

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](https://www.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	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate TABS</i>	PA	AL(At least 3 yrs old); PA
Amphetamines			<i>dextroamphetamine sulfate TABS</i>	NP	AL(At least 3 yrs old)
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)	DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	AL(At least 3 yrs old)	DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 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)	EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
amphetamine sulfate TABS	NP	AL(At least 3 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
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	<i>lisdexamfetamine dimesylate CHEW</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>methamphetamine hcl</i>	NP	AL(At least 3 yrs old)
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 yrs old); PA	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
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)	VYVANSE CAPS (Use <i>lisdexamfetamine dimesylate</i>)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	NP	QL(1 ML daily); AL(At least 6 yrs old)	VYVANSE CHEW (Use <i>lisdexamfetamine dimesylate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
DESOXYN (Use methamphetamine hcl)	NF	AL(At least 3 yrs old)	XELSTRYM	NP	AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)	Analeptics		
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)	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	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	<i>guanfacine hcl (adhd)</i>	PA	QL(1 EA daily); AL(At least 6 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	INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
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	ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
ZEPBOUND SOAJ	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	QELBREE	PA	AL(At least 6 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	STRATTERA (<i>Use atomoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			Dopamine and Norepinephrine Reuptake Inhibitors (DNRI's)		
<i>atomoxetine hcl PO 4 MG/ML</i>	NP	QL(2 ML daily); AL(At least 6 yrs old)	SUNOSI	NP	
<i>atomoxetine hcl</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	Histamine H3-Receptor Antagonist/Inverse Agonists		
ATONCY PO 4 MG/ML (<i>Use atomoxetine hcl</i>)	NP	QL(2 ML daily); AL(At least 6 yrs old)	WAKIX	PA	SP; PA
<i>clonidine hcl (adhd) TB12</i>	PA	QL(4 EA daily); AL(At least 6 yrs old); PA	Stimulants - Misc.		
			APTENSIO XR CP24 (<i>Use methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			<i>armodafinil</i>	PA	QL(1 EA daily); PA
			AZSTARYS	NP	AL(At least 6 yrs old)
			CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	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 (<i>Use methylphenidate</i>)	NF	
			<i>dexmethylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			<i>dexmethylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOCALIN XR CP24 10 MG, 20 MG, 25 MG, 40 MG (Use dexamethylphenidate hcl)	NF		methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
FOCALIN XR CP24 (Use dexamethylphenidate hcl)	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
FOCALIN TABS (Use dexamethylphenidate hcl)	NP	AL(At least 3 yrs old)	methylphenidate PTCH	NP	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN TABS 2.5 MG (Use dexamethylphenidate hcl)	NF	AL(At least 3 yrs old)	modafinil	NP	QL(1 EA daily)
FOCALIN TABS 5 MG (Use dexamethylphenidate hcl)	NF		NUVIGIL (Use armodafinil)	NP	QL(1 EA daily)
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA	NUVIGIL 250 MG (Use armodafinil)	NF	
METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)	PROVIGIL (Use modafinil)	PA	QL(1 EA daily); PA
METHYLIN SOLN (Use methylphenidate hcl)	NP	AL(At least 3 yrs old)	QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 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)	QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW	NP	AL(At least 3 yrs old)	RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24	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)
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	RITALIN LA CP24 (Use methylphenidate hcl)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methylphenidate hcl CPCR	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	RITALIN TABS 5 MG, 10 MG (Use methylphenidate hcl)	NF	
methylphenidate hcl SOLN	PA	AL(At least 3 yrs old); PA	RITALIN TABS (Use methylphenidate hcl)	NP	AL(At least 3 yrs old)
methylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
methylphenidate hcl TB24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	Allergenic Extracts		
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	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)

Drug Name	Drug Tier	Requirements/ Limits
RAGWITEK SUBL	P	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
<i>melatonin TABS 3 MG, 5 MG</i>	P	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	P	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	NP	SP
<i>tobramycin NEBU</i>	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
<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); SP
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	NP	QL(1 EA daily); SP
XELJANZ XR TB24 11 MG, 22 MG (<i>Use tofacitinib citrate</i>)	NP	QL(1 EA daily); SP
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	PA	SP; PA
XELJANZ TABS 5 MG, 10 MG (<i>Use tofacitinib citrate</i>)	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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen TABS 50 MG</i>	P		<i>mefenamic acid CAPS</i>	NP	MP
<i>flurbiprofen TABS 100 MG</i>	NP		<i>meloxicam TABS</i>	P	
<i>ibuprofen-acetaminophen TABS</i>	P		<i>nabumetone</i>	P	
<i>ibuprofen CAPS</i>	P		NAPRELAN TB24 500 MG, 750 MG (Use <i>naproxen sodium</i>)	NF	
<i>ibuprofen CHEW</i>	P		NAPRELAN TB24 375 MG, 500 MG (Use <i>naproxen sodium</i>)	NP	
<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)	NAPROSYN SUSP (Use <i>naproxen</i>)	NF	
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC	NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NF	
<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P		<i>naproxen sodium CAPS</i>	P	
<i>ibuprofen TABS 800 MG</i>	P	QL(4 EA daily)	<i>naproxen sodium TABS 220 MG</i>	P	
<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P		<i>naproxen sodium TABS</i>	NP	
<i>ibuprofen TABS 600 MG</i>	P	QL(5 EA daily)	<i>naproxen sodium TB24</i>	NP	
<i>ibuprofen TABS 400 MG</i>	P	QL(8 EA daily)	<i>naproxen-esomeprazole magnesium</i>	NP	
INDOCIN SUSP (Use <i>indomethacin</i>)	NF		<i>naproxen SUSP</i>	NP	QL(200 ML per fill retail; 200 per fill mail)
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>naproxen TABS</i>	P	
<i>indomethacin CPCR</i>	NP		<i>naproxen TBEC</i>	P	
<i>indomethacin SUPP</i>	NP		ORUDIS CAPS 75 MG	NP	
<i>indomethacin SUSP</i>	NP		<i>oxaprozin CAPS</i>	NP	
<i>ketoprofen CAPS 50 MG, 75 MG</i>	NP		<i>oxaprozin TABS</i>	NP	
<i>ketoprofen CP24</i>	NP		<i>piroxicam CAPS</i>	P	
<i>ketorolac tromethamine TABS</i>	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA	<i>sulindac TABS</i>	P	
LODINE TABS (Use <i>etodolac</i>)	NF		TOLECTIN DS CAPS 400 MG (Use <i>tolmetin sodium</i>)	NP	
LURBIPR TABS 100 MG (Use <i>flurbiprofen</i>)	NF		<i>tolmetin sodium CAPS</i>	NP	
LURBIRO TABS 100 MG (Use <i>flurbiprofen</i>)	NP		<i>tolmetin sodium TABS</i>	NP	
<i>meclofenamate sodium CAPS</i>	NP		VIMOVO (Use <i>naproxen-esomeprazole magnesium</i>)	NF	
			VYSCOXIA PO 10 MG/ML	NP	QL(8 ML daily)
			ZYBIC SUSP 7.5 MG/5ML (Use <i>meloxicam</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
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
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 87.5 MG/0.7ML	PA	QL(0.1 ML daily); SP; PA
ORENCIA SOSY 125 MG/ML	PA	QL(0.143 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		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	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		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin CHEW</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN SUPP 300 MG	P		<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)
<i>aspirin TABS 325 MG</i>	P		<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)
<i>aspirin TBEC 81 MG, 325 MG</i>	P		HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	QL(1 EA daily)
<i>diflunisal TABS</i>	P		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)
DOLOBID TABS	P		<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)
<i>salsalate</i>	NP		<i>methadone hcl CONC</i>	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN PO</i>	NP	
Opioid Agonists			<i>methadone hcl TABS</i>	NP	
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>methadone hcl TBSO</i>	NP	
CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)	METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP	
CONZIP CP24 (Use <i>tramadol hcl</i>)	NP	AL(At least 18 yrs old)	METHADOSE CONC (Use <i>methadone hcl</i>)	NP	
DEMEROL SOLN IJ (Use <i>meperidine hcl</i>)	NF		<i>morphine sulfate beads</i>	P	QL(1 EA daily)
DILAUDID TABS (Use <i>hydromorphone hcl</i>)	NF	QL(8 EA daily)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
DISKETS TBSO 40 MG (Use <i>methadone hcl</i>)	NP		<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>fentanyl citrate LPOP 400 MCG, 800 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	PA	QL(0.34 EA daily); PA	<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)
<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)	<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)
<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)	<i>morphine sulfate TABS 30 MG</i>	P	
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)	<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
			MS CONTIN TBCR 100 MG (Use <i>morphine sulfate</i>)	NF	QL(3 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-2.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF		ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)
PROLATE SOLN	PA	QL(20 ML daily); PA	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)
PROLATE TABS	PA	QL(13 EA daily); PA	ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)
<i>tramadol-acetaminophen</i>	P	QL(12 EA daily); AL(At least 18 yrs old)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Opioid Partial Agonists			Androgens		
BELBUCA FILM	NP		ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	NF	
BRIXADI (WEEKLY) SOSY	P	SP	ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	NP	
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	JATENZO CAPS	PA	PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>	NP	QL(2 EA daily)	<i>methyltestosterone TABS</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>	NP	QL(3 EA daily)	NATESTO GEL NA	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)	TESTIM GEL TD (<i>Use testosterone</i>)	NP	
<i>buprenorphine hcl SUBL</i>	P	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
<i>buprenorphine PTWK</i>	NP		<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.1429 ML daily)
BUTRANS PTWK (<i>Use buprenorphine</i>)	P		<i>testosterone enanthate SOLN IM</i>	P	QL(0.1429 ML daily)
SUBLOCADE SOSY	P	SP	<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(2 EA daily)	<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(3 EA daily)	<i>testosterone SOLN</i>	NP	
			TLANDO CAPS	PA	PA
			VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
			VOGELXO GEL TD (<i>Use testosterone</i>)	NF	
			VOGELXO GEL TD (<i>Use testosterone</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
XYOSTED SOAJ	PA	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	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)
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	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		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NF	
hydrocortisone (rectal) EX	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
<i>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</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(16.54 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)	<i>clorazepate dipotassium TABS</i>	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NF		<i>diazepam CONC</i>	P	
<i>nitroglycerin OINT</i>	P		<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>nitroglycerin PT24</i>	P		<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	P	
<i>nitroglycerin SUBL</i>	P		DIAZEPAM SOLN IJ 5 MG/ML	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF		<i>diazepam TABS</i>	P	AL(At least 18 yrs old)
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	P		<i>lorazepam CONC</i>	P	
ANTIANGXIETY AGENTS - Drugs to Treat Anxiety			<i>lorazepam SOLN</i>	P	
Antianxiety Agents - Misc.			LORAZEPAM SOLN 2 MG/ML	P	
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily)	<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily)	<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)
<i>buspirone hcl 15 MG</i>	P	QL(4 EA daily)	<i>oxazepam CAPS 10 MG, 30 MG</i>	P	QL(4 EA daily)
<i>droperidol SOLN 2.5 MG/ML</i>	P		VALIUM TABS (<i>Use diazepam</i>)	NF	AL(At least 18 yrs old)
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P		XANAX TABS (<i>Use alprazolam</i>)	NF	QL(4 EA daily)
<i>hydroxyzine hcl SYRP</i>	P		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>hydroxyzine hcl TABS</i>	P		Antiarrhythmics Type I-A		
<i>hydroxyzine pamoate CAPS</i>	P		<i>disopyramide phosphate CAPS</i>	P	
<i>meprobamate</i>	P		NORPACE CR CP12 150 MG	P	
VISTARIL CAPS 25 MG (<i>Use hydroxyzine pamoate</i>)	NF		NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NF	
Benzodiazepines			<i>quinidine gluconate TBCR</i>	P	
<i>alprazolam TABS</i>	P	QL(4 EA daily)	<i>quinidine sulfate TABS</i>	P	
ATIVAN SOLN (<i>Use lorazepam</i>)	NF		Antiarrhythmics Type I-B		
ATIVAN TABS 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 EA daily)	<i>mexiletine hcl</i>	P	
ATIVAN TABS 1 MG (<i>Use lorazepam</i>)	NF	QL(4 EA daily)	Antiarrhythmics Type I-C		
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)	<i>flecainide acetate</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	AL(At least 18 yrs old); SP
EXDENSUR SOSY SC 100 MG/ML	NP	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

