL(At least 18 yrs old)
eszopiclone	P	QL(1 EA daily); AL(At least 18 yrs old)
flurazepam hcl	NP	QL(1 EA daily); AL(At least 18 yrs old)
HALCION 0.25 MG *(Use triazolam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
HALCION 0.25 MG *(Use triazolam)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
LUNESTA *(Use eszopiclone)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
midazolam hcl SOLN IJ	P	
MIDAZOLAM HCL SOLN IJ	P	
midazolam hcl SYRP	P	
quazepam	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL *(Use temazepam)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
temazepam 22.5 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)
temazepam 7.5 MG, 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
triazolam	P	QL(1 EA daily); AL(At least 18 yrs old)
zaleplon	P	QL(1 EA daily); AL(At least 18 yrs old)
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	P	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	P	QL(1 EA daily); AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)
DAYVIGO	NP	AL(At least 18 yrs old)
QUVIVIQ	NP	AL(At least 18 yrs old)
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP
HETLIOZ CAPS *(Use tasimelteon)*	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
ramelteon	P	QL(1 EA daily); AL(At least 18 yrs old)
ROZEREM *(Use ramelteon)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
tasimelteon CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	P	QL(10 EA daily)
KONSYL DAILY FIBER PACK 100 %	P	
psyllium CAPS 0.52 GM	P	
psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	P	
SB FIB LAX ORANGE POWD 30 %, 33 %	P	
Electrolyte-based Osmotic Laxatives		
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	QL(33 ML daily)
MILK OF MAGNESIA CONCENTRATE SUSP	P	
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	P	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	QL(4000 ML per fill retail; 4000 per fill mail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	QL(4000 ML per fill retail; 4000 per fill mail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	QL(4000 ML per fill retail; 4000 per fill mail)
sennosides-docusate sodium TABS	P	QL(4 EA daily)
sodium sulfate-potassium sulfate-magnesium sulfate	P	

Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	NF	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	P	
lactulose SOLN	P	
MIRALAX POWD *(Use polyethylene glycol 3350)*	NF	QL(34 EA daily)
PEDIA-LAX SUPP	P	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	QL(34 GM daily)
SORBITOL PO 70 %	P	
Stimulant Laxatives		
bisacodyl SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
bisacodyl TBEC	P	QL(1 EA daily)
DULCOLAX TBEC *(Use bisacodyl)*	NF	QL(1 EA daily)
senna SYRP 176 MG/5ML	P	
sennosides LIQD	P	
sennosides SYRP	P	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	P	
Surfactant Laxatives		
docusate calcium	P	
docusate sodium CAPS 100 MG, 250 MG	P	QL(3 EA daily)
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin SUSR	P	
azithromycin TABS	P	
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NP	
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NP	
ZITHROMAX SUSR *(Use azithromycin)*	NP	
ZITHROMAX TABS 250 MG, 500 MG *(Use azithromycin)*	NP	
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	
Clarithromycin		
clarithromycin SUSR	P	
clarithromycin TABS	P	
clarithromycin TB24	P	
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin base TBEC	NP	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	NP	
erythromycin ethylsuccinate TABS	P	
erythromycin stearate TABS 250 MG	P	
Fidaxomicin		

Drug Name	Drug Tier	Requirements/ Limits
DIFICID SUSR	NP	
DIFICID TABS 200 MG *(Use fidaxomicin)*	NP	
fidaxomicin TABS 200 MG	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ADHESIVE/LARGE/3"X4" PADS	P	
ADHESIVE/MEDIUM/2"X3" PADS	P	
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC
AMD FOAM DRESSING PADS	P	RX/OTC
BAND-AID ALL-IN-ONE GAUZE LG PADS	P	
BAND-AID GAUZE LARGE PADS	P	RX/OTC
BAND-AID GAUZE MEDIUM PADS	P	
BAND-AID GAUZE SMALL PADS	P	
BAND-AID HURT-FREE NON-STICK PADS	P	
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	P	
CURITY AMD ANTIMICROBIAL SPNGE PADS	P	
CURITY COVER SPONGE PADS	P	
CURITY DRESSING SPONGES PADS	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC
CURITY GAUZE PADS	P	
CURITY NON-ADHERENT STRIPS PADS	P	
CURITY SPONGES PADS	P	
CVS ADHESIVE PAD 4"X4" PADS	P	
CVS ADHESIVE PAD 6"X6" PADS	P	
CVS ADHESIVE PADS 2.25"X3" PADS	P	
CVS ANTIBACTERIAL GAUZE PADS	P	
CVS GAUZE PAD STERILE PADS	P	RX/OTC
CVS GAUZE STERILE PADS	P	RX/OTC
CVS GAUZE PADS	P	
DERMACEA DRAIN SPONGES PADS	P	RX/OTC
DERMACEA GAUZE SPONGE PADS	P	
DERMACEA IV DRAIN SPONGES PADS	P	
DERMACEA IV SPONGES PADS	P	
DERMACEA NON-WOVEN SPONGES PADS	P	
DERMACEA TYPE VII GAUZE PADS	P	
DERMACEA X-RAY SPONGES PADS	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC
EQ GAUZE PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL GAUZE STERILE PADS	P	
EQL GAUZE PADS	P	
EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC
EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC
EXCILON DRAIN SPONGES PADS	P	RX/OTC
EXCILON IV SPONGES PADS	P	
FT ADHESIVE PADS/SHEER PADS	P	
GAUZE DRESSING PADS	P	RX/OTC
GAUZE PADS PADS	P	
GAUZE TYPE VII MEDI-PAK PADS	P	
GNP SHEER ADHESIVE PADS	P	
GNP STERILE GAUZE PADS	P	
GNP WATERPROOF ADHESIVE 4"X4" PADS	P	
HM ADHESIVE ANTIBACTERIAL PADS	P	
HM STERILE PADS PADS	P	
J & J ADHESIVE LARGE PADS	P	
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC
J & J GAUZE PADS	P	
J & J NON-STICK LARGE PADS	P	
KENDALL HYDROPHILIC FOAM DRESS PADS	P	
KENDALL HYDROPHILIC FOAM PLUS PADS	P	
KERLIX SPONGES PADS	P	RX/OTC
MIRASORB SPONGES MISC	P	
MOLESKIN FOAM PADS	P	
NEXCARE ABSOLUTE WATERPROOF PADS	P	
NU GAUZE 4PLY PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
OIL EMULSIONS DRESSING/NON-ADH PADS	P	
POLYMEM FILM DOT PADS	P	
POLYMEM NON-ADHESIVE PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PADS	P	
QC STERILE PADS PADS	P	
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC
RESTORE CONTACT LAYER PADS	P	
RESTORE FOAM DRESSING PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC
RESTORE TRIO ABSORBENT DRESS PADS	P	
SILIGENTLE FOAM DRESSING PADS	P	
SM ADHESIVE PADS 2"X3" PADS	P	
SM STERILE PADS	P	RX/OTC
SOF-WICK PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
STERILE GAUZE PADS	P	
STERILE PADS	P	
SURGICAL GAUZE SPONGE PADS	P	
THERAGAUZE PADS	P	
TOPPER DRESSING SPONGES MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	
CAYA DPRH	P	
DUREX EXTRA SENSITIVE THIN DEVI	P	
DUREX EXTRA SENSITIVE THIN MISC	P	
DUREX TROPICAL MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	
FANTASY LUBRICATED MISC	P	
FC2 FEMALE CONDOM	P	
FEMCAP DEVI	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO MAXX-LARGE FLARE MISC	P	
KIMONO MICRO THIN PLUS MISC	P	
KIMONO PLUS MISC	P	
KIMONO PS PLUS MISC	P	
KIMONO PS MISC	P	
KIMONO SENSATION PLUS MISC	P	
KIMONO SENSATION MISC	P	
KIMONO SPECIAL DEVI	P	
KIMONO MISC	P	
MAXX PLUS MISC	P	
MAXX MISC	P	
OMNIFLEX DIAPHRAGM	P	
REALITY LATEX CONDOMS MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	
REALITY LATEX/ULTRA THIN DEVI	P	
TROJAN BARESKIN DEVI	P	
TROJAN MAGNUM MISC	P	
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
TROJAN ULTRA THIN MISC	P	
TROJAN-ENZ LUBRICATED MISC	P	
TROJAN-ENZ/SPERMICIDAL MISC	P	
TRUE COVER DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUB/RIBBED/STUDDED MISC	P	
TRUSTEX LUB/SPERMICIDE EX ST MISC	P	
TRUSTEX LUB/SPERMICIDE XL MISC	P	
TRUSTEX LUBRICATED EX LARGE MISC	P	
TRUSTEX LUBRICATED EXTRA ST MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX NATURAL CONDOMS + LUBE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX RIA LUB/SPERMICIDE MISC	P	
TRUSTEX RIA LUBRICATED MISC	P	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	
WIDE-SEAL DIAPHRAGM 60	P	
WIDE-SEAL DIAPHRAGM 65	P	
WIDE-SEAL DIAPHRAGM 70	P	
WIDE-SEAL DIAPHRAGM 75	P	
WIDE-SEAL DIAPHRAGM 80	P	
WIDE-SEAL DIAPHRAGM 85	P	
WIDE-SEAL DIAPHRAGM 90	P	
WIDE-SEAL DIAPHRAGM 95	P	
Diabetic Supplies		
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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
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
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
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
AGAMATRIX CONTROL NORMAL/HIGH 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)
AGAMATRIX JAZZ WIRELESS 2 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
AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
ASSURE DOSE 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)
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
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
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
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
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
ASSURE PLATINUM METER DEVI	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)
ASSURE PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE TITANIUM BLOOD GLUCOSE 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
AUTO-LANCET MINI 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
AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
BIOTEL CARE BLOOD GLUCOSE KIT	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
BLOOD GLUCOSE MONITORING 333 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)
BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CAREONE ADVANCED LANCING DEV 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
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
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
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
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
CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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 CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 CHEK AUTO-CODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK SYSTEM KIT	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
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
CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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 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 CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 CHOICE TALK 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
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
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
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
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 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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 NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR PLUS CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
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
DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DEXCOM G6 TRANSMITTER	PA	MP; PA
DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
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
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
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
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
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
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 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 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 MINI EJECT 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
EASY PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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 STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH CONTROL HIGH & LOW 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 TOUCH HEALTHPRO GLUCOSE KIT	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
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 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 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 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 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