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOLR	NP	QL(0.215 EA daily); AL(At least 6 yrs old); SP
XOLAIR SOSY	PA	QL(0.215 ML daily); AL(At least 6 yrs old); SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT (<i>Use ipratropium bromide hfa</i>)	P	
INCRUSE ELLIPTA 62.5 MCG/ACT (<i>Use umeclidinium bromide</i>)	P	MP
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	P	
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	P	MP
SPIRIVA RESPIMAT AERS IN	P	MP
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	MP
TUDORZA PRESSAIR	NP	MP
<i>umeclidinium bromide 62.5 MCG/INH</i>	NP	
YUPELRI IN 175 MCG/3ML	NP	MP
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NF	
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	P	
<i>montelukast sodium TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR CHEW 5 MG (Use montelukast sodium)	NP		budesonide (inhalation) SUSP	P	AL(At least 1 yrs old - Up to 8 yrs old); MP
SINGULAIR CHEW 4 MG (Use montelukast sodium)	NF		FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	NF	QL(0.36 GM daily)
SINGULAIR PACK (Use montelukast sodium)	NF		fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	NP	MP
zafirlukast	P		fluticasone propionate (inhalation) AEPB	P	QL(2 EA daily); MP
zileuton TB12	NP		fluticasone propionate hfa 44 MCG/ACT	P	QL(0.36 GM daily); MP
ZYFLO TABS	NP		fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 GM daily); MP
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			PULMICORT FLEXHALER AEPB	P	MP
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old); SP	PULMICORT FLEXHALER AEPB	P	MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT SUSP (Use budesonide (inhalation))	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP
DALIRESP (Use roflumilast)	NP	QL(1 EA daily)	QVAR REDHALER	NP	MP
roflumilast	PA	QL(1 EA daily); PA	Sympathomimetics		
Steroid Inhalants			ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NF	
ALVESCO	NP	MP	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	P	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	P	MP	ADVAIR HFA AERO (Use fluticasone-salmeterol)	P	MP
ASMANEX (120 METERED DOSES) AEPB	P	MP	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	NF	
ASMANEX (14 METERED DOSES) AEPB	P	MP	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NF	
ASMANEX (30 METERED DOSES) AEPB	P	MP	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	NF	
ASMANEX (60 METERED DOSES) AEPB	P	MP			
ASMANEX HFA AERO	P	MP			
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	NP	MP			

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin CAPS</i>	P		<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP	
<i>gabapentin SOLN</i>	P		<i>LYRICA CAPS (Use pregabalin)</i>	P	
<i>gabapentin TABS 600 MG, 800 MG</i>	P		<i>LYRICA CAPS 25 MG, 50 MG, 100 MG, 150 MG, 200 MG (Use pregabalin)</i>	NF	
<i>KEPPRA XR TB24 (Use levetiracetam)</i>	NP		<i>LYRICA SOLN (Use pregabalin)</i>	NF	
<i>KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)</i>	NF		<i>LYRICA SOLN (Use pregabalin)</i>	P	
<i>KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)</i>	NP		<i>MOTPOLY XR CP24</i>	NP	
<i>KEPPRA TABS (Use levetiracetam)</i>	NP		<i>MYSOLINE (Use primidone)</i>	NF	
<i>lacosamide SOLN IV 200 MG/20ML</i>	P		<i>NEURONTIN CAPS (Use gabapentin)</i>	P	
<i>lacosamide TABS</i>	P		<i>NEURONTIN SOLN (Use gabapentin)</i>	NF	
<i>LAMICTAL ODT KIT (Use lamotrigine)</i>	NP		<i>NEURONTIN SOLN (Use gabapentin)</i>	P	
<i>LAMICTAL ODT TBDP (Use lamotrigine)</i>	NP		<i>NEURONTIN TABS (Use gabapentin)</i>	P	
<i>LAMICTAL STARTER KIT 25 MG (Use lamotrigine)</i>	NP		<i>oxcarbazepine SUSP</i>	P	
<i>LAMICTAL XR KIT</i>	NP		<i>oxcarbazepine TABS</i>	P	
<i>LAMICTAL XR TB24 (Use lamotrigine)</i>	NP		<i>oxcarbazepine TB24</i>	NP	
<i>LAMICTAL CHEW (Use lamotrigine)</i>	NP		<i>OXTELLAR XR TB24 (Use oxcarbazepine)</i>	NP	
<i>LAMICTAL TABS (Use lamotrigine)</i>	NP		<i>pregabalin CAPS</i>	NP	
<i>lamotrigine CHEW</i>	P		<i>pregabalin SOLN</i>	NP	
<i>lamotrigine KIT 25 MG</i>	P		<i>primidone</i>	P	
<i>lamotrigine TABS</i>	P		<i>QUDEXY XR CS24 (Use topiramate)</i>	NF	
<i>lamotrigine TB24</i>	P		<i>rufinamide SUSP</i>	P	SP
<i>lamotrigine TBDP</i>	P		<i>rufinamide TABS</i>	P	SP
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		<i>SPRITAM TB3D</i>	NP	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		<i>SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use levetiracetam)</i>	NP	
<i>levetiracetam TABS</i>	P		<i>SUBVENITE SUSP PO 10 MG/ML</i>	NP	
<i>levetiracetam TB24</i>	P				

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 (Use bupropion hcl)	NP	AL(At least 18 yrs old)	escitalopram oxalate SOLN	P	AL(At least 18 yrs old)
WELLBUTRIN XL TB24 (Use bupropion hcl)	NF	AL(At least 18 yrs old)	escitalopram oxalate TABS	P	AL(At least 18 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			fluoxetine hcl CAPS	P	AL(At least 18 yrs old)
ZURZUVAE	P	AL(At least 18 yrs old); SP	fluoxetine hcl CPDR	P	AL(At least 18 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			fluoxetine hcl SOLN	P	AL(At least 18 yrs old)
EMSAM	P		fluoxetine hcl TABS	P	AL(At least 18 yrs old)
MARPLAN	P		FLUOXETINE HCL TABS (Use fluoxetine hcl)	NF	
NARDIL (Use phenelzine sulfate)	NF		fluvoxamine maleate CP24	NP	AL(At least 18 yrs old)
PARNATE (Use tranylcypromine sulfate)	NF		fluvoxamine maleate TABS	P	AL(At least 18 yrs old)
phenelzine sulfate	P		LEXAPRO TABS (Use escitalopram oxalate)	NP	AL(At least 18 yrs old)
tranylcypromine sulfate	P		paroxetine hcl SUSP	P	AL(At least 18 yrs old)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			paroxetine hcl TABS	P	AL(At least 18 yrs old)
SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA	paroxetine hcl TB24	NP	AL(At least 18 yrs old)
SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA	PAXIL CR TB24 (Use paroxetine hcl)	NP	AL(At least 18 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL SUSP (Use paroxetine hcl)	NF	AL(At least 18 yrs old)
CELEXA TABS (Use citalopram hydrobromide)	NP	AL(At least 18 yrs old)	PAXIL TABS (Use paroxetine hcl)	NP	AL(At least 18 yrs old)
citalopram hydrobromide CAPS 30 MG	P	AL(At least 18 yrs old)	PROZAC CAPS (Use fluoxetine hcl)	NP	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use citalopram hydrobromide)	P	AL(At least 18 yrs old)	sertraline hcl CAPS 150 MG, 200 MG	P	AL(At least 18 yrs old)
citalopram hydrobromide SOLN	P	AL(At least 18 yrs old)	SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)	P	AL(At least 18 yrs old)
citalopram hydrobromide TABS	P	AL(At least 18 yrs old)	sertraline hcl CONC	P	AL(At least 18 yrs old)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	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)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)	JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NP	MP
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF		JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NP	MP
<i>protriptyline hcl</i>	P		JENTADUETO XR TB24	P	MP
<i>trimipramine maleate CAPS</i>	P		JENTADUETO TABS	P	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>pioglitazone hcl-glimepiride</i>	NP	MP
Alpha-Glucosidase Inhibitors			<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP
<i>acarbose</i>	P	MP	<i>saxagliptin-metformin hcl</i>	NP	MP
<i>miglitol</i>	P	MP	SEGLUROMET	NP	MP
Antidiabetic - Amylin Analogs			<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	MP
SYMLINPEN 120 SOPN	PA	MP; PA	<i>sitagliptin free base-metformin hcl TB24</i>	NP	MP
SYMLINPEN 60 SOPN	PA	MP; PA	<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	MP
Antidiabetic Combinations			<i>sitagliptin phosphate-metformin hcl TB24</i>	NP	MP
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	MP	SOLQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP
<i>alogliptin-metformin hcl</i>	NP	MP	STEGLUJAN	NP	MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	MP	SYNJARDY XR TB24	P	MP
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	MP	SYNJARDY TABS	P	MP
<i>dapagliflozin-saxagliptin</i>	NP	MP	TRIJARDY XR	NP	MP
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP	XIGDUO XR TB24 PO (<i>Use dapagliflozin free base-metformin hcl</i>)	P	MP
<i>glipizide-metformin hcl</i>	NP	MP	XIGDUO XR TB24 PO	P	MP
<i>glyburide-metformin</i>	NP	MP	XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP
GLYXAMBI	P	MP			
INVOKAMET XR TB24	NP	MP			
INVOKAMET TABS	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits
ZITUVIMET XR TB24	P	MP
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin free base-metformin hcl</i>)	P	MP
Antidiabetic-Antibodies		
TZIELD	PA	QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); SP; PA
Biguanides		
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NF	
<i>metformin hcl SOLN</i>	PA	MP; PA
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
<i>metformin hcl TB24</i>	P	MP
RIOMET SOLN (<i>Use metformin hcl</i>)	NP	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
<i>dextrose (diabetic use) CHEW 4 GM</i>	P	QL(1.67 EA daily)
<i>dextrose (diabetic use) GEL</i>	P	
<i>diazoxide</i>	P	
GLUCAGON EMERGENCY	P	
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	NF	
<i>glucagon SOLR IJ 1 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use diazoxide</i>)	NF	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)
TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA 25 MG, 50 MG, 100 MG (<i>Use sitagliptin phosphate</i>)	NP	MP
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl</i>	NP	MP
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	P	MP
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	NP	MP
TRADJENTA	P	MP
ZITUVIO 25 MG, 50 MG, 100 MG (<i>Use sitagliptin</i>)	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	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
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	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
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	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
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)	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
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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	HUMALOG SOCT	P	MP
			HUMALOG SOLN IJ	P	MP
			HUMULIN 70/30 KWIKPEN SUPN	P	MP
			HUMULIN 70/30 SUSP	P	MP
Insulin			HUMULIN N KWIKPEN SUPN	P	MP
ADMELOG SOLOSTAR SOPN	NP	MP	HUMULIN N SUSP	P	MP
ADMELOG SOLN IJ	NP	MP	HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		HUMULIN R SOLN IJ	P	MP
APIDRA SOLOSTAR SOPN	NP	MP	INSULIN ASPART FLEXPEN SOPN	P	MP
APIDRA SOLN	NP	MP	INSULIN ASPART SOLN IJ	P	MP
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP	MP	INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP	INSULIN DEGLUDEC SOLN	NP	MP
BASAGLAR TEMPO PEN SOPN	NP	MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
FIASP PENFILL SOCT	NP	MP	INSULIN GLARGINE-YFGN SOLN	NP	MP
FIASP PUMPCART SOCT	NP		INSULIN GLARGINE-YFGN SOPN	P	MP
FIASP SOLN	NP	MP	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP
HUMALOG JUNIOR KWIKPEN SOPN	P	MP	INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	MP	INSULIN LISPRO PROT & LISPRO SUPN	P	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO SOLN IJ	P	MP	NOVOLIN R SOLN IJ	P	MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP
KIRSTY SOPN SC 100 UNIT/ML	NP	MP	NOVOLOG FLEXPEN RELION SOPN	NP	MP
LANTUS SOLOSTAR SOPN	P	MP	NOVOLOG FLEXPEN SOPN	NP	MP
LANTUS SOLN	P	MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP
LEVEMIR FLEXPEN SOPN	NP	MP	NOVOLOG MIX 70/30 RELION SUSP	P	MP
LEVEMIR SOLN	NP	MP	NOVOLOG MIX 70/30 SUSP	P	MP
LYUMJEV KWIKPEN SOPN	NP	MP	NOVOLOG PENFILL SOCT	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	MP	NOVOLOG RELION SOLN IJ	NP	MP
LYUMJEV SOLN	NP	MP	NOVOLOG SOLN IJ	NP	MP
MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP	REZVOGLAR KWIKPEN	NP	
MERIOLOG SOLN SC 100 UNIT/ML	NP	MP	SEMGLEE (YFGN) SOLN	NP	MP
MYXREDLIN	P		SEMGLEE (YFGN) SOPN	NP	MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	MP	TOUJEO MAX SOLOSTAR SOPN	P	MP
NOVOLIN 70/30 FLEXPEN SUPN	P	MP	TOUJEO SOLOSTAR SOPN	P	MP
NOVOLIN 70/30 RELION SUSP	P	MP	TRESIBA FLEXTOUCH SOPN	P	MP
NOVOLIN 70/30 SUSP	P	MP	TRESIBA SOLN	P	MP
NOVOLIN N FLEXPEN RELION SUPN	P	MP	Insulin Sensitizing Agents		
NOVOLIN N FLEXPEN SUPN	P	MP	ACTOS (<i>Use pioglitazone hcl</i>)	NP	MP
NOVOLIN N RELION SUSP	P	MP	<i>pioglitazone hcl</i>	P	MP
NOVOLIN N SUSP	P	MP	Meglitinide Analogues		
NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP	<i>nateglinide</i>	NP	MP
NOVOLIN R FLEXPEN SOPN IJ	P	MP	<i>repaglinide</i>	P	MP
NOVOLIN R RELION SOLN IJ	P	MP	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS PO (<i>Use dapagliflozin</i>)	P	MP
INVOKANA	NP	MP
JARDIANCE	P	MP
STEGLATRO	NP	MP
Sulfonylureas		
<i>glimepiride</i> 1 MG, 2 MG, 4 MG	P	MP
<i>glipizide</i> TABS	P	MP
<i>glipizide</i> TB24	P	MP
GLUCOTROL XL TB24 5 MG (<i>Use glipizide</i>)	NP	MP
GLUCOTROL XL TB24 10 MG (<i>Use glipizide</i>)	NF	
<i>glyburide</i> micronized 3 MG, 6 MG	P	MP
<i>glyburide</i> TABS	P	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate</i> CHEW 262 MG	P	