Drug Name	Drug Tier	Requirements/ Limits
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 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 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 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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 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 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 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 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)
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
EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX NG BLOOD GLUCOSE 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
EASYMAX V BLOOD GLUCOSE 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)
ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT CONTROL LIQD	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
EMBRACE BLOOD GLUCOSE MONITOR 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)
EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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 LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
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
EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE TALK BLOOD GLUCOSE 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
EMBRACE TALK GLUCOSE 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
EMBRACE WAVE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
EVERSENSE 365 SMART TRANSMIT	NP	MP
EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 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
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FONDCIRCLE 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 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
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 G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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 TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TN'G VOICE 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 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
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE TEST N GO MONITOR 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
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE FREEDOM LITE KIT	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
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LIBRE 3 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE LITE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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
GE100 BLOOD GLUCOSE SYSTEM DEVI	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
GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
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
GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GHT BLOOD GLUCOSE MONITOR 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
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
GLOBAL LANCING DEVICE MISC	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
GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD EXPRESSION CONTROL SOLN	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
GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCARD SHINE EXPRESS 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
GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD SHINE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
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
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
GLUCOCOM MONITOR KIT	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)
GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP STERILE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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
GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GNP TRUE METRIX GLUCOSE METER 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
GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
GUARDIAN 4 GLUCOSE SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GUARDIAN 4 TRANSMITTER	NP	MP
GUARDIAN CONNECT TRANSMITTER	NP	MP
GUARDIAN LINK 3 TRANSMITTER	NP	MP
GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
H-E-B INCONTROL ADV LANCING 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
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
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
HM EMBRACE TALK 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
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
IHEALTH GLUCO+ KIT 10 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
ILET CONTACT DETACH 23" 6MM MISC	NP	MP; RX/OTC
ILET INFUSION-FLEX 23" 6MM MISC	NP	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
INFINITY BLOOD GLUCOSE SYSTEM KIT	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)
KROGER AUTOLET LANCING DEVICE MISC	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)
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
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); 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
LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
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
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
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 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
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
MICROLET NEXT 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
MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED 630G INSULIN PUMP KIT	NP	MP
MINIMED 780G INSULIN PUMP KIT	NP	MP
MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED MIO ADVANCE INFUSE SET MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED PUMP RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 18" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 23" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 32" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 43" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK-SERTER MISC	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC
MINIMED RESERVOIR 1.8ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
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
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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
MOBI 2ML CARTRIDGE MISC	NP	MP
MODD1 PATIENT WELCOME KIT KIT	NP	MP
MODD1 SUPPLY KIT KIT	NP	
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
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
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
NOVA SUREFLEX LANCING DEVICE MISC	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
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
OMNIPOD 5 LIBRE INTRO KIT	PA	MP; PA
OMNIPOD 5 LIBRE 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

Drug Name	Drug Tier	Requirements/ Limits
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
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
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
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
PIVOT INSULIN PUMP STARTER KIT KIT	NP	MP
PIVOT SUPPLY KIT KIT	NP	
PRECISION GLUCOSE KETONE CONTR LIQD	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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
PRODIGY AUTOCODE 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
PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PRODIGY POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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
PRODIGY VOICE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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

Drug Name	Drug Tier	Requirements/ Limits
PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
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
QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
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
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
QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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)
REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
REFUAH PLUS MONITORING 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 CONFIRM GLUCOSE MONITOR KIT	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 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 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

Drug Name	Drug Tier	Requirements/ Limits
RELION 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
RELION MICRO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER CLASSIC DEVI	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 PREMIER VOICE MONITOR DEVI	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 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 ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
RIGHTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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

Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS 23G	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
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
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
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
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
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
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
SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SIMPLERA SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SIMPLERA SYSTEM	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SMARTEST EJECT STARTER 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
SMARTEST EJECT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
SMARTEST PERSONA STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST PRONTO STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST PROTEGE STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SMARTEST PROTEGE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM 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)
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
SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
STERILANCE TL	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 18G	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 21G	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 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
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
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
SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP
T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP
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)
TANDEM MOBI AUTOSOFT XC KIT MISC	NP	MP
TANDEM MOBI AUTOSOFT30 10PK23" MISC	NP	MP
TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP
TANDEM MOBI AUTOSOFTXC 10PK23" MISC	NP	MP
TANDEM MOBI AUTOSOFTXC 10PK5" MISC	NP	MP
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP
TANDEM MOBI SYSTEM STARTER KIT	NP	MP
TANDEM MOBI TRUSTEEL 10PK23" MISC	NP	MP
TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP
TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP
TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP
TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP
TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP
TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUE METRIX METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX METER KIT	P	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
TRUENESS BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
TRUERESULT BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TWIIST REFILL KIT/INFUSION SET KIT	NP	MP
TWIIST REFILL KIT KIT	NP	MP
TWIIST STARTER KIT KIT	NP	MP
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
ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
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
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
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
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 COMFORTOUCH LANCET	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

Drug Name	Drug Tier	Requirements/ Limits
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
UNILET LANCET	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
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
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
UNISTIK 2	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
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
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
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 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 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 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 3 NEONATAL	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
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 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 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 NORMAL	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 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 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 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 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 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
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
UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
V-GO 20 KIT	NP	MP
V-GO 30 KIT	NP	MP
V-GO 40 KIT	NP	MP
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)
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
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
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
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
ZEVRX 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
Parenteral Therapy Supplies		

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	P	MP; RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)
BD PEN NEEDLE MICRO ULTRAFINE	P	MP
BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC
BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	P	MP
BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC
CAREONE INSULIN SYRINGE	P	QL(5 EA daily)
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
CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
CEQUR SIMPLICITY INSERTER MISC	P	MP
COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
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
EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)
EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	MP; RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	P	MP
FIFTY50 SUPERIOR COMFORT SYR	P	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYR	P	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	P	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	P	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	P	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	P	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MAGELLAN INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	P	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	P	QL(5 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	P	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	P	QL(5 EA daily)
REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	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
SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO INSULIN SYR	P	QL(5 EA daily); RX/OTC
TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	P	QL(5 EA daily)
ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
ZEVRX 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
AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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
AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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
AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/SMALL MISC	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
AEROCHAMBER2GO ANTI-STATIC 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
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	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
BREATHE EASE LARGE 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
BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHERITE 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
COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE 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
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK SMALL MISC	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
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	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
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); 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)
INSPIREASE 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
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
ONE FLOW SPIROMETER DEVI	P	RX/OTC
OPTICHAMBER DIAMOND 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
OPTICHAMBER DIAMOND-MD MASK MISC	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
OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER INFANT 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
PROCARE SPACER/CHILD MASK DEVI	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
PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
QUAKE DEVI	P	RX/OTC
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SPIRO PD DEVI	P	RX/OTC
THRESHOLD PEP DEVI	P	RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERSAPAP DEVI	P	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	PA	SP; PA
AJOVY SOAJ	PA	SP; PA
AJOVY SOSY	PA	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP
EMGALITY SOAJ	PA	SP; PA
EMGALITY SOSY	PA	SP; PA
NURTEC	PA	QL(0.54 EA daily); PA
QULIPTA	PA	QL(1 EA daily); PA
UBRELVY	PA	QL(0.534 EA daily); PA
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
sumatriptan-naproxen sodium	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
TREXIMET *(Use sumatriptan-naproxen sodium)*	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA
dihydroergotamine mesylate SOLN IJ 1 MG/ML	PA	AL(At least 18 yrs old); PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	PA	PA
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	
Migraine Products - NSAIDs		
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
eletriptan hydrobromide	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
FROVA *(Use frovatriptan succinate)*	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
frovatriptan succinate	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML 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)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX TABS 50 MG, 100 MG *(Use sumatriptan succinate)*	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
IMITREX TABS 25 MG *(Use sumatriptan succinate)*	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
naratriptan hcl	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
RELPAX *(Use eletriptan hydrobromide)*	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
RELPAX 40 MG *(Use eletriptan hydrobromide)*	NF	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
RELPAX 40 MG *(Use eletriptan hydrobromide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
rizatriptan benzoate TABS	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
rizatriptan benzoate TBDP	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
sumatriptan 5 MG/ACT	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
sumatriptan 20 MG/ACT	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
sumatriptan succinate SOAJ 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
sumatriptan succinate SOLN 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
sumatriptan succinate TABS 25 MG	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
sumatriptan succinate TABS 50 MG, 100 MG	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
zolmitriptan SOLN	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
zolmitriptan TABS 5 MG	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
zolmitriptan TABS 2.5 MG	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
zolmitriptan TBDP	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
ZOMIG SOLN *(Use zolmitriptan)*	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
ZOMIG SOLN *(Use zolmitriptan)*	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
ZOMIG SOLN	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)
CALCIUM CARB-CHOLECALCIFEROL CHEW	P	
CALCIUM CARBONATE CHEW	P	
calcium carbonate-cholecalciferol TABS	P	
calcium carbonate TABS 1250 MG, 500 MG	P	
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	P	QL(2 EA daily)
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	P	
calcium citrate TABS	P	
CALCIUM CHEW	P	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
PARVA-CAL 200 UNIT-500 MG	P	
Electrolyte Mixtures		
oral electrolytes SOLN	P	
Fluoride		
sodium fluoride CHEW	P	AL(Up to 15 yrs old)
sodium fluoride SOLN 0.5 MG/ML	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		
magnesium oxide (mg supplement) TABS	P	
Phosphate		
K-PHOS-NEUTRAL *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	QL(8 EA daily); RX/OTC
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	QL(8 EA daily); RX/OTC
PHOSPHA 250 NEUTRAL	P	QL(8 EA daily); RX/OTC
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	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	

Drug Name	Drug Tier	Requirements/ Limits
KLOR-CON 10 TBCR 10 MEQ *(Use potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(Use potassium chloride)*	NF	
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	NF	
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR 10 MEQ	P	
potassium chloride CPCR 8 MEQ	P	QL(1 EA daily)
potassium chloride PACK PO 20 MEQ	P	
potassium chloride SOLN PO 10 %, 20 %, 10 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	P	
Sodium		
sodium chloride SOLN IV 0.9 %	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	
Zinc		
zinc sulfate CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(Use penicillamine)*	NF	
CUVRIOR	PA	SP; PA
DEPEN TITRATABS TABS *(Use penicillamine)*	PA	PA
penicillamine CAPS	PA	PA
penicillamine TABS	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
lenalidomide	PA	SP; PA
REVLIMID *(Use lenalidomide)*	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	NP	SP
VYVGART HYTRULO SC	NP	SP
Immunosuppressive Agents		
azathioprine TABS 50 MG	P	
azathioprine TABS 75 MG, 100 MG	P	QL(3 EA daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 180 MG *(Use mycophenolate sodium)*	NF	QL(2 EA daily)
MYFORTIC 360 MG *(Use mycophenolate sodium)*	NF	QL(4 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)
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	
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	NP	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
VELTASSA	NP	
Sclerosing Agents		
sodium tetradecyl sulfate	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

Drug Name	Drug Tier	Requirements/ Limits
SAPHNELO SC 120 MG/0.8ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 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
SAPHNELO PEN SC 120 MG/0.8ML	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		
lidocaine hcl (mouth-throat) 2 %	P	QL(15 ML per fill retail; 15 per fill mail)
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ML per fill retail; 100 per fill mail)
lidocaine hcl (mouth-throat) 4 %	P	QL(4 ML per fill retail; 4 per fill mail)
Anti-infectives - Throat		
NYSTATIN *(Use nystatin (mouth-throat))*	NF	QL(120 ML per fill retail; 120 per fill mail)
nystatin (mouth-throat)	P	QL(120 ML per fill retail; 120 per fill mail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
FRAICHE 5000 DENTAL GEL 1.1 % *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	NF	QL(60 ML per fill retail; 60 per fill mail)
PREVIDENT 5000 PLUS CREA *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT GEL *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT SOLN *(Use sodium fluoride (dental))*	NF	
SF 5000 PLUS CREA 1.1 % *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
SF GEL 1.1 % *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) CREA	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) GEL	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) SOLN 0.2 %	P	
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % *(Use sodium fluoride (dental))*	NF	QL(60 GM per fill retail; 60 per fill mail)
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
artificial saliva SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
NUMOISYN LIQD	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
pilocarpine hcl (oral) 5 MG	P	QL(6 EA daily)
SALAGEN 5 MG *(Use pilocarpine hcl (oral))*	NF	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	P	QL(1 EA daily)
b-complex vitamins TABS	P	QL(1 EA daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	P	QL(1 EA daily); RX/OTC
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC
NUTRIVIO CAPS 1 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
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
DERMACINRX BOOSTERVITE TABS	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
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
multiple vitamins w/ iron TABS	P	QL(1 EA daily); 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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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		

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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 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 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 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
ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC
ACTICAL CAPS	P	RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC
ADVANCED EYE HEALTH CAPS	P	RX/OTC
AFLORA TABS	P	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	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
ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC
ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ALPHA BETIC TABS	P	QL(1 EA daily); 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
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	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
ANTIOXIDANT FORMULA 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
APETIBEX CAPS	P	RX/OTC
APPE-CURB CAPS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AZO HORMONAL HEALTH HAPPY CYCL TABS	P	QL(1 EA daily); RX/OTC
BACMIN TABS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC
BASIC AM TABS	P	QL(1 EA daily); RX/OTC
BASIC PM TABS	P	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC
BIOCAL 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
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
BONEUP 3 PER DAY CAPS	P	RX/OTC
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC
BONEUP CAPS	P	RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	P	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
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
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	P	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
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRAVITES ADULTS 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 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 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 CARDIO TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	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 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 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

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 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 SILVER ULTRA WOMENS 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 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 SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	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
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
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 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
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/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CITRACAL +D3 TABS	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
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
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
COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
CORAL CALCIUM PLUS CAPS	P	RX/OTC
COREVIA TABS	P	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	P	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
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
CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); 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
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC
CVS IMMUNE SUPPORT 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
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 ONE DAILY WOMENS 50+ ADV TABS	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
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 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

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 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 ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	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 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 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 VISION HEALTH CAPS	P	RX/OTC

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
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
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

Drug Name	Drug Tier	Requirements/ Limits
DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC
DIATROL TABS	P	QL(1 EA daily); RX/OTC
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
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
EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS HEALTH 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
EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	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
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
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
EQL CENTURY MENS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL CENTURY WOMENS TABS	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
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
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
EQL ONE DAILY MENS 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
EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	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
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
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC
EVERCORE TABS	P	QL(1 EA daily); RX/OTC
EVERVITA TABS	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