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 1050 MG/30ML	P	
<i>bismuth subsalicylate</i> TABS	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i> LIQD	P	
<i>diphenoxylate w/ atropine</i> TABS	P	
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl</i> CAPS	P	QL(8 EA daily); RX/OTC
<i>loperamide hcl</i> TABS	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/ Limits
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox</i> TABS	P	SP; PA
JADENU TABS (<i>Use deferasirox</i>)	NF	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
<i>naloxone hcl</i> LIQD	P	RX/OTC
<i>naloxone hcl</i> SOCT	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl</i> SOLN 0.4 MG/ML, 4 MG/10ML	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl</i> SOSY 0.4 MG/ML	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl</i> SOSY 2 MG/2ML	P	
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>Use naloxone hcl</i>)	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		
<i>granisetron hcl</i> 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)
<i>ondansetron hcl</i> SOLN PO 4 MG/5ML	P	QL(50 ML per fill retail; 50 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)	<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)	<i>dronabinol CAPS</i>	PA	PA
<i>ondansetron hcl SOSY</i>	P	QL(8 ML per fill retail; 8 per fill mail)	DRONABINOL SOLN 5 MG/ML	PA	PA
<i>ondansetron hcl TABS 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)	MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NF	
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)	MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	PA	PA
<i>ondansetron hcl TABS 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)	APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)	<i>aprepitant CAPS 125 MG</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>aprepitant CAPS 40 MG, 80 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)	<i>aprepitant CPPK PO</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
Antiemetics - Anticholinergic			CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NF	RX/OTC	EMEND BIPACK CAPS 80 MG (<i>Use aprepitant</i>)	NP	QL(2 EA per fill retail; 2 per fill mail)
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NF		EMEND TRIPACK CPPK PO (<i>Use aprepitant</i>)	NP	QL(3 EA per fill retail; 3 per fill mail)
<i>dimenhydrinate TABS</i>	P		EMEND SOLR (<i>Use fosaprepitant dimeglumine</i>)	NP	QL(1 EA per fill retail; 1 per fill mail)
<i>meclizine hcl CHEW</i>	P	RX/OTC	EMEND SUSR	NP	QL(1 EA per fill retail; 1 per fill mail)
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	FOCINVEZ SOLN	NP	QL(1 ML per fill retail; 1 per fill mail)
Antiemetics - Miscellaneous			<i>fosaprepitant dimeglumine SOLR</i>	P	QL(1 EA per fill retail; 1 per fill mail)
AKYNZEO	NP				
BONJESTA TBCR	P				
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NAVITRUX SOLR 150 MG	NP	QL(1 EA per fill retail; 1 per fill mail)	<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>dexchlorpheniramine maleate SOLN</i>	P	
Antifungals			Antihistamines - Ethanolamines		
<i>griseofulvin microsize SUSP</i>	P		CLEMASZ TABS 2.68 MG (Use <i>clemastine fumarate</i>)	NF	
<i>griseofulvin microsize TABS</i>	P		DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
<i>griseofulvin ultramicrosize</i>	P		<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P		<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>nystatin TABS</i>	P	QL(6 EA daily)	<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
Imidazole-Related Antifungals			Antihistamines - Non-Sedating		
DIFLUCAN SUSR 40 MG/ML (Use <i>fluconazole</i>)	NF	QL(70 ML per fill retail; 70 per fill mail)	ALLEGRA ALLERGY TABS (Use <i>fexofenadine hcl</i>)	NF	
DIFLUCAN TABS 200 MG (Use <i>fluconazole</i>)	NF	QL(2 EA daily)	<i>cetirizine hcl CAPS</i>	NP	
DIFLUCAN TABS 100 MG (Use <i>fluconazole</i>)	NF	QL(1 EA daily)	<i>cetirizine hcl CHEW</i>	P	
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail; 70 per fill mail)	<i>cetirizine hcl SOLN PO</i>	P	RX/OTC
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)	<i>cetirizine hcl TABS</i>	P	
<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)	CLARINEX TABS (Use <i>desloratadine</i>)	NF	
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)	CLARINEX TABS (Use <i>desloratadine</i>)	NP	
<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)	CLARITIN ALLERGY CHILDRENS SOLN (Use <i>loratadine</i>)	NF	
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA	CLARITIN CHILDRENS CHEW (Use <i>loratadine</i>)	NF	
ANTIHISTAMINES - Drugs to Treat Allergies			CLARITIN REDITABS TBDP (Use <i>loratadine</i>)	NF	
Antihistamines - Alkylamines			CLARITIN REDITABS TBDP (Use <i>loratadine</i>)	NF	
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)	CLARITIN CHEW (Use <i>loratadine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN SOLN (<i>Use loratadine</i>)	NF	
CLARITIN TABS (<i>Use loratadine</i>)	NF	
DESLORATADINE SOLN PO 0.5 MG/ML	NP	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	
<i>fexofenadine hcl SUSP</i>	NP	
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP	
<i>levocetirizine dihydrochloride SOLN</i>	P	RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC
<i>loratadine CHEW</i>	P	
<i>loratadine SOLN</i>	P	
<i>loratadine TABS</i>	P	
<i>loratadine TBDP 10 MG</i>	P	
ZYRTEC ALLERGY CAPS (<i>Use cetirizine hcl</i>)	NF	
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NF	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	P	
<i>cyproheptadine hcl TABS</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL)		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
NEXLETOL	NP	
Angiotensin-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		
<i>ezetimibe-simvastatin</i>	P	MP
NEXLIZET	NP	
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NP	MP
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	NP	
LOVAZA (<i>Use omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters</i>	P	
VASCEPA (<i>Use icosapent ethyl</i>)	NF	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	NP	
<i>cholestyramine light PACK</i>	P	
<i>cholestyramine light POWD</i>	NP	
<i>cholestyramine light POWD</i>	P	
<i>cholestyramine PACK</i>	P	
<i>cholestyramine POWD</i>	P	
<i>colesevelam hcl PACK</i>	P	
<i>colesevelam hcl TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin</i> TABS	P	MP	ACE Inhibitors		
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	MP	ACCUPRIL (<i>Use quinapril hcl</i>)	NP	MP
ZYPITAMAG 2 MG, 4 MG	NP	MP	ALTACE CAPS 10 MG (<i>Use ramipril</i>)	NF	
Intestinal Cholesterol Absorption Inhibitors			ALTACE CAPS 1.25 MG, 5 MG (<i>Use ramipril</i>)	NP	MP
<i>ezetimibe</i>	P		<i>benazepril hcl</i>	P	MP
ZETIA (<i>Use ezetimibe</i>)	NP		<i>captopril</i>	P	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	<i>enalapril maleate TABS</i>	P	MP
Nicotinic Acid Derivatives			EPANED SOLN (<i>Use enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP
<i>niacin (antihyperlipidemic)</i> TABS	P		<i>fosinopril sodium</i>	NP	MP
<i>niacin (antihyperlipidemic)</i> TBCR	P		<i>lisinopril TABS</i> 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			LOTENSIN 10 MG, 20 MG, 40 MG (<i>Use benazepril hcl</i>)	NP	MP
LEQVIO	NP	SP	<i>moexipril hcl</i>	NP	MP
LIPFENDRA TABS PO 20 MG	NP	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail)	<i>perindopril erbumine</i>	NP	MP
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA	QBRELIS SOLN	NP	MP
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA	<i>quinapril hcl</i>	NP	MP
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA	<i>ramipril CAPS</i>	P	MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>trandolapril</i>	NP	MP
			VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
			ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
			ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP
			Angiotensin II Receptor Antagonists		
			ARBLI PO 10 MG/ML	NP	MP
			ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP
			AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	MP

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

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	MP
fosinopril sodium & hydrochlorothiazide	NP	MP
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	MP
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 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	NF	
LOTREL 10 MG-5 MG (Use amlodipine besylate-benazepril hcl)	NP	MP
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