Drug Name	Drug Tier	Requirements/ Limits
FINAZOL TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC
FOLAREX TABS	P	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	P	RX/OTC
FOLATEN TABS	P	QL(1 EA daily); RX/OTC
FOLIFLEX 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
FOLYRA 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
FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
GERITOL NUTRITION SUPPORT TABS 57 MG-2 MG-44 MCG-0.38 MG-400 UNIT-6.7 MCG-1.7 MG-24 MCG-13 MG-1.5 MG-13.5 MG-1.8 MG-20 MG-6100 UNIT-86 MG-36 MG-1 MCG-120 MCG-30 UNIT-118 MG-148 MG-2.4 MG-12 MCG-1 MCG-16 MG-20 MG	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
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

Drug Name	Drug Tier	Requirements/ Limits
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC
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 HAIR SKIN & NAILS EXTRA ST TABS	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 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
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 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 ONE DAILY MAXIMUM TABS	P	QL(1 EA daily); RX/OTC

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
GNP ONE DAILY MENS HEALTH TABS	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
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
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
GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS 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
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
HAIR/SKIN/NAILS CAPS	P	RX/OTC
HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH 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
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
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC
HYVITE TABS	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	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 24 HOUR+ CAPS	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
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC
KEYLOSA 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

Drug Name	Drug Tier	Requirements/ Limits
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-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
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 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 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
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	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

Drug Name	Drug Tier	Requirements/ Limits
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
K-PAX IMMUNE PROFESSIONAL ST TABS	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
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
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
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT	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
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
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
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
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
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

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 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 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 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
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 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 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
MULTIA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG	P	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals CAPS	P	RX/OTC
multiple vitamins w/ minerals TABS	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS/WOMENS TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
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	P	RX/OTC
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	P	RX/OTC
MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
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-	P	QL(1 EA daily); RX/OTC

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 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 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 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
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
MVW COMPLETE FORMULATION CAPS	P	RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC
MVW MODULATOR FORMULATION CAPS	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
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
NORIXA TABS	P	QL(1 EA daily); RX/OTC
NORVEXA TABS	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC
NUTRAVANCE TABS	P	QL(1 EA daily); RX/OTC
NUTRICAP 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
OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); 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
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC
OCUVITE ADULT FORMULA CAPS	P	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
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
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

Drug Name	Drug Tier	Requirements/ Limits
OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
OCUVITE-LUTEIN CAPS	P	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
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY POSTNATAL CAPS	P	RX/OTC
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 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 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 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
ONE DAILY FOR MEN 50+ ADVANCED 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-4 MG-180 MCG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR MEN/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

Drug Name	Drug Tier	Requirements/ Limits
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 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 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 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 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 MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	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

Drug Name	Drug Tier	Requirements/ Limits
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 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 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 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 DAILY MULTIVITAMIN WOMEN 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 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 DAILY WOMENS 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 VITE M HIGH POTENCY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS *(Use multiple vitamins w/ minerals)*	NF	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 *(Use multiple vitamins w/ minerals)*	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 *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
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
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	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
ONEVITE 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
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); 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
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
OPURITY TABS	P	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
PARVLEX TABS	P	QL(1 EA daily); RX/OTC
PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	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 3 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
PREVENT CAPS	P	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
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 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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX-D 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
REVYRA TABS	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
SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
SENTRY TABS	P	QL(1 EA daily); RX/OTC
SIDEROL TABS	P	QL(1 EA daily); RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
SOLO TABS	P	QL(1 EA daily); RX/OTC
SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
STRESS B COMPLEX/ANTIOXID/ZINC 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

Drug Name	Drug Tier	Requirements/ Limits
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
SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	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
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
SUPER D-ZINC-SELENIUM-COPPER TABS	P	QL(1 EA daily); 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
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
SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	P	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

Drug Name	Drug Tier	Requirements/ Limits
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
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
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED TABS	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
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
THERA-TABS M 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

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
THERA-VITE MAX-M 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
TREXION CAPS	P	RX/OTC
TREXVIA CAPS	P	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
T-VITES TABS	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
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
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
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
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
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
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
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
VITABEX PLUS CAPS	P	RX/OTC
VITABEX 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
VITACORE TABS	P	QL(1 EA daily); RX/OTC
VITALUX TABS	P	QL(1 EA daily); 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
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	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
VITASANA TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPT TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC
VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC
VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	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
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITREXYL TABS	P	QL(1 EA daily); RX/OTC
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	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 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
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 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		
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC
AVOWISE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
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
DAILY-VITE 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
ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
FOLCYTEINE 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
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
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MINCORA TABS	P	QL(1 EA daily); RX/OTC
MINOVIA TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	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
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

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamin TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT 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
MULTIVITAMIN TABS	P	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
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC
NEWVITE TABS	P	QL(1 EA daily); RX/OTC
OMNICAP 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
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	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
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
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS *(Use multiple vitamin)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS TABS *(Use multiple vitamin)*	NF	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
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
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
QUINTABS TABS	P	QL(1 EA daily); RX/OTC
RELCARE TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
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
STRESSTABS ENERGY 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

Drug Name	Drug Tier	Requirements/ Limits
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
THERA TABS	P	QL(1 EA daily); 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
THEREMS TABS	P	QL(1 EA daily); RX/OTC
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC
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
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VIRELIX TABS	P	QL(1 EA daily); RX/OTC
VIREXA TABS	P	QL(1 EA daily); RX/OTC
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 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
VITRAX TABS	P	QL(1 EA daily); RX/OTC
VITRION TABS	P	QL(1 EA daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)
ped multivitamins w/fl & iron SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
Ped Multiple Vitamins w/ Minerals		
LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
Ped MV w/ Fluoride		
DAVIMET-FLUORIDE CHEW	P	AL(Up to 20 yrs old)
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/FLUORIDE CHEW 0.5 MG, 1 MG	P	AL(Up to 20 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	P	AL(Up to 20 yrs old); RX/OTC
pediatric multivitamins w/fl SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride SOLN	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old); RX/OTC
QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRI-VI-FLOR SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
Ped MV w/ Iron		
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	
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P	
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P	
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	AL(Up to 20 yrs old)
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P	
Pediatric Multiple Vitamins		
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
Prenatal Vitamins		
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
CLASSIC PRENATAL TABS	P	QL(1 EA daily)
COMPLETE NATAL DHA	P	
COMPLETENATE CHEW	P	
CONCEPT DHA	P	
CONCEPT OB	P	
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	
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)
ENBRACE HR	P	
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)
FOLIVANE-OB	P	
FT PRENATAL TABS	P	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)
GNP PRENATAL TABS	P	QL(1 EA daily)
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
KP PRENATAL MULTIVITAMINS 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	