Drug Name	Drug Tier	Requirements/ Limits
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	MP
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i>	P		<i>clindamycin palmitate hydrochloride</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>sulfamethoxazole-trimethoprim SUSP</i>	P		Monobactams		
<i>sulfamethoxazole-trimethoprim TABS</i>	P		CAYSTON	PA	AL(At least 7 yrs old); SP; PA
URETRON D/S TABS 81.6 MG	P		Oxazolidinones		
Glycopeptides			<i>linezolid SOLN</i>	PA	PA
FIRVANQ SOLR PO (<i>Use vancomycin hcl</i>)	NF	QL(300 ML per fill retail; 300 per fill mail)	<i>linezolid SUSR</i>	PA	PA
VANCOCIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NF	QL(4 EA daily)	<i>linezolid TABS</i>	PA	PA
VANCOCIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NF	QL(8 EA daily)	SIVEXTRO SOLR	PA	PA
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)	SIVEXTRO TABS	PA	PA
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)	ZYVOX SOLN (<i>Use linezolid</i>)	NF	
<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail; 14 per fill mail)	ZYVOX SUSR (<i>Use linezolid</i>)	PA	PA
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail)	ZYVOX SUSR (<i>Use linezolid</i>)	NF	
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(0.467 EA daily)	ZYVOX TABS (<i>Use linezolid</i>)	PA	PA
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)	Urinary Anti-infectives		
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(0.467 EA daily)	MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NF	
Leprostatics			MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>dapsone</i>	P		<i>methenamine mandelate</i>	P	
Lincosamides			<i>nitrofurantoin 25 MG/5ML</i>	PA	PA
CLEOCIN (<i>Use clindamycin palmitate hydrochloride</i>)	NF	QL(100 ML per fill retail; 100 per fill mail)	<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>clindamycin hcl 150 MG, 300 MG</i>	P		<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)					
Antimalarial Combinations					

Drug Name	Drug Tier	Requirements/ Limits
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	P	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TBCR (<i>Use pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid TABS</i>	P	
MYCOBUTIN (<i>Use rifabutin</i>)	NF	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	PA	PA
CYCLOPHOSPHAMIDE TABS 50 MG	PA	PA
GLEOSTINE (<i>Use lomustine</i>)	NF	
LEUKERAN	P	
<i>lomustine</i>	PA	PA
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
<i>temozolomide CAPS</i>	PA	SP; PA
Antimetabolites		
<i>capecitabine</i>	PA	SP; PA
JYLAMVO SOLN PO	PA	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	PA	PA
<i>mercaptopurine TABS</i>	PA	PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	PA	PA
ONUREG TABS	PA	SP; PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	PA	PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	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		
<i>erlotinib hcl</i>	PA	SP; PA
<i>gefitinib</i>	PA	SP; PA
GILOTRIF	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IRESSA (Use <i>gefitinib</i>)	PA	SP; PA
LAZCLUZE	PA	SP; PA
TAGRISSE	PA	SP; PA
TARCEVA (Use <i>erlotinib hcl</i>)	NF	SP
VIZIMPRO	PA	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	SP; PA
ERIVEDGE	PA	SP; PA
ODOMZO	PA	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	PA	SP; PA
AKEEGA	PA	SP; PA
<i>anastrozole</i>	PA	PA
ARIMIDEX (Use <i>anastrozole</i>)	PA	PA
AROMASIN (Use <i>exemestane</i>)	PA	PA
<i>bicalutamide</i>	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 <i>bicalutamide</i>)	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	
<i>exemestane</i>	PA	PA
FARESTON (<i>Use toremifene citrate</i>)	PA	MP; PA
FEMARA (<i>Use letrozole</i>)	PA	PA
INLURIYO TABS PO 200 MG	PA	SP; PA
<i>letrozole</i>	PA	PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	PA	Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	PA	PA
NILANDRON (<i>Use nilutamide</i>)	NF	
<i>nilutamide</i>	PA	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUBEQA	PA	SP; PA	Antineoplastic - XPO1 Inhibitors		
ORGOVYX	PA	SP; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA
ORSERDU	PA	SP; PA	XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA
SOLTAMOX SOLN	PA	MP; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA
<i>tamoxifen citrate TABS</i>	PA	MP; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA
<i>toremifene citrate</i>	PA	MP; PA	XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA
TRELSTAR MIXJECT 3.75 MG	PA	SP; PA	XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA	XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA
VEPPANU TABS PO 100 MG, 200 MG	PA	PA	Antineoplastic Combinations		
XTANDI CAPS	PA	SP; PA	AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA
XTANDI TABS	PA	SP; PA	INQOVI	PA	SP; PA
YONSA	PA	SP; PA	LONSURF	PA	SP; PA
ZOLADEX	P	SP; PA	Antineoplastic Enzyme Inhibitors		
ZYTIGA (<i>Use abiraterone acetate</i>)	PA	SP; PA	AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	PA	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			AFINITOR TABS (<i>Use everolimus</i>)	PA	SP; PA
WELIREG	PA	SP; PA	ALECENSA	PA	SP; PA
Antineoplastic - Immunomodulators			ALUNBRIG TABS	PA	SP; PA
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	PA	SP; PA	ALUNBRIG TBPk	PA	SP; PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	PA	SP; PA	AUGTYRO	PA	SP; PA
Antineoplastic - Menin Inhibitors			BALVERSA	PA	SP; PA
KOMZIFTI CAPS PO 200 MG	PA	SP; PA	BOSULIF CAPS	PA	SP; PA
REVUFORJ	PA	SP; PA	BOSULIF TABS 100 MG, 400 MG, 500 MG (<i>Use bosutinib</i>)	PA	SP; PA
REVUFORJ 25 MG	PA	PA	<i>bosutinib TABS 100 MG, 400 MG, 500 MG</i>	PA	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			BRAFTOVI 75 MG	PA	SP; PA
AYVAKIT	PA	SP; PA	BRUKINSA PO 160 MG	PA	SP; PA
Antineoplastic - Protease Activators			BRUKINSA	PA	SP; PA
MODEYSO CAPS PO 125 MG	PA	SP; PA			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyurea</i>	PA	PA	APOKYN SOCT	NP	SP
MATULANE	PA	SP; PA	<i>apomorphine hydrochloride SOCT</i>	NP	SP
TARGRETIN (<i>Use bexarotene</i>)	NF	SP	<i>bromocriptine mesylate CAPS</i>	NP	
<i>tretinoin (chemotherapy)</i>	PA	SP; PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	
Chemotherapy Rescue/Antidote/Protective Agents			<i>carbidopa-levodopa CPCR</i>	NP	
IWILFIN	PA	SP; PA	<i>carbidopa-levodopa-entacapone</i>	P	
<i>leucovorin calcium TABS</i>	P		<i>carbidopa-levodopa TABS</i>	P	
<i>mesna TABS</i>	P	SP	<i>carbidopa-levodopa TBCR</i>	P	
MESNEX TABS	P	SP	<i>carbidopa-levodopa TBDP</i>	P	
Mitotic Inhibitors			CREXONT CPCR	NP	
<i>etoposide CAPS</i>	PA	SP; PA	DHIVY TABS	NP	
Topoisomerase I Inhibitors			DUOPA SUSP	NP	
HYCAMTIN CAPS	PA	SP; PA	GOCOVRI CP24	NP	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			INBRIJA CAPS	NP	
Antiparkinson Adjunctive Therapy			MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
<i>carbidopa</i>	NP		NEUPRO	NP	
LODOSYN (<i>Use carbidopa</i>)	NF		ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old); SP
NOURIANZ	NP		PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
Antiparkinson Anticholinergics			PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
<i>benztropine mesylate SOLN</i>	P		<i>pramipexole dihydrochloride TABS</i>	P	
<i>benztropine mesylate TABS</i>	P		<i>pramipexole dihydrochloride TB24</i>	NP	
<i>trihexyphenidyl hcl SOLN</i>	NP		<i>ropinirole hydrochloride TABS</i>	P	
<i>trihexyphenidyl hcl TABS</i>	P		<i>ropinirole hydrochloride TB24</i>	NP	
Antiparkinson COMT Inhibitors					
<i>entacapone</i>	P				
ONGENTYS	NP				
Antiparkinson Dopaminergics					
<i>amantadine hcl CAPS</i>	P				
<i>amantadine hcl SOLN</i>	P				
<i>amantadine hcl TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (<i>Use carbidopa-levodopa</i>)	NP		NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
SINEMET TABS 100 MG-10 MG (<i>Use carbidopa-levodopa</i>)	NP		NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
SINEMET TABS 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NF		VRAYLAR CAPS	P	AL(At least 18 yrs old)
VYALEV SOLN SC	NP	SP	<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
Antiparkinson Monoamine Oxidase Inhibitors			Benzisoxazoles		
AZILECT (<i>Use rasagiline mesylate</i>)	NP		BYSANTI TITRATION PACK A TBPK PO	NP	AL(At least 18 yrs old)
<i>rasagiline mesylate</i>	NP		BYSANTI TITRATION PACK B TBPK PO	NP	AL(At least 18 yrs old)
<i>selegiline hcl CAPS</i>	NP		BYSANTI TITRATION PACK C TBPK PO	NP	AL(At least 18 yrs old)
<i>selegiline hcl TABS</i>	NP		BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	AL(At least 18 yrs old)
XADAGO	NP		ERZOFRI	PA	AL(At least 18 yrs old); SP; PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			FANAPT	NP	AL(At least 18 yrs old)
Antimanic Agents			FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
<i>lithium</i>	P		FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
<i>lithium carbonate CAPS</i>	P		FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
<i>lithium carbonate TABS</i>	P		INVEGA 3 MG, 6 MG, 9 MG (<i>Use paliperidone</i>)	NP	AL(At least 18 yrs old)
<i>lithium carbonate TBCR</i>	P		INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF		INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
Antipsychotics - Misc.			INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA
CAPLYTA	NP	AL(At least 18 yrs old)	INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA
EQUETRO	NP				
GEODON (<i>Use ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)			
GEODON 40 MG, 60 MG (<i>Use ziprasidone hcl</i>)	NF	AL(At least 18 yrs old)			
LATUDA (<i>Use lurasidone hcl</i>)	NP	AL(At least 18 yrs old)			
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA	<i>haloperidol lactate SOLN</i>	P	
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA	<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily)
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA	<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P	
<i>paliperidone</i>	P	AL(At least 18 yrs old)	Dibenzapines		
PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA	<i>asenapine maleate</i>	P	AL(At least 18 yrs old)
RISPERDAL CONSTA (Use risperidone microspheres)	PA	AL(At least 18 yrs old); SP; PA	<i>clozapine TABS</i>	P	AL(At least 18 yrs old)
RISPERDAL SOLN (Use risperidone)	NP	AL(At least 18 yrs old)	<i>clozapine TBDP</i>	P	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)	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	NP	AL(At least 18 yrs old)
RISPERDAL TABS 3 MG (Use risperidone)	NF	AL(At least 18 yrs old)	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	NF	AL(At least 18 yrs old)
<i>risperidone microspheres</i>	NP	AL(At least 18 yrs old); SP	<i>loxapine succinate</i>	P	QL(4 EA daily)
<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)	<i>olanzapine TABS</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	P	AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TABS</i>	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	P	AL(At least 18 yrs old)
UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	NF	AL(At least 18 yrs old)
Butyrophenones			SAPHRIS (Use asenapine maleate)	NP	AL(At least 18 yrs old)
HALDOL DECANOATE (Use haloperidol decanoate)	NF		SECUADO	NP	AL(At least 18 yrs old)
<i>haloperidol decanoate</i>	P		SEROQUEL XR TB24 (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
<i>haloperidol lactate CONC</i>	P		SEROQUEL TABS (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
			VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
			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)

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

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use aripiprazole</i>)	NP	AL(At least 18 yrs old)
<i>aripiprazole SOLN PO</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TABS</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TBDP</i>	P	AL(At least 18 yrs old)
ARISTADA 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		
<i>thiothixene</i>	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN	P	QL(90 ML per fill retail; 90 per fill mail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
<i>sodium hypochlorite SOLN EX</i>	P	
Iodine Antiseptics		

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE TABS (<i>Use entecavir</i>)	NF	
<i>entecavir TABS</i>	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
<i>ribavirin (hepatitis c) CAPS</i>	P	SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	SP; PA
SOVALDI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
SOVALDI TABS	NP	QL(28 EA per fill retail; 28 per fill mail ; 28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
VOSEVI	NP	SP
ZEPATIER	NP	SP