Drug Name	Drug Tier	Requirements/ Limits
NESTABS DHA	P	
NESTABS ONE	P	
OB COMPLETE ONE	P	
OB COMPLETE PETITE	P	
OB COMPLETE PREMIER	P	
OB COMPLETE/DHA	P	
OB COMPLETE TABS	P	
ONE VITE WOMENS TABS	P	QL(1 EA daily)
PNV-OMEGA	P	
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
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	P	
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	P	
PRENATAL VITAMIN AND MINERAL 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)
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	P	
PRENATAL/IRON TABS 4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT-1 MG	P	QL(1 EA daily); RX/OTC
PRENATAL TABS	P	QL(1 EA daily)
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
PRENATE	P	
PRENATE AM	P	
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	
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	
PRENATE ENHANCE	P	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
PRENATE PIXIE	P	
PRENATE RESTORE	P	
PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC
PRENOVA TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
PRIMACARE	P	
PROVIDA OB	P	
QC PRENATAL TABS	P	QL(1 EA daily)
SELECT-OB+DHA MISC	P	
SELECT-OB CHEW	P	
SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)
TARON-C DHA	P	
THRIVITE RX TABS	P	RX/OTC
TRICARE TABS	P	RX/OTC
TRINATAL RX 1 TABS	P	
TRISTART DHA	P	
VITAFOL FE+	P	
VITAFOL GUMMIES	P	
VITAFOL ULTRA	P	
VITAFOL-OB+DHA MISC	P	
VITAFOL-OB TABS	P	
VITAFOL-ONE CAPS	P	
WESCAP-C DHA	P	
WESCAP-PN DHA	P	
WESNATAL DHA COMPLETE	P	
WESNATE DHA CAPS	P	
WESTAB PLUS TABS	P	RX/OTC
WESTGEL DHA	P	
Vitamins w/ Lipotropics		
vitamins w/ lipotropics CAPS	P	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(Use cyclobenzaprine hcl)*	NP	
ATMEKSI SUSP PO 750 MG/5ML	NP	AL(At least 16 yrs old)
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	NP	
baclofen TABS	P	
carisoprodol TABS 350 MG	P	
carisoprodol TABS 250 MG	NP	
chlorzoxazone TABS 500 MG	P	
chlorzoxazone TABS 250 MG, 375 MG, 750 MG	NP	
cyclobenzaprine hcl CP24	P	
cyclobenzaprine hcl TABS	P	
cyclobenzaprine hcl TABS 7.5 MG	NP	
FLEQSUVY SUSP *(Use baclofen)*	NP	
LYVISPAH PACK 5 MG	NP	
metaxalone	NP	
methocarbamol TABS 500 MG, 750 MG	P	
ONTRALFY SOLN PO 2 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
orphenadrine citrate TB12	P	
OZOBAX DS SOLN PO *(Use baclofen)*	NP	
SOMA TABS *(Use carisoprodol)*	NP	
tizanidine hcl CAPS	P	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NP	
dantrolene sodium CAPS	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	P	
DYMISTA SUSP *(Use azelastine hcl-fluticasone propionate)*	P	
RYALTRIS	NP	
Nasal Agents - Misc.		
saline SOLN 0.65 %	P	QL(90 ML per fill retail; 90 per fill mail)
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	P	
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ML per fill retail; 26 per fill mail)
olopatadine hcl (nasal)	P	
Nasal Steroids		
budesonide (nasal)	NP	
flunisolide (nasal)	NP	
fluticasone propionate (nasal) SUSP	NP	RX/OTC
fluticasone propionate (nasal) SUSP	P	RX/OTC
mometasone furoate (nasal) SUSP	NP	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
triamcinolone acetonide (nasal) AERO	P	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	P	
epinephrine hcl (nasal)	P	
phenylephrine hcl (oral) TABS	P	QL(24 EA per fill retail; 24 per fill mail)
pseudoephedrine hcl TABS	P	
pseudoephedrine hcl TB12	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
QALSODY	PA	AL(At least 18 yrs old); SP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
DUVYZAT	PA	AL(At least 6 yrs old); SP; PA
ELEVIDYS 10.0-10.4 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 11.5-12.4 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 13.5-14.4 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
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 26.5-27.4 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 28.5-29.4 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 30.5-31.4 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 32.5-33.4 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 34.5-35.4 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 36.5-37.4 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 38.5-39.4 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

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 40.5-41.4 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 42.5-43.4 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 44.5-45.4 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 46.5-47.4 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 48.5-49.4 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 50.5-51.4 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 52.5-53.4 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 54.5-55.4 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 56.5-57.4 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 58.5-59.4 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 60.5-61.4 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 62.5-63.4 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
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		

Drug Name	Drug Tier	Requirements/ Limits
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
DYSPORT	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
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	PA	SP; PA
EVRYSDI PO 5 MG	PA	SP; PA
ITVISMA SUSP IT	PA	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); AL(At least 2 yrs old); SP; PA
SPINRAZA	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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	
ZOLGENSMA 15.1-15.5 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO	
ZOLGENSMA 17.1-17.5 KG	CO	
ZOLGENSMA 17.6-18.0 KG	CO	
ZOLGENSMA 18.1-18.5 KG	CO	
ZOLGENSMA 18.6-19.0 KG	CO	
ZOLGENSMA 19.1-19.5 KG	CO	
ZOLGENSMA 19.6-20.0 KG	CO	

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 9.6-10.0 KG	CO	
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 1000 MG, 1200 MG	P	QL(6 EA daily)
Proteins		
ARGININE TABS	P	
L-TRYPTOPHAN TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	P	
artificial tear solution	P	
carboxymethylcellulose sodium (ophth) GEL	P	
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	P	
dextran 70-hypromellose 0.3 %-0.1 %	NP	
dextran 70-hypromellose 0.3 %-0.1 %	P	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	P	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	NP	
polyvinyl alcohol 1.4 %	P	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %	P	
polyvinyl alcohol-povidone (ophth)	NP	
REFRESH	P	
white petrolatum-mineral oil	P	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	
BETIMOL *(Use timolol)*	NP	
BETIMOL *(Use timolol)*	NF	
BETIMOL	NP	
BETOPTIC-S SUSP	P	
brimonidine tartrate-timolol maleate	NP	
carteolol hcl (ophth)	P	
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	P	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NP	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NP	
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate	P	

Drug Name	Drug Tier	Requirements/ Limits
dorzolamide hcl-timolol maleate	NP	
ISTALOL SOLN *(Use timolol maleate (ophth))*	NP	
levobunolol hcl 0.5 %	P	
timolol	NP	
timolol maleate (ophth) SOLG	P	
timolol maleate (ophth) SOLN 0.5 %	NP	
timolol maleate (ophth) SOLN	P	
TIMOPTIC OCUDOSE SOLN 0.25 % *(Use timolol maleate (ophth))*	NF	
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NP	
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
ALTAFRIN SOLN 2.5 % *(Use phenylephrine hcl (mydriatic))*	NF	QL(15 ML per fill retail; 15 per fill mail)
ALTAFRIN SOLN 10 % *(Use phenylephrine hcl (mydriatic))*	NF	
atropine sulfate (ophthalmic) OINT	P	QL(4 GM per fill retail; 4 per fill mail)
atropine sulfate (ophthalmic) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 % *(Use atropine sulfate (ophthalmic))*	NF	QL(15 ML per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
CYCLOGYL 2 %	P	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL *(Use cyclopentolate hcl)*	NF	QL(15 ML per fill retail; 15 per fill mail)
cyclopentolate hcl 1 %	P	QL(15 ML per fill retail; 15 per fill mail)
MYDRIACYL SOLN *(Use tropicamide)*	NF	QL(15 ML per fill retail; 15 per fill mail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
PHENYLEPHRINE HCL SOLN *(Use phenylephrine hcl (mydriatic))*	NF	QL(15 ML per fill retail; 15 per fill mail)
tropicamide SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
Miotics		
pilocarpine hcl SOLN 1.25 %	PA	PA
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
VUITY SOLN 1.25 % *(Use pilocarpine hcl)*	PA	PA
Ophthalmic Adrenergic Agents		
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	