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
and Abnormal Heart Rhythm			INPEFA	NP	MP
Cardiac Glycosides			Impotence Agents		
<i>digoxin SOLN PO 0.05 MG/ML</i>	P		CIALIS 5 MG (<i>Use tadalafil</i>)	PA	PA
<i>digoxin TABS 125 MCG, 250 MCG</i>	P		<i>tadalafil 5 MG</i>	PA	PA
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	NF		Prostaglandin Vasodilators		
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			ORENITRAM MONTH 1 TEPK	PA	SP; PA
Cardiovascular Agents Misc. - Combinations			ORENITRAM MONTH 2 TEPK	PA	SP; PA
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP	ORENITRAM MONTH 3 TEPK	PA	SP; PA
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF		ORENITRAM TBCR	PA	SP; PA
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NP	MP	TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
ENTRESTO CPSP	NP	QL(2 EA daily); AL(At least 1 yrs old); MP	TYVASO DPI MAINTENANCE KIT POWD	NP	SP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>Use sacubitril-valsartan</i>)	NP	QL(2 EA daily); AL(At least 1 yrs old); MP	TYVASO DPI TITRATION KIT POWD	NP	SP
OPSYNVI	NP	SP	TYVASO REFILL KIT SOLN IN	NP	SP
<i>sacubitril-valsartan TABS</i>	PA	QL(2 EA daily); AL(At least 1 yrs old); MP; PA	TYVASO STARTER KIT SOLN IN	NP	SP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			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
			Pulmonary Hypertension - Endothelin Receptor Antagonists		
			<i>ambrisentan</i>	NP	SP
			<i>bosentan TABS</i>	PA	SP; PA
			<i>bosentan TBSO 32 MG</i>	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS (Use <i>ambrisentan</i>)	NP	SP	UPTRAVI TITRATION TBPK	NP	SP
<i>macitentan</i> 10 MG	NP	SP	UPTRAVI SOLR	NP	SP
OPSUMIT 10 MG (Use <i>macitentan</i>)	NP	SP	UPTRAVI TABS	NP	SP
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP	UPTRAVI TABS 100 MCG, 150 MCG	NP	
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	SP	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NF	SP	ADEMPAS	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors			Sinus Node Inhibitors		
ADCIRCA TABS (Use <i>tadalafil</i> (pulmonary hypertension))	NP	SP	CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); SP; MP
REVATIO SOLN (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NF	SP	CORLANOR TABS (Use <i>ivabradine hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
REVATIO SUSR (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NF	SP	<i>ivabradine hcl</i> TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
REVATIO TABS (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NP	SP	Transthyretin Stabilizers		
<i>sildenafil citrate</i> (pulmonary hypertension) SOLN	P	SP	ATTRUBY	PA	QL(4 EA daily); AL(At least 18 yrs old); SP; PA
<i>sildenafil citrate</i> (pulmonary hypertension) SUSR	PA	SP; PA	VYNDAMAX	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
<i>sildenafil citrate</i> (pulmonary hypertension) TABS	PA	SP; PA	VYNDAQEL	P	QL(4 EA daily); SP; PA
<i>tadalafil</i> (pulmonary hypertension) TABS	NP	SP	Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
<i>tadalafil</i> (pulmonary hypertension) TABS	PA	SP; PA	VERQUVO	NP	MP
TADLIQ SUSP	NP	SP	CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Pulmonary Hypertension - Prostacyclin Receptor Agonist			Cephalosporins - 1st Generation		
			<i>cefadroxil</i> CAPS	P	
			<i>cefadroxil</i> SUSR	P	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 EA daily)
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)
TYBLUME CHEW	P	QL(1 EA daily)
YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
MIUDELLA	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-PROVERA SUSY IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
Progestin Contraceptives - IUD		
KYLEENA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
LILETTA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits	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	<i>dexamethasone SOLN</i>	P	
			<i>dexamethasone TABS</i>	P	
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	EMFLAZA SUSP (<i>Use deflazacort</i>)	NP	SP
Progestin Contraceptives - Oral			EMFLAZA TABS (<i>Use deflazacort</i>)	PA	SP; PA
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)	EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
OPILL	P		<i>hydrocortisone TABS</i>	P	
SLYND	P	QL(1 EA daily)	MEDROL TABS (<i>Use methylprednisolone</i>)	NF	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			MEDROL TBPB (<i>Use methylprednisolone</i>)	NF	
Glucocorticosteroids			<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	
AGAMREE	PA	AL(At least 2 yrs old); SP; PA	<i>methylprednisolone TBPB</i>	P	
<i>budesonide CPEP</i>	NP		PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>budesonide TB24</i>	NP		<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
CORTEF TABS (<i>Use hydrocortisone</i>)	NF		<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P	
CORTISONE ACETATE TABS	P		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>deflazacort SUSP</i>	NP	SP	<i>prednisolone SOLN</i>	P	
<i>deflazacort TABS</i>	NP	SP	<i>prednisolone TABS</i>	P	
DEXAMETHASONE INTENSOL CONC	P		PREDNISON INTENSOL CONC	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)	<i>prednisone SOLN</i>	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)	<i>prednisone TABS</i>	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML</i>	P	QL(5 ML daily)	<i>prednisone TBEC 1 MG, 2 MG</i>	PA	PA
<i>dexamethasone ELIX</i>	P		<i>prednisone TBPB</i>	P	
			UCERIS TB24 (<i>Use budesonide</i>)	NF	
			Mineralocorticoids		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fludrocortisone acetate TABS</i>	P		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
Antitussives			<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	
<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	
<i>dextromethorphan polistirex SUER</i>	P		<i>fexofenadine-pseudoephedrine TB12</i>	NP	
<i>HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)</i>	NF	AL(At least 18 yrs old)	<i>fexofenadine-pseudoephedrine TB24</i>	NP	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)	<i>guaifenesin-codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
Cough/Cold/Allergy Combinations			<i>LOHIST-D LIQD</i>	P	
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>loratadine & pseudoephedrine TB12</i>	P	
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>loratadine & pseudoephedrine TB24</i>	P	
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>cetirizine-pseudoephedrine</i>	NP		<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	
<i>CLARINEX-D 12 HOUR TB12</i>	NP		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)</i>	NF		<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)</i>	NF				
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P		ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
<i>promethazine & phenylephrine SYRP</i>	P		ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)
<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)	ACZONE (<i>Use dapsone (topical)</i>)	NF	AL(Up to 20 yrs old)
<i>promethazine w/codeine SYRP</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)	<i>adapalene-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)
<i>promethazine-dm SYRP</i>	P		<i>adapalene CREA</i>	NP	AL(Up to 20 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P		<i>adapalene GEL</i>	P	AL(Up to 20 yrs old); RX/OTC
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	P		<i>adapalene GEL</i>	NP	AL(Up to 20 yrs old)
<i>pseudoephedrine-ibuprofen TABS</i>	P		AKLIEF	NP	AL(Up to 20 yrs old)
Expectorants			ATRALIN GEL (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
GERI-TUSSIN SYRP	P		AVAR CLEANSER LIQD 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>guaifenesin LIQD</i>	P		AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>guaifenesin TB12</i>	P		AVAR-E EMOLLIENT CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
Misc. Respiratory Inhalants			AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
NEBUSAL NEBU 3 %, 6 % (<i>Use sodium chloride (inhalant)</i>)	NF		BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	AL(Up to 20 yrs old)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P		<i>benzoyl peroxide BAR</i>	P	
Mucolytics			<i>benzoyl peroxide CREA 10 %</i>	P	
<i>acetylcysteine SOLN</i>	P		<i>benzoyl peroxide-erythromycin GEL</i>	P	AL(Up to 20 yrs old)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
Acne Products					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide LIQD 5 %</i> , 10 %	P	AL(Up to 20 yrs old)	EPIDUO FORTE GEL (Use <i>adapalene-benzoyl peroxide</i>)	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide LIQD 4 %</i>	P		EPIDUO GEL (Use <i>adapalene-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)
<i>benzoyl peroxide LOTN 5 %</i> , 10 %	P	AL(Up to 20 yrs old)	EPSOLAY CREA	NP	AL(Up to 20 yrs old)
BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC	<i>erythromycin (acne aid) GEL</i>	NP	AL(Up to 20 yrs old)
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NP	AL(Up to 20 yrs old)	<i>erythromycin (acne aid) PADS</i>	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(Up to 20 yrs old)	<i>erythromycin (acne aid) SOLN</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	NP	AL(Up to 20 yrs old)	<i>isotretinoin 10 MG</i> , 20 MG, 40 MG	P	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	P	AL(Up to 20 yrs old)	KLARON (Use <i>sulfacetamide sodium (acne)</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	P	AL(Up to 20 yrs old)	ONEXTON GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	P	AL(Up to 20 yrs old)	PLEXION CLEANSER LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	P	AL(Up to 20 yrs old)	PLEXION LOTN (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	AL(Up to 20 yrs old)	RETIN-A MICRO (Use <i>tretinoin microsphere</i>)	NF	
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)	RETIN-A MICRO PUMP 0.08 % (Use <i>tretinoin microsphere</i>)	NF	AL(Up to 20 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP	AL(Up to 20 yrs old)	RETIN-A CREA (Use <i>tretinoin</i>)	NF	AL(Up to 20 yrs old)
<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)	RETIN-A GEL (Use <i>tretinoin</i>)	NF	AL(Up to 20 yrs old)
DIFFERIN CREA (Use <i>adapalene</i>)	NP	AL(Up to 20 yrs old)	SSS 10-5 CREA 10 %-5 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)
DIFFERIN GEL (Use <i>adapalene</i>)	NP	AL(Up to 20 yrs old)	SSS 10-5 FOAM 10 %-5 %	NP	AL(Up to 20 yrs old)
DIFFERIN GEL 0.1 % (Use <i>adapalene</i>)	NF	AL(Up to 20 yrs old); RX/OTC			
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)			
EPIDUO FORTE GEL (Use <i>adapalene-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	AL(Up to 20 yrs old)	TWYNEO	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(Up to 20 yrs old)	WINLEVI	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)	ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NF	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin (topical) OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>bacitracin zinc OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin-polymyxin b OINT</i>	P	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SULFACLEANSE 8/4 SUSP 8 %-4 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SULFAMEZ WASH EMUL 10 %-1 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	<i>mupirocin calcium (topical)</i>	NP	
SUMADAN	NP	AL(Up to 20 yrs old)	<i>mupirocin OINT</i>	P	
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
SUMAXIN CP	NP		<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
SUMAXIN PADS	NP	AL(Up to 20 yrs old)	XEPI	NP	
TAZAROTENE FOAM	NP		Antifungals - Topical		
<i>tretinoin microsphere 0.08 %</i>	NP	AL(Up to 20 yrs old)	<i>clotrimazole (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)	<i>clotrimazole (topical) SOLN</i>	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC
<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)	COSENTYX SENSOREADY PEN SOAJ	NP	QL(0.072 ML daily); SP
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)	COSENTYX UNOREADY SOAJ	NP	QL(0.072 ML daily); SP
VALCHLOR	P	SP; PA	COSENTYX SOLN	NP	SP
Antipruritics - Topical			COSENTYX SOSY 150 MG/ML	NP	QL(0.072 ML daily); SP
<i>camphor & menthol LOTN</i>	P	QL(222 ML per fill retail; 222 per fill mail)	COSENTYX SOSY 75 MG/0.5ML	NP	QL(0.036 ML daily); SP
<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	ICOTYDE TABS PO 200 MG	NP	SP
PRUDOXIN (Use doxepin hcl (antipruritic))	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	ILUMYA	NP	SP
ZONALON (Use doxepin hcl (antipruritic))	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
Antipsoriatics			OTULFI SOLN SC 45 MG/0.5ML	NP	SP
BIMZELX SOAJ	NP	SP	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
BIMZELX SOSY	NP	SP	PELLIX SOLN 0.005 % (Use calcipotriene)	NF	
<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)	PYZCHIVA SC 45 MG/0.5ML	NP	SP
<i>calcipotriene CREA</i>	P	QL(120 GM per fill retail; 120 per fill mail)	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
CALCIPOTRIENE FOAM	P		SELARSDI SOLN SC 45 MG/0.5ML	PA	SP; PA
<i>calcipotriene OINT</i>	P		SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	PA	SP; PA
<i>calcipotriene SOLN</i>	P		SKYRIZI PEN SOAJ	NP	SP
<i>calcitriol (topical)</i>	NP		SKYRIZI SOSY	NP	SP
COSENTYX (300 MG DOSE) SOSY	NP	QL(0.072 ML daily); SP	SORILUX FOAM	NP	
COSENTYX SENSOREADY (300 MG) SOAJ	NP	QL(0.072 ML daily); SP	SOTYKTU	NP	SP
			SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 12 yrs old); SP
			SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 12 yrs old); SP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF		<i>betamethasone valerate OINT</i>	NP	
Burn Products			<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
SILVADENE (<i>Use silver sulfadiazine</i>)	NF	QL(50 GM per fill retail; 50 per fill mail)	<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
<i>silver sulfadiazine</i>	P	QL(50 GM per fill retail; 50 per fill mail)	<i>clobetasol propionate emollient base 0.05 %</i>	NP	
Corticosteroids - Topical			<i>clobetasol propionate emulsion</i>	NP	
<i>alclometasone dipropionate CREA</i>	NP		<i>clobetasol propionate CREA 0.05 %</i>	P	
<i>alclometasone dipropionate OINT</i>	NP		<i>clobetasol propionate FOAM</i>	NP	
APEXICON E CREA	NP		<i>clobetasol propionate GEL 0.05 %</i>	P	
<i>betamethasone dipropionate (topical) CREA</i>	P		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	P		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	P		<i>clobetasol propionate OINT 0.05 %</i>	P	
<i>betamethasone dipropionate augmented CREA</i>	P		<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	
<i>betamethasone dipropionate augmented LOTN</i>	NP		CLOBEX SPRAY LIQD (<i>Use clobetasol propionate</i>)	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		CLOBEX LOTN 0.05 % (<i>Use clobetasol propionate</i>)	NF	
<i>betamethasone valerate CREA</i>	NP		CLOBEX SHAM (<i>Use clobetasol propionate</i>)	NP	
<i>betamethasone valerate FOAM</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>betamethasone valerate LOTN</i>	NP		CLODERM (<i>Use clocortolone pivalate</i>)	NF	
			DERMA-SMOOTH/FS BODY OIL (<i>Use fluocinolone acetonide</i>)	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate SOLN</i>	NP		<i>triamcinolone acetonide (topical) OINT</i>	P	
HYDROCORTISONE COMPLETE KIT THPK	NP		ULTRAVATE LOTN	NP	
<i>hydrocortisone valerate CREA</i>	P		ULTRAVATE LOTN	NP	
<i>hydrocortisone valerate OINT</i>	NP		VANOS CREA (<i>Use fluocinonide</i>)	NF	
HYDROCORTISONE GEL 2 %	NP		Diaper Rash Products		
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NF		<i>diaper rash products OINT</i>	P	
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NP		Eczema Agents		
<i>mometasone furoate CREA</i>	P		ADBRY SOAJ	PA	AL(At least 18 yrs old); SP; PA
<i>mometasone furoate OINT</i>	P		ADBRY SOSY	PA	AL(At least 12 yrs old); SP; PA
<i>mometasone furoate SOLN</i>	P		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
PANDEL	NP		CIBINQO	NP	SP
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP		DUPIXENT SOAJ	PA	SP; PA
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	P		EBGLYSS SOAJ	PA	AL(At least 12 yrs old); SP; PA
TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NP		EBGLYSS SOSY	PA	AL(At least 12 yrs old); SP; PA
TOPICORT CREA (<i>Use desoximetasone</i>)	NP		OPZELURA	NP	
TOPICORT GEL (<i>Use desoximetasone</i>)	NP		Emollient/Keratolytic Agents		
TOPICORT OINT (<i>Use desoximetasone</i>)	NP		GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF		<i>urea CREA 40 %</i>	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
<i>triamcinolone acetonide (topical) CREA</i>	P				
<i>triamcinolone acetonide (topical) LOTN</i>	P				