Drug Name	Drug Tier	Requirements/ Limits
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	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(15 ML per fill retail; 15 per fill mail)
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
TETRACAINE HCL 0.5 %	P	
tetracaine hcl (ophth)	P	
Ophthalmic Nerve Growth Factors		
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
Ophthalmic Steroids		
ALREX SUSP *(Use loteprednol etabonate)*	P	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-poly-neomycin-hc	NP	
BYQLOVI 0.05 %	NP	
dexamethasone sodium phosphate (ophth)	NP	
DEXTENZA INST	NP	SP
difluprednate	P	
DUREZOL *(Use difluprednate)*	NF	
DUREZOL *(Use difluprednate)*	NP	
EYSUVIS SUSP	P	QL(8.3 ML per fill retail; 8.3 per fill mail)
FLAREX	P	
fluorometholone (ophth) SUSP	NP	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	P	
ILUVIEN	NP	SP
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL *(Use loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP *(Use loteprednol etabonate)*	NP	
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP	NP	
loteprednol etabonate-tobramycin	NP	
MAXIDEX SUSP OP	P	
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NP	
neomycin-polymy-dexameth OINT	P	QL(17.5 GM per fill retail; 17.5 per fill mail)
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	P	
neomycin-polymyxin-hc (ophth)	NP	
PRED FORTE *(Use prednisolone acetate (ophth))*	P	
PRED MILD	NP	
prednisolone acetate (ophth)	P	
PREDNISOLONE SODIUM PHOSPHATE	NP	
RETISERT	NP	SP
sulfacetamide sod-prednisolone SOLN	P	
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	P	
tobramycin-dexamethasone SUSP	P	
TRIESENCE	NP	SP
XIPERE	NP	SP
ZYLET 0.3 %-0.5 % *(Use loteprednol etabonate-tobramycin)*	NP	
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NP	
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NP	
ACUVAIL	NP	
ALOCRIL	P	QL(5 ML per fill retail; 5 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
azelastine hcl (ophth)	P	
AZOPT *(Use brinzolamide)*	NF	
AZOPT *(Use brinzolamide)*	P	
bepotastine besilate	NP	
BEPREVE *(Use bepotastine besilate)*	P	
brinzolamide	NP	
bromfenac sodium (ophth)	NP	
BROMSITE *(Use bromfenac sodium (ophth))*	NP	
cromolyn sodium (ophth)	NP	
diclofenac sodium (ophth)	P	
dorzolamide hcl	P	
epinastine hcl (ophth)	NP	
flurbiprofen sodium	P	
ILEVRO	P	
ketorolac tromethamine (ophth)	P	
ketotifen fumarate (ophth) 0.035 %	NP	
ketotifen fumarate (ophth) 0.035 %	P	
LASTACAFT	NP	
MIEBO	NP	
NEVANAC	P	
olopatadine hcl	P	
olopatadine hcl	NP	
PROLENSA *(Use bromfenac sodium (ophth))*	NP	
TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
DURYSTA IMPL	NP	
IDOSE TR IMPL	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	
LUMIGAN SOLN 0.01 % *(Use bimatoprost)*	P	
tafluprost	NP	
TRAVATAN Z SOLN *(Use travoprost)*	P	
TRAVATAN Z SOLN *(Use travoprost)*	NF	
travoprost SOLN	NP	
VYZULTA	NP	
XALATAN SOLN *(Use latanoprost)*	NP	
XALATAN SOLN *(Use latanoprost)*	NF	
ZIOPTAN *(Use tafluprost)*	NF	
ZIOPTAN *(Use tafluprost)*	NP	
ZOLYMBUS GEL OP 0.01 %	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ML per fill retail; 15 per fill mail)
carbamide peroxide (otic) 6.5 %	P	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL *(Use ciprofloxacin hcl (otic))*	NF	
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % *(Use ciprofloxacin-hydrocortisone)*	NF	
CIPRO HC 1 %-0.2 % *(Use ciprofloxacin-hydrocortisone)*	P	

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin-dexamethasone	P	
ciprofloxacin-hydrocortisone	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ML per fill retail; 10 per fill mail)
PRAMOTIC	P	
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NF	QL(0.67 ML daily)
fluocinolone acetonide (otic)	P	QL(0.67 ML daily)
hydrocortisone w/acetic acid	P	QL(10 ML per fill retail; 10 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	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 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	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 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	SP
GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); 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
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		

Drug Name	Drug Tier	Requirements/ Limits
SYNAGIS SOLN 50 MG/0.5ML	PA	SP; PA
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); PA
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS 875 MG	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 EA per fill retail; 20 per fill mail)
amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	P	
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	P	QL(100 ML per fill retail; 100 per fill mail)
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	P	QL(400 ML per fill retail; 400 per fill mail)
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	P	QL(150 ML per fill retail; 150 per fill mail)
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	P	QL(20 EA per fill retail; 20 per fill mail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG	P	QL(30 EA per fill retail; 30 per fill mail)
amoxicillin & pot clavulanate TB12	P	QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	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 *(Use amoxicillin & pot clavulanate)*	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	
megestrol acetate (appetite)	NP	
norethindrone acetate TABS	P	
progesterone CAPS	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		

Drug Name	Drug Tier	Requirements/ Limits
Emotional Conditions		
Agents for Chemical Dependency		
disulfiram 250 MG	P	
lofexidine hcl	NP	QL(16 EA daily)
LUCEMYRA *(Use lofexidine hcl)*	NP	QL(16 EA daily)
Anti-Cataplectic Agents		
sodium oxybate SOLN	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	
donepezil hydrochloride TABS	P	
donepezil hydrochloride TBDP	P	
EXELON *(Use rivastigmine)*	NP	
galantamine hydrobromide CP24	NP	
galantamine hydrobromide SOLN	NP	
galantamine hydrobromide TABS	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	SP; PA
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
memantine hcl CP24	NP	
memantine hcl-donepezil hcl CP24	NP	
memantine hcl SOLN	NP	
memantine hcl TABS	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	
rivastigmine	P	
rivastigmine tartrate CAPS	P	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
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)
olanzapine-fluoxetine hcl	NP	AL(At least 18 yrs old)
perphenazine-amitriptyline	P	QL(4 EA daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(Use olanzapine-fluoxetine hcl)*	NF	AL(At least 18 yrs old)
Fibromyalgia Agents		
milnacipran hcl MISC	NP	
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	NP	
SAVELLA TITRATION PACK MISC *(Use milnacipran hcl)*	PA	PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(Use milnacipran hcl)*	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
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
tetrabenazine	P	SP
XENAZINE *(Use tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NP	QL(2 EA daily); SP
AUBAGIO *(Use teriflunomide)*	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(6 EA per fill retail; 6 per fill mail); SP; PA
BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); SP; PA
BRIUMVI	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
cladribine (multiple sclerosis) 10 MG	NP	SP
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
COPAXONE SOSY 20 MG/ML *(Use glatiramer acetate)*	PA	QL(1 ML daily); SP; PA
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	NF	SP
dalfampridine	PA	QL(2 EA daily); SP; PA
dimethyl fumarate CDPK	PA	SP; PA
dimethyl fumarate CPDR	PA	SP; PA
fingolimod hcl	PA	SP; PA
GILENYA	NP	SP
GILENYA *(Use fingolimod hcl)*	NP	SP
glatiramer acetate SOSY 20 MG/ML	NP	QL(1 ML daily)
glatiramer acetate SOSY 40 MG/ML	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
glatiramer acetate SOSY 40 MG/ML	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); PA
glatiramer acetate SOSY 40 MG/ML	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP; PA
glatiramer acetate SOSY 20 MG/ML	NP	QL(1 ML daily); SP
KESIMPTA	NP	SP
LEMTRADA	NP	SP
MAVENCLAD (10 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (4 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (5 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (6 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (7 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (8 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (9 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
OCREVUS	NP	SP
OCREVUS ZUNOVO	NP	AL(At least 18 yrs old); SP
PLEGRIDY STARTER PACK SOAJ	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOAJ	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail); SP
REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail); SP
TASCENSO ODT	NP	SP
TECFIDERA CDPK *(Use dimethyl fumarate)*	NP	SP
TECFIDERA CPDR *(Use dimethyl fumarate)*	NP	SP
teriflunomide	PA	SP; PA
TYRUKO CONC IV 300 MG/15ML	NP	SP
TYSABRI	PA	SP; PA
VUMERITY	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS	NP	
GRALISE TABS *(Use gabapentin (once-daily))*	NP	
LYRICA CR *(Use pregabalin (once-daily))*	NP	
LYRICA CR *(Use pregabalin (once-daily))*	NF	
pregabalin (once-daily)	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	P	AL(At least 18 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	PA	QL(4 EA daily); SP; PA
ergoloid mesylates TABS	P	
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
bupropion hcl (smoking deterrent)	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NF	
CHANTIX TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG *(Use nicotine polacrilex)*	NF	
NICORETTE STARTER KIT GUM 2 MG *(Use nicotine polacrilex)*	NF	
NICORETTE GUM 4 MG *(Use nicotine polacrilex)*	NF	
nicotine polacrilex GUM	P	
nicotine polacrilex LOZG	P	
NICOTINE KIT	P	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	
NICOTROL NS SOLN	P	
NICOTROL INHA	P	
varenicline tartrate TABS	P	QL(2 EA daily)
varenicline tartrate TBPK	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
WAINUA SC 45 MG/0.8ML	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		
paroxetine mesylate (vasomotor)	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
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	PA	AL(At least 6 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK	PA	AL(At least 2 yrs old); SP; PA
TRIKAFTA THPK	PA	AL(At least 2 yrs old); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	SP; PA
ESBRIET TABS *(Use pirfenidone)*	NF	SP; PA
pirfenidone CAPS	P	SP; PA
pirfenidone TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	P	
doxycycline (monohydrate) TABS 50 MG, 100 MG	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS 100 MG	P	
minocycline hcl CAPS	P	
tetracycline hcl CAPS 500 MG	P	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	P	
propylthiouracil	P	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS *(Use liothyronine sodium)*	NF	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
levothyroxine sodium TABS	P	
liothyronine sodium TABS	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYNTHROID TABS *(Use levothyroxine sodium)*	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP *(Use hyoscyamine sulfate)*	NF	
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN PO	P	QL(40 ML daily)
dicyclomine hcl TABS	P	
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 EA daily)
hyoscyamine sulfate ELIX	P	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 EA daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
LEVBID TB12 *(Use hyoscyamine sulfate)*	NF	QL(4 EA daily)
NULEV TBDP 0.125 MG *(Use hyoscyamine sulfate)*	NF	
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	NF	QL(4 EA daily)
ROBINUL TABS *(Use glycopyrrolate)*	NF	QL(4 EA daily)
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	NP	
cimetidine TABS	NP	RX/OTC
famotidine SOLN 20 MG/2ML	P	
FAMOTIDINE SOLN	P	
famotidine SUSR	P	
famotidine TABS 10 MG, 20 MG	NP	RX/OTC
famotidine TABS	P	RX/OTC
nizatidine CAPS	NP	
PEPCID TABS *(Use famotidine)*	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	NF	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
CARAFATE TABS *(Use sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
sucralfate TABS	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NF	QL(1 EA daily)
DEXILANT *(Use dexlansoprazole)*	NP	QL(1 EA daily)
dexlansoprazole	NP	QL(1 EA daily)
esomeprazole magnesium CPDR	NP	QL(1 EA daily); RX/OTC
esomeprazole magnesium PACK	NP	QL(1 EA daily)
lansoprazole CPDR	NP	QL(1 EA daily); RX/OTC
lansoprazole TBDD	NP	QL(1 EA daily); RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NF	RX/OTC
NEXIUM CPDR *(Use esomeprazole magnesium)*	NP	QL(1 EA daily); RX/OTC
NEXIUM PACK *(Use esomeprazole magnesium)*	NP	QL(1 EA daily)
omeprazole magnesium CPDR	P	

Drug Name	Drug Tier	Requirements/ Limits
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	
pantoprazole sodium SOLR	P	QL(1 EA daily)
PANTOPRAZOLE SODIUM SOLR 40 MG *(Use pantoprazole sodium)*	P	
pantoprazole sodium TBEC 40 MG	P	QL(1 EA daily)
pantoprazole sodium TBEC	P	
PREVACID 24HR CPDR *(Use lansoprazole)*	NP	QL(1 EA daily); RX/OTC
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	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	
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	
KONVOMEP 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)*	P	
DETROL TABS *(Use tolterodine tartrate)*	NF	
fesoterodine fumarate	P	
oxybutynin chloride SOLN	P	
oxybutynin chloride TABS 5 MG	P	
oxybutynin chloride TABS 2.5 MG	NP	
oxybutynin chloride TB24	P	

Drug Name	Drug Tier	Requirements/ Limits
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	
tolterodine tartrate CP24	P	
tolterodine tartrate TABS	P	
TOVIAZ *(Use fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	
trospium chloride TABS	NP	
VESICARE LS SUSP	NP	
VESICARE TABS *(Use solifenacin succinate)*	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
mirabegron SRER 8 MG/ML	NP	
mirabegron TB24	NP	
MYRBETRIQ SRER 8 MG/ML *(Use mirabegron)*	NP	
MYRBETRIQ TB24 *(Use mirabegron)*	P	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO 0.5 ML	P	
CAPVAXIVE	P	
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	
MENVEO SOLR	P	

Drug Name	Drug Tier	Requirements/ Limits
PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
VAXNEUVANCE	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000 SOLR IJ	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA SUSP	P	
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY SUSY	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	
ENGERIX-B SUSY	P	
FLUAD	P	
FLUARIX SUSY	P	
FLUBLOK SOSY	P	
FLUCELVAX SUSP	P	
FLUCELVAX SUSY	P	
FLULAVAL SUSY	P	
FLUMIST	P	
FLUZONE HIGH-DOSE SUSY	P	
FLUZONE SUSP	P	
FLUZONE SUSY	P	
GARDASIL 9 SUSP 0.5 ML	P	AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	P	AL(Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
HAVRIX IM 720 EL U/0.5ML	P	
HEPLISAV-B SOSY	P	
JYNNEOS	P	
M-M-R II SOLR	P	
MNEXSPIKE SUSY 10 MCG/0.2ML	P	
MRESVIA	P	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	P	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
PREHEVBRIO	P	
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RECOMBIVAX HB SUSP	P	
RECOMBIVAX HB SUSY	P	
ROTARIX SUSP	P	
ROTATEQ SOLN	P	
SHINGRIX	P	AL(At least 50 yrs old)
SHINGRIX IM 50 MCG/0.5ML	P	AL(At least 50 yrs old)
SPIKEVAX SUSY	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX SUSR	P	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	P	
CLEOCIN SUPP	P	
clindamycin phosphate vaginal CREA	NP	
CLINDESSE	NP	
clotrimazole vaginal CREA 1 %	P	QL(45 GM per fill retail; 45 per fill mail)
clotrimazole vaginal CREA 2 %	P	QL(21 GM per fill retail; 21 per fill mail)
GYNAZOLE-1	P	
metronidazole vaginal	P	
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
miconazole nitrate vaginal CREA 2 %	P	QL(45 GM per fill retail; 45 per fill mail)
miconazole nitrate vaginal CREA 4 %	P	QL(1.5 GM daily)
miconazole nitrate vaginal KIT	P	QL(1 EA per fill retail; 1 per fill mail)
miconazole nitrate vaginal SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 EA per fill retail; 3 per fill mail)
NUVESSA	P	
terconazole vaginal CREA 0.4 %	P	QL(45 GM per fill retail; 45 per fill mail)
terconazole vaginal CREA 0.8 %	P	QL(20 GM per fill retail; 20 per fill mail)
terconazole vaginal SUPP	P	QL(3 EA per fill retail; 3 per fill mail)
tioconazole vaginal 6.5 %	P	QL(5 GM per fill retail; 5 per fill mail)
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	P	QL(60 GM per fill retail; 60 per fill mail)
MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXX	P	
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NF	QL(1.5 GM daily)
estradiol vaginal CREA	P	QL(1.5 GM daily)
estradiol vaginal TABS	P	
PREMARIN	P	QL(1.5 GM daily)
VAGIFEM TABS *(Use estradiol vaginal)*	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	
epinephrine (anaphylaxis) SOAJ	P	
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	P	
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	P	
NEFFY SOLN NA	NP	
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS	P	
cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	P	QL(0.267 EA daily)
cholecalciferol CHEW 400 UNIT	P	
cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	P	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	P	
DRISDOL CAPS *(Use ergocalciferol)*	NF	
ergocalciferol CAPS	P	
ergocalciferol SOLN PO 200 MCG/ML	P	
phytonadione TABS 5 MG	P	
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	P	
vitamin a TABS 10000 UNIT	P	
VITAMIN D3 LIQD PO 125 MCG/ML	P	
VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)
vitamin e CAPS	P	QL(2 EA daily)
VITAMIN E CAPS	P	QL(2 EA daily)
vitamin e SOLN	P	
VITAMIN E SOLN 15 MG/0.67ML	P	
Water Soluble Vitamins		
ascorbic acid CHEW 500 MG	P	
ascorbic acid POWD PO 500 MG/GM	P	
ASCORBIC ACID POWD PO	P	
ascorbic acid TABS	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
biotin CAPS 5 MG, 5000 MCG	P	
NIACIN ER TBCR	P	
niacin TABS 50 MG, 100 MG, 500 MG	P	
niacin TBCR	NP	

Drug Name	Drug Tier	Requirements/ Limits
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	P	
riboflavin TABS 50 MG, 100 MG	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
thiamine hcl TABS	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
thiamine mononitrate TABS 100 MG	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)

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50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG 147

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 147

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 148

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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 148

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 148

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 149

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 149

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

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ACCU-CHEK SOFTCLIX LANCETS 101

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acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML 8

acetaminophen SUPP 120 MG, 650 MG 8

acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .8

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ADALIMUMAB-AACF (2 SYRINGE) PSKT 4
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT 4
ADALIMUMAB-AACF(PS/UV STARTER) AJKT 4
ADALIMUMAB-AATY (1 PEN) AJKT 4
ADALIMUMAB-AATY (2 PEN) AJKT 4
ADALIMUMAB-AATY (2 SYRINGE) PSKT 4
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML 4
ADALIMUMAB-ADAZ SOAJ 5
ADALIMUMAB-ADAZ SOSY 5
ADALIMUMAB-ADBM (2 PEN) AJKT 5
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 5
ADALIMUMAB-FKJP (2 PEN) AJKT 5
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 5
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML 5
ADALIMUMAB-RYVK (2 PEN) AJKT 5
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ADVAIR HFA AERO (Use fluticasone-salmeterol) 15
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ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine) 1