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)	PRILOVIX KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)	PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>lidocaine-prilocaine CREA</i>	P		QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)
<i>lidocaine-prilocaine KIT</i>	P		QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA	QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)	SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	Misc. Topical		
LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	CERAVE THERAPEUTIC HAND CREAM CREA	P	
LIDOPIN CREA 3 % (<i>Use lidocaine hcl</i>)	NF	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC	<i>dimethicone (topical) CREA 1 %</i>	P	
LIVIXIL PAK KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF		<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
PLIAGLIS CREA	NP		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
PREMIUM LIDOCAINE OINT 5 % (<i>Use lidocaine</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)	EUCRISA	PA	PA
PRILOVIX PLUS KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)	COPPERTONE TANNING SPF15 LOTN	P	
ZORYVE CREA EX 0.3 %	NP		COPPERTONE ULTRAGUARD SPF70+ LOTN	P	
ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)	COPPERTONE WATERBABIES SPF50 LOTN	P	
ZORYVE FOAM EX	NP		EUCERIN REDNESS RELIEF DAY LOTN	P	
Protectives Against UV Radiation			KERI AGE DEFY & PROTECT LOTN	P	
AVEENO PROTECT+HYDRATE SPF60 LOTN	P		SPORT SUNSCREEN SPF50 LOTN	P	
CETAPHIL DAILY FACIAL SPF 50 LOTN	P		<i>sunscreens LOTN</i>	P	
COPPERTONE BABY PURE & SIMPLE LOTN	P		WATER BABIES SPF50 LOTN (<i>Use sunscreens</i>)	NF	
COPPERTONE COMPLETE SPF30 LOTN	P		Rosacea Agents		
COPPERTONE GLOW PROTECT & TAN LOTN	P		METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE GLOW SHIMMER SPF15 LOTN	P		METROGEL GEL 1 % (<i>Use metronidazole (topical)</i>)	NF	
COPPERTONE GLOW SHIMMER SPF30 LOTN	P		<i>metronidazole (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE GLOW SHIMMER SPF50 LOTN	P		<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE KIDS PURE & SIMPLE LOTN	P		<i>metronidazole (topical) LOTN</i>	P	
COPPERTONE LIMITED EDITION LOTN	P		Scabicides & Pediculicides		
COPPERTONE OIL FREE FACE SPF30 LOTN	P		<i>crotamiton LOTN</i>	NP	
COPPERTONE OIL FREE FACE SPF50 LOTN	P		ELIMITE CREA (<i>Use permethrin</i>)	NF	
COPPERTONE PURE & SIMPLE FACE LOTN	P		<i>ivermectin (pediculicide)</i>	NP	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P		<i>malathion</i>	NP	
COPPERTONE SPORT CLEAR LOTN	P		NATROBA (<i>Use spinosad</i>)	P	
COPPERTONE TANNING SPF 8 LOTN	P		OVIDE (<i>Use malathion</i>)	NP	
			<i>permethrin CREA</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERMETHRIN CREA 5 % (Use permethrin)	P		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
permethrin LIQD EX	P				
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P		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
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P				
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)	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
spinosad	P				
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)	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
VANALICE GEL	NP				
Tar Products			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
coal tar extract SHAM 0.5 %	P				
Wound Care Products			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
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	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
DIAGNOSTIC PRODUCTS			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
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	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	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
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	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
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	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
ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARETOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE TITANIUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits	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	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
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	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
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 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 6 CONNECT/GTEL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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	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	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
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	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
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	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
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUETRACK TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD VITAL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits	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	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
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	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
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	UNISTRIPI1 GENERIC 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	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
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	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
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	Dietary Management Products		
			ELFOLATE TABS	P	
TRUE NESS 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	<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	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		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily)
<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 EA daily)
Loop Diuretics		
<i>bumetanide TABS</i>	P	
BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	NF	
<i>furosemide SOLN IJ 10 MG/ML</i>	P	
FUROSEMIDE SOLN IJ	P	
<i>furosemide TABS</i>	P	
LASIX TABS (<i>Use furosemide</i>)	NF	
SOAANZ TABS 20 MG	P	QL(1 EA daily)
<i>torsemide TABS</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	
<i>amiloride hcl TABS</i>	P	QL(4 EA daily)
<i>spironolactone TABS</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide CAPS</i>	P	
<i>hydrochlorothiazide TABS</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>metolazone</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NP	
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NF	
<i>alendronate sodium SOLN</i>	NP	
<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
ATELVIA TBEC (<i>Use risedronate sodium</i>)	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
<i>calcitonin (salmon) NA</i>	P	
<i>calcitonin (salmon) IJ</i>	NP	
CONEXXENCE SOSY SC 60 MG/ML	NP	SP
ENOBYS SOSY SC 60 MG/ML	PA	SP; PA
EVENITY	PA	SP; PA
FORTEO SOPN (<i>Use teriparatide</i>)	PA	PA
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	
<i>ibandronate sodium SOLN</i>	NP	SP
<i>ibandronate sodium TABS</i>	P	
JUBBONTI SOSY SC 60 MG/ML	NP	SP
JUBEREQ SOLN SC 120 MG/1.7ML	NP	SP
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
OSVYRTI SOSY SC 60 MG/ML	NP	SP
PROLIA SOSY	NP	SP
<i>risedronate sodium TABS</i>	P	
<i>risedronate sodium TBEC</i>	NP	
STOBOCLO SOSY SC 60 MG/ML	NP	SP
<i>teriparatide SOPN</i>	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	SP; PA
WYOST SOLN SC 120 MG/1.7ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use raloxifene hcl</i>)	NF	QL (1 EA daily)
<i>raloxifene hcl</i>	P	QL (1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/Limits	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	CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)
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	CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(3 EA daily)
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	ELFABRIO	PA	AL(At least 18 yrs old); 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	GALAFOLD	P	QL(0.5 EA daily); SP; PA
SUPPRELIN LA	PA	SP; PA	<i>levocarnitine (metabolic modifiers)</i> SOLN PO 1 GM/10ML	P	QL(30 ML daily)
SYNAREL	PA	SP; PA	<i>levocarnitine (metabolic modifiers)</i> TABS	P	QL(3 EA daily)
TRIPTODUR	PA	SP; PA	RAYALDEE	PA	AL(At least 18 yrs old); PA
Menopausal Symptoms Suppressants			ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
LYNKUET CAPS PO 60 MG	PA	QL(2 EA daily); PA	STRENSIQ	PA	SP; PA
VEOZAH	PA	QL(1 EA daily); PA	TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA
Metabolic Modifiers			XPHOZAH	NP	SP
BRINEURA	PA	AL(At least 3 yrs old); SP; PA	YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
<i>calcitriol</i> CAPS	P		YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)	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
			Posterior Pituitary Hormones		
			DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NF	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	SP; PA
DDAVP TABS (<i>Use desmopressin acetate</i>)	NF	QL(3 EA daily)
<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail; 5 per fill mail); PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(3 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NF	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG (<i>Use tolvaptan</i>)	NF	SP; PA
<i>tolvaptan TBPK 15 MG</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NF	QL(1 EA daily)
COMBIPATCH PTTW	P	QL(0.29 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 EA daily)
MYFEMBREE	PA	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN	PA	MP; PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use estradiol</i>)	NF	QL(0.143 EA daily)
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol PTTW</i>	P	QL(0.29 EA daily)
<i>estradiol PTWK</i>	P	QL(0.143 EA daily)
<i>estradiol TABS</i>	P	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin TABS</i>	PA	PA
<i>moxifloxacin hcl TABS</i>	PA	PA
<i>ofloxacin 300 MG, 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
<i>MOTEGRITY (Use prucalopride succinate)</i>	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone SUSP</i>	P	QL(30 EA per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
<i>CHOLBAM</i>	PA	SP; PA
<i>CTEXLI TABS PO 250 MG</i>	PA	QL(3 EA daily); AL(At least 18 yrs old); SP; PA
Farnesoid X Receptor (FXR) Agonists		
<i>OCALIVA</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	PA	AL(At least 18 yrs old); SP; PA
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
<i>AMITIZA (Use lubiprostone)</i>	NP	QL(2 EA daily)
<i>lubiprostone</i>	PA	QL(2 EA daily); PA
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/ Limits
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); SP; PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
<i>REGLAN TABS (Use metoclopramide hcl)</i>	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		
<i>APRISO CP24 (Use mesalamine)</i>	NF	
AVSOLA	PA	SP; PA
<i>AZULFIDINE EN-TABS TBEC (Use sulfasalazine)</i>	NP	
<i>AZULFIDINE TABS (Use sulfasalazine)</i>	NP	
<i>balsalazide disodium CAPS</i>	NP	
<i>CANASA SUPP (Use mesalamine)</i>	NP	
<i>CIMZIA (1 SYRINGE) PSKT 200 MG/ML</i>	PA	SP; PA
<i>CIMZIA (2 SYRINGE) PSKT</i>	PA	SP; PA
<i>CIMZIA KIT</i>	PA	SP; PA
<i>CIMZIA-STARTER PSKT</i>	PA	SP; PA
<i>COLAZAL CAPS (Use balsalazide disodium)</i>	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DELZICOL CPDR (<i>Use mesalamine</i>)	NF		STARJEMZA SOLN IV 130 MG/26ML	PA	SP; PA
DIPENTUM	NP		STELARA 130 MG/26ML	NP	SP
ENTYVIO PEN SOAJ	NP	SP	<i>sulfasalazine TABS</i>	P	
ENTYVIO SOLR	NP	SP	<i>sulfasalazine TBEC</i>	P	
IMULDOSA SOLN IV 130 MG/26ML	NP	SP	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP
INFLECTRA SOLR	PA	SP; PA	TREMFYA SOLN IV	NP	SP
INFLIXIMAB	PA	SP; PA	TREMFYA SOSY SC	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NP		USTEKINUMAB 130 MG/26ML	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NF		VELSIPITY	NP	SP
<i>mesalamine w/ cleanser</i>	NP		ZYMFENTRA (1 PEN) AJKT	NP	AL(At least 18 yrs old); SP
<i>mesalamine CP24</i>	P		ZYMFENTRA (2 PEN) AJKT	NP	AL(At least 18 yrs old); SP
<i>mesalamine CPCR</i>	NP		ZYMFENTRA (2 SYRINGE) PSKT	NP	AL(At least 18 yrs old); SP
<i>mesalamine CPDR</i>	NP		Intestinal Acidifiers		
<i>mesalamine ENEM</i>	NP		<i>lactulose (encephalopathy)</i>	P	
<i>mesalamine SUPP</i>	P		Irritable Bowel Syndrome (IBS) Agents		
<i>mesalamine TBEC 800 MG</i>	NP		<i>alosetron hcl</i>	PA	QL(2 EA daily); PA
<i>mesalamine TBEC 1.2 GM</i>	P		<i>alosetron hcl</i>	NP	QL(2 EA daily)
OMVOH (300 MG DOSE) SOAJ	NP	SP	IBSRELA	NP	
OMVOH (300 MG DOSE) SOSY	NP	SP	LINZESS	PA	QL(1 EA daily); PA
OMVOH SOAJ	NP	SP	LOTRONEX (<i>Use alosetron hcl</i>)	PA	QL(2 EA daily); PA
OMVOH SOLN	NP	SP	VIBERZI	PA	QL(2 EA daily); PA
OMVOH SOSY	NP	SP	Peripheral Opioid Receptor Antagonists		
PENTASA CPCR (<i>Use mesalamine</i>)	NP		MOVANTIK	NP	QL(1 EA daily)
REMICADE	NP	SP	SYMPROIC	NP	
RENFLEXIS	PA	SP; PA	Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP				
SFROWASA ENEM	NP				
SKYRIZI SOCT	NP	SP			
SKYRIZI SOLN	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	<i>potassium citrate (alkalinizer) TBCR</i>	P	
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	<i>sodium citrate & citric acid</i>	P	RX/OTC
Phosphate Binder Agents			UROCIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
AURYXIA 210 MG (Use <i>ferric citrate</i>)	NP		UROCIT-K 5 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
<i>calcium acetate (phosphate binder) CAPS</i>	P		Genitourinary Irrigants		
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC	ARGYLE STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	CURITY STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF	
<i>ferric citrate</i>	NP		<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
FOSRENOL CHEW (Use <i>lanthanum carbonate</i>)	NP		Hyperoxaluria Agents		
FOSRENOL PACK	NP		OXLUMO	PA	SP; PA
<i>lanthanum carbonate CHEW</i>	NP		RIVFLOZA SOLN	PA	AL(At least 9 yrs old); SP; PA
RENVELA PACK (Use <i>sevelamer carbonate</i>)	NP		RIVFLOZA SOSY	PA	AL(At least 9 yrs old); SP; PA
RENVELA TABS (Use <i>sevelamer carbonate</i>)	NP		IgA Nephropathy (IgAN) Agents		
RENVELA TABS (Use <i>sevelamer carbonate</i>)	NF		FILSPARI	NP	SP; MP
<i>sevelamer carbonate PACK</i>	P		Prostatic Hypertrophy Agents		
<i>sevelamer carbonate TABS</i>	P		<i>alfuzosin hcl</i>	P	
<i>sevelamer hcl</i>	NP		AVODART (Use <i>dutasteride</i>)	NF	
VELPHORO	NP		CARDURA XL	NP	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>dutasteride</i>	P	
Alkalinizers			<i>dutasteride-tamsulosin hcl</i>	NP	
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	P		<i>finasteride</i>	P	
			JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROSCAR (<i>Use finasteride</i>)	NP		AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	PA	SP; PA
RAPAFLO (<i>Use silodosin</i>)	NF		ALHEMO	PA	AL(At least 12 yrs old); SP; PA
<i>silodosin</i>	NP		ALPHANATE SOLR	PA	SP; PA
<i>tamsulosin hcl</i>	P		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	PA	SP; PA
UROXATRAL (<i>Use alfuzosin hcl</i>)	NF		ALPROLIX	PA	SP; PA
Urinary Analgesics			ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	SP; PA
<i>phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG</i>	P		BENEFIX KIT	PA	SP; PA
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF		BEQVEZ	PA	AL(At least 18 yrs old); SP; PA
GOUT AGENTS - Drugs to Treat Gout			COAGADEX	PA	SP; PA
Gout Agent Combinations			CORIFACT	PA	SP; PA
<i>colchicine w/ probenecid</i>	P		ELOCTATE	PA	SP; PA
Gout Agents			ESPEROCT	PA	SP; PA
<i>allopurinol 100 MG, 300 MG</i>	P		FEIBA	PA	SP; PA
<i>allopurinol 200 MG</i>	NP		HEMGENIX	PA	AL(At least 18 yrs old); SP; PA
<i>colchicine CAPS</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)	HEMLIBRA	PA	SP; PA
<i>colchicine TABS</i>	PA	PA	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	SP; PA
<i>febuxostat</i>	P		HUMATE-P SOLR	PA	SP; PA
GLOPERBA SOLN PO	NP		HYMPAVZI	PA	SP; PA
MITIGARE CAPS (<i>Use colchicine</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)	IDELVION	PA	SP; PA
ULORIC (<i>Use febuxostat</i>)	NP		IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	PA	SP; PA
Uricosurics			JIVI	PA	SP; PA
<i>probenecid</i>	P		KCENTRA	PA	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KOATE-DVI SOLR 1000 UNIT	PA	SP; PA
Antihemophilic Products					
ADVATE	PA	SP; PA			
ADYNOVATE	PA	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
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 <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate</i> 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