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AEROCHAMBER MINI CHAMBER DEVI 136

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AEROCHAMBER PLUS FLO-VU MEDIUM MISC 136

AEROCHAMBER PLUS FLO-VU SMALL DEVI 136

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AEROCHAMBER Z-STAT PLUS CHAMBR MISC 136

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AFLURIA PRESERVATIVE FREE SUSY 209

AFLURIA SUSP 209

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AGAMATRIX ULTRA-THIN LANCETS 103

AGAMREE 57

AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine) 68

AGRYLIN 0.5 MG (Use anagrelide hcl) 91

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AIMSCO LUBRICATED MISC ... 100

AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 15

AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 15

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AJOVY SOSY 140

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alclometasone dipropionate CREA 65

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ALCON TEARS SOLN 195

ALDACTONE TABS (Use spironolactone) 83

ALECENSA 41

alendronate sodium SOLN 83

alendronate sodium TABS 10 MG, 35 MG, 70 MG 83

ALEVE CAPS (Use naproxen sodium) 6

ALEVE TABS (Use naproxen sodium) 6

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ALHEMO 90

aliskiren fumarate 36

ALIVE CALCIUM BONE SUPPORT TABS 150

ALIVE DAILY ENERGY TABS ... 150

ALIVE DIABETIC MULTIVITAMIN TABS 150

ALIVE ENERGY 50+ TABS 150

ALIVE EVERYDAY IMMUNE HEALTH CAPS 150

ALIVE GARDEN GOODNESS TABS 150

ALIVE HAIR, SKIN & NAILS CAPS 150

ALIVE MAX 6 POTENCY CAPS . 150

ALIVE MENS 50+ TABS 150

ALIVE MENS 50+ ULTRA TABS .150

ALIVE MENS COMPLETE MULTI TABS 150

ALIVE MENS ULTRA TABS 150

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ALIVE ONCE DAILY WOMENS TABS 150

ALIVE ULTRA POTENCY ADULT TABS 150

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ALL FLOW 6000 PFT FILTER DEVI . 137

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ALLEGRA ALLERGY TABS (Use fexofenadine hcl) 31

allopurinol 100 MG, 300 MG 90

allopurinol 200 MG 90

almotriptan malate 140

ALOCRIL 198

alogliptin benzoate 25

alogliptin-metformin hcl 24

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 24

ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 86

alosetron hcl 88

ALPHA BETIC TABS 150

ALPHAGAN P (Use brimonidine tartrate) 196

ALPHANATE SOLR 90

ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 90

alprazolam TABS 13

ALPROLIX 90

ALREX SUSP (Use loteprednol etabonate) 197

ALTACAINE 0.5 % (Use tetracaine hcl (ophth)) 197

ALTACE CAPS 1.25 MG, 5 MG (Use ramipril) 34

ALTACE CAPS 10 MG (Use ramipril) 34

ALTAFRIN SOLN 10 % (Use phenylephrine hcl (mydriatic)) 196

ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic)) 196

ALTOPREV TB24 20 MG, 40 MG, 60 MG 33

ALTRIXA TABS 184

ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 90

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alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML 12

alum & mag hydrox-simethicone LIQD 12

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amiodarone hcl TABS 200 MG 14

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AMJEVITA SOAJ 5

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amlodipine besylate-benazepril hcl 35

amlodipine besylate-olmesartan medoxomil 35

amlodipine besylate-valsartan 35

amlodipine-valsartan-hydrochlorothiazide 35

AMONDYS 45 191

AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG 150

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amoxicillin & pot clavulanate CHEW . 201

amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML 201

amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML 201

amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML 201

amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML 201

amoxicillin & pot clavulanate TABS 125 MG-250 MG 201

amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 201

amoxicillin & pot clavulanate TB12 201

amoxicillin CAPS 201

amoxicillin CHEW 125 MG, 250 MG . 201

amoxicillin SUSR 201

amoxicillin TABS 875 MG 201

amoxicillin-clarithromycin w/ lansoprazole THPK 208

amphetamine sulfate TABS 1

amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG 1

amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG 1

amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG 1

amphetamine-dextroamphetamine TABS 1

ampicillin CAPS 500 MG 201

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AMRIX CP24 (Use cyclobenzaprine hcl) 190

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ANAFRANIL (Use clomipramine hcl) 23
anagrelide hcl 91
ANAPROX DS TABS (Use naproxen sodium) 6
ANASPAZ TBDP (Use hyoscyamine sulfate) 207
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ANDEMBRY SOAJ SC 200 MG/1.2ML 91
ANDROGEL PUMP GEL TD (Use testosterone) 11
ANNOVERA 56
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol) 16
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT 150
ANTIOXIDANT FORMULA TABS 150
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG 150
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ANTIVERT TABS 50 MG (Use meclizine hcl) 30
ANUSOL-HC EX (Use hydrocortisone (rectal)) 12
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APEXICON E CREA 65
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apomorphine hydrochloride SOCT 44
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AQVESME TABS 100 MG 92
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ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML 92
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML 92
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML 92
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ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML 93
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ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML 93
ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML 93
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ARCALYST 5
AREXVY 209
arformoterol tartrate 16
ARGININE TABS 195
ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant)) 89
ARICEPT TABS (Use donepezil hydrochloride) 202
ARIKAYCE 4
ARIMIDEX (Use anastrozole) 39
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aripiprazole TABS 47
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ARISTADA 882 MG/3.2ML, 1064

MG/3.9ML 47
ARISTADA INITIO 47
ARIXTRA (Use fondaparinux sodium) 17
armodafinil 2
ARMOUR THYROID TABS 206
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) 15
AROMASIN (Use exemestane) ...39
ARTHROTEC TBEC (Use diclofenac w/ misoprostol) 6
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ascorbic acid CHEW 500 MG 211
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ASCORBIC ACID POWD PO 211
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ASMANEX (14 METERED DOSES) AEPB 15
ASMANEX (30 METERED DOSES) AEPB 15
ASMANEX (60 METERED DOSES) AEPB 15
ASMANEX HFA AERO 15
ASPERCREME/ALOE CREA (Use trolamine salicylate) 68
aspirin buffered (cal carb-mag carb-mag oxide) 8
aspirin CHEW 8
ASPIRIN SUPP 300 MG 8
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ASSURE LANCE LANCETS 103
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ATELVIA TBEC (Use risedronate sodium) 83
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ATIVAN SOLN (Use lorazepam) ...13
ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam) 13
ATIVAN TABS 1 MG (Use lorazepam) 13
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atomoxetine hcl PO 4 MG/ML 2
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ATORVALIQ SUSP 33
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ATRALIN GEL (Use tretinoin) 59
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atropine sulfate (ophthalmic) SOLN 196
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 196
ATROPINE SULFATE SOLN 1 % 196

ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa) 14

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AUBAGIO (Use teriflunomide) ... 203

AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) 201

AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML 201

AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 201

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AURYXIA 210 MG (Use ferric citrate) 89

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AVAPRO 150 MG, 300 MG (Use irbesartan) 34

AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 59

AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ... 59

AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 59

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AVODART (Use dutasteride) 89

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AVSOLA 87

AVTOZMA SOAJ SC 162 MG/0.9ML 6

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AZO HORMONAL HEALTH HAPPY CYCL TABS 151

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cholecalciferol CHEW 400 UNIT . 211

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cholestyramine PACK 32

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CLOBEX SHAM (Use clobetasol propionate) 65

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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 155

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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 156

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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 188

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CVS SPECTRAVITE ADULTS TABS 156

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 156

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 156

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 157

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 157

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CVS SPECTRAVITE ULTRA MENS TABS 157

CVS SPECTRAVITE ULTRA WOMEN TABS 157

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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 157

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 157

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cyclobenzaprine hcl TABS 190

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CYCLOGYL 0.5 % 196

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cyclosporine (ophth) EMUL 197

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CYMBALTA CPEP 20 MG (Use duloxetine hcl) 23

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CYTOGAM SOLN 200

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MG-3300 MG 89

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MENVEO SOLR 209

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MOOD FOOD ES CAPS 167

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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 170

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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 171

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 170

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TERIPARATIDE SOPN 84

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