Drug Name	Drug Tier	Requirements/ Limits
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 TBPB	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP
ORLADEYO	NP	SP
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	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 <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i>	NP	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	NP	QL(2 EA daily)
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
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 TBPB	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

Drug Name	Drug Tier	Requirements/ Limits
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 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 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 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 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 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA
ARANESP (ALBUMIN FREE) SOLN 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	GRANIX SOSY	NP	QL(0.8 ML daily); SP
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	LEUKINE SOLR IJ	NP	SP
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	MIRCERA	NP	SP
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	NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 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
EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP	NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA
EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP	NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA
EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP	NIVESTYM SOLN	NP	QL(8.5 ML daily); SP
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	QL(8.5 ML daily); SP	NIVESTYM SOSY	NP	QL(8.5 ML daily); SP
FULPHILA	NP	SP	NYPOZI	NP	QL(8.5 ML daily); SP
FYLNETRA	NP	SP	NYVEPRIA	PA	SP; PA
GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP	PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
			PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP
			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
			PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 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 150 MG	NP	QL(4 EA daily); SP
VAFSEO 300 MG	NP	QL(2 EA daily); SP
ZARXIO	NP	QL(8.5 ML daily); SP
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FERRETTS TABS	P	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	P	
<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
<i>ferrous gluconate TABS</i>	P	
<i>ferrous sulfate dried TBCR</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
<i>ferrous sulfate TABS</i>	P	
<i>ferrous sulfate TBEC</i>	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>iron sucrose 20 MG/ML</i>	P	
<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
VENOFER 20 MG/ML (Use iron sucrose)	NF	
Stem Cell Mobilizers		
MOZOBIL (Use <i>plerixafor</i>)	NF	SP; PA
<i>plerixafor</i>	P	SP; PA
XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP
<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	P	
<i>diphenhydramine hcl (sleep) LIQD</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P	
DAYVIGO	NP	AL(At least 18 yrs old)	Laxative Combinations		
QUVIVIQ	NP	AL(At least 18 yrs old)	GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ML per fill retail; 4000 per fill mail)
Selective Melatonin Receptor Agonists			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
HETLIOZ CAPS (<i>Use tasimelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SP	<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
<i>ramelteon</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
ROZEREM (<i>Use ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	SUPREP BOWEL PREP KIT (<i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NF	
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); AL(At least 18 yrs old); SP	Laxatives - Miscellaneous		
LAXATIVES - Bowel Treatment Drugs			<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P	
Bulk Laxatives			<i>lactulose SOLN</i>	P	
<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)	MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NF	QL(34 EA daily)
KONSYL DAILY FIBER PACK 100 %	P		PEDIA-LAX SUPP	P	
<i>psyllium CAPS 0.52 GM</i>	P		<i>polyethylene glycol 3350 PACK</i>	P	
<i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>	P		<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
SB FIB LAX ORANGE POWD 30 %, 33 %	P		SORBITOL PO 70 %	P	
Electrolyte-based Osmotic Laxatives			Stimulant Laxatives		
<i>magnesium citrate 1.745 GM/30ML</i>	P				
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)			
MILK OF MAGNESIA CONCENTRATE SUSP	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)
<i>DULCOLAX TBEC (Use bisacodyl)</i>	NF	QL(1 EA daily)
<i>senna SYRP 176 MG/5ML</i>	P	
<i>sennosides LIQD</i>	P	
<i>sennosides SYRP</i>	P	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P	
Surfactant Laxatives		
<i>docusate calcium</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
<i>DOCUSATE SODIUM SYRP</i>	P	
<i>docusate sodium TABS</i>	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR</i>	P	
<i>azithromycin TABS</i>	P	
<i>ZITHROMAX TRI-PAK TABS (Use azithromycin)</i>	NP	
<i>ZITHROMAX Z-PAK TABS (Use azithromycin)</i>	NP	
<i>ZITHROMAX SUSR (Use azithromycin)</i>	NP	
<i>ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)</i>	NP	
<i>ZITHROMAX TABS 250 MG (Use azithromycin)</i>	NF	
Clarithromycin		
<i>clarithromycin SUSR</i>	P	
<i>clarithromycin TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin TB24</i>	P	
Erythromycins		
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>ERYPED 400 SUSR (Use erythromycin ethylsuccinate)</i>	NP	
<i>erythromycin base CPEP</i>	P	
<i>erythromycin base TABS</i>	P	
<i>erythromycin base TBEC</i>	NP	
<i>erythromycin base TBEC</i>	P	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	NP	
Fidaxomicin		
<i>DIFICID SUSR</i>	NP	
<i>DIFICID TABS 200 MG (Use fidaxomicin)</i>	NP	
<i>fidaxomicin TABS 200 MG</i>	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>ADHESIVE/LARGE/3"X4" PADS</i>	P	
<i>ADHESIVE/MEDIUM/2"X3" PADS</i>	P	
<i>AMD FOAM DRESSING TOPSHEET PADS</i>	P	RX/OTC
<i>AMD FOAM DRESSING PADS</i>	P	RX/OTC
<i>BAND-AID ALL-IN-ONE GAUZE LG PADS</i>	P	
<i>BAND-AID GAUZE LARGE PADS</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BAND-AID GAUZE MEDIUM PADS	P		CVS GAUZE PAD STERILE PADS	P	RX/OTC
BAND-AID GAUZE SMALL PADS	P		CVS GAUZE STERILE PADS	P	RX/OTC
BAND-AID HURT-FREE NON-STICK PADS	P		CVS GAUZE PADS	P	
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC	DERMACEA DRAIN SPONGES PADS	P	RX/OTC
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC	DERMACEA GAUZE SPONGE PADS	P	
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC	DERMACEA IV DRAIN SPONGES PADS	P	
COVRSITE COVER DRESSING PADS	P	RX/OTC	DERMACEA IV SPONGES PADS	P	
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC	DERMACEA NON-WOVEN SPONGES PADS	P	
CURITY ALL PURPOSE SPONGES PADS	P		DERMACEA TYPE VII GAUZE PADS	P	
CURITY AMD ANTIMICROBIAL SPNGE PADS	P		DERMACEA X-RAY SPONGES PADS	P	RX/OTC
CURITY COVER SPONGE PADS	P		DRYMAX EXTRA PADS	P	RX/OTC
CURITY DRESSING SPONGES PADS	P	RX/OTC	EQ GAUZE PADS	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC	EQL GAUZE STERILE PADS	P	
CURITY GAUZE PADS	P		EQL GAUZE PADS	P	
CURITY NON-ADHERENT STRIPS PADS	P		EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC
CURITY SPONGES PADS	P		EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC
CVS ADHESIVE PAD 4"X4" PADS	P		EXCILON DRAIN SPONGES PADS	P	RX/OTC
CVS ADHESIVE PAD 6"X6" PADS	P		EXCILON IV SPONGES PADS	P	
CVS ADHESIVE PADS 2.25"X3" PADS	P		FT ADHESIVE PADS/SHEER PADS	P	
CVS ANTIBACTERIAL GAUZE PADS	P		GAUZE DRESSING PADS	P	RX/OTC
			GAUZE PADS PADS	P	
			GAUZE TYPE VII MEDI-PAK PADS	P	
			GNP SHEER ADHESIVE PADS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP STERILE GAUZE PADS	P		QC BORDER ISLAND GAUZE PADS	P	
GNP WATERPROOF ADHESIVE 4"X4" PADS	P		QC STERILE PADS PADS	P	
HM ADHESIVE ANTIBACTERIAL PADS	P		RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC
HM STERILE PADS PADS	P		RESTORE CONTACT LAYER PADS	P	
J & J ADHESIVE LARGE PADS	P		RESTORE FOAM DRESSING PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC	RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC	RESTORE TRIO ABSORBENT DRESS PADS	P	
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC	SILIGENTLE FOAM DRESSING PADS	P	
J & J GAUZE PADS	P		SM ADHESIVE PADS 2"X3" PADS	P	
J & J NON-STICK LARGE PADS	P		SM STERILE PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESS PADS	P		SOF-WICK PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS PADS	P		STERILE GAUZE PADS	P	
KERLIX SPONGES PADS	P	RX/OTC	STERILE PADS	P	
MIRASORB SPONGES MISC	P		SURGICAL GAUZE SPONGE PADS	P	
MOLESKIN FOAM PADS	P		THERAGAUZE PADS	P	
NEXCARE ABSOLUTE WATERPROOF PADS	P		TOPPER DRESSING SPONGES MISC	P	RX/OTC
NU GAUZE 4PLY PADS	P	RX/OTC	Contraceptives		
NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC	AIMSCO LUBRICATED MISC	P	
OIL EMULSIONS DRESSING/NON-ADH PADS	P		CAYA DPRH	P	
POLYMEM FILM DOT PADS	P		DUREX EXTRA SENSITIVE THIN DEVI	P	
POLYMEM NON-ADHESIVE PADS	P	RX/OTC	DUREX EXTRA SENSITIVE THIN MISC	P	
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC	DUREX TROPICAL MISC	P	
			FANTASY LUBRICATED/SPERMICI DE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	P		TRUE COVER DEVI	P	
FC2 FEMALE CONDOM	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
FEMCAP DEVI	P		TRUSTEX LUB/RIBBED/STUDDED MISC	P	
KAMELEON LUBRICATED MISC	P		TRUSTEX LUB/SPERMICIDE EX ST MISC	P	
KIMONO COLORS DEVI	P		TRUSTEX LUB/SPERMICIDE XL MISC	P	
KIMONO MAXX-LARGE FLARE MISC	P		TRUSTEX LUBRICATED EX LARGE MISC	P	
KIMONO MICRO THIN PLUS MISC	P		TRUSTEX LUBRICATED EXTRA ST MISC	P	
KIMONO PLUS MISC	P		TRUSTEX LUBRICATED/SPERMICI DE MISC	P	
KIMONO PS PLUS MISC	P		TRUSTEX LUBRICATED MISC	P	
KIMONO PS MISC	P		TRUSTEX NATURAL CONDOMS + LUBE MISC	P	
KIMONO SENSATION PLUS MISC	P		TRUSTEX RIA LUB/SPERMICIDE MISC	P	
KIMONO SENSATION MISC	P		TRUSTEX RIA LUBRICATED MISC	P	
KIMONO SPECIAL DEVI	P		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	
KIMONO MISC	P		WIDE-SEAL DIAPHRAGM 60	P	
MAXX PLUS MISC	P		WIDE-SEAL DIAPHRAGM 65	P	
MAXX MISC	P		WIDE-SEAL DIAPHRAGM 70	P	
OMNIFLEX DIAPHRAGM	P		WIDE-SEAL DIAPHRAGM 75	P	
REALITY LATEX CONDOMS MISC	P		WIDE-SEAL DIAPHRAGM 80	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P		WIDE-SEAL DIAPHRAGM 85	P	
REALITY LATEX/ULTRA THIN DEVI	P		WIDE-SEAL DIAPHRAGM 90	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				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL DIAPHRAGM 95	P		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
Diabetic Supplies			ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK AVIVA 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
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
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	ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ACTI-LANCE UNIVERSAL 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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	AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	AGAMATRIX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE REDI-CODE+ 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
ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AQUALANCE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE PRISM CONTROL LEVEL 1&2 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 PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE LANCE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE LANCE LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AUTO-LANCET MINI MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ASSURE LANCE PLUS SAFETY 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ASSURE LANCE PLUS SAFETY 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BLOOD GLUCOSE MONITORING 333 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)
BLULINK CONTROL HIGH & LOW 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
BLULINK GLUCOSE MONITORING SYS 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
CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CARETOUCH MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARESENS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS N FELIZ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE TALK SYSTEM 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)
COAGUCHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT ONE KIT	NP	QL(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

Drug Name	Drug Tier	Requirements/ Limits
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 HEALTHPRO GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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 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 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 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 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 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 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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 SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G/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	Drug Name	Drug Tier	Requirements/ Limits
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	EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	EASYMAX NG BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	EASYMAX V BLOOD GLUCOSE 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)	ELEMENT COMPACT CONTROL 2 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	ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TRAK II CONTROL LIQD	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
EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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

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EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE PRO GLUCOSE CONTROL LIQD	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 PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK BLOOD GLUCOSE 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 TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE WAVE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			EVERSENSE 365 SMART TRANSMIT	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE E3 SMART TRANSMITTER	NP	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
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EVOLUTION 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
EXTENDED INFUSION SET 23"/6MM MISC	NP	MP	FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 23"/9MM MISC	NP	MP	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 32"/6MM MISC	NP	MP	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 32"/9MM MISC	NP	MP	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 43"/6MM MISC	NP	MP	FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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)			

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

Drug Name	Drug Tier	Requirements/ Limits
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD EXPRESSION MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE CONNEX 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	GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE KIT	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 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD SHINE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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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	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
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	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
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	GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE METER 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)	GOJJI 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)	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GOJJI STERILE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GUARDIAN LINK 3 TRANSMITTER	NP	MP	HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	HYPOLANCE AST LANCING KIT	P	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	IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	IHEALTH GLUCO+ KIT 10 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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	ILET CONTACT DETACH 23" 6MM MISC	NP	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	ILET INFUSION-FLEX 23" 6MM MISC	NP	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	ILET INFUSION-INSET 23" 6MM MISC	NP	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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	LANCETS SUPER THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	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
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
LANCETS	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
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	LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

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LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MICRODOT CONTROL HIGH/LOW SOLN	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)	MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
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	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	MINIMED 630G INSULIN PUMP KIT	NP	MP
MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED 780G INSULIN PUMP KIT	NP	MP
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	MINIMED APP MANAGER DEVI XX	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIVOT INSULIN PUMP STARTER KIT KIT	NP	MP	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIVOT SUPPLY KIT KIT	NP		PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	PRODIGY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	RELION MICRO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
REFUAH PLUS MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	RELION PREMIER CLASSIC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION PREMIER COMPACT SYSTEM 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 PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS 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 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GL300 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 PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
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			

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

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SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP
SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 3ML CARTRIDGE MISC	NP	MP
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP
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	T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP
SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TANDEM MOBI AUTOSOFTXC 10PK5" MISC	NP	MP	TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP	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
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP	TRUE COMFORT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM MOBI SYSTEM STARTER KIT	NP	MP	TRUE COMFORT TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM MOBI TRUSTEEL 10PK23" MISC	NP	MP	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP	TRUE METRIX AIR GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP	TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP	TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP	TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP			
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			
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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
TRUE METRIX METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
TRUE METRIX METER KIT	P	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
TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUENESS BLOOD GLUCOSE MONITOR DEVI	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
TRUEPLUS LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIIST REFILL KIT KIT	NP	MP
TRUEPLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIIST STARTER KIT KIT	NP	MP
TRUEPLUS LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 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 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 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 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 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 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK PRO SAFETY LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 NEONATAL	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

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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	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
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	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
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	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
UNISTIK TOUCH SAFETY LANC 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 20 KIT	NP	MP
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	V-GO 30 KIT	NP	MP
			V-GO 40 KIT	NP	MP
			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 CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); 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	AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	BD AUTOSHIELD DUO	P	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	BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); 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	BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	P	MP
CEQUR SIMPL EXT WEAR INSERTER MISC	P	MP	FIFTY50 SUPERIOR COMFORT SYR	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 1U EXTND WEAR DEVI	NP	MP; RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 2U EXTND WEAR DEVI	NP	MP; RX/OTC	GLOBAL INJECT EASE INSULIN SYR	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC	GLOBAL INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY INSERTER MISC	P	MP	GLUCOPRO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	P	QL(5 EA daily); RX/OTC
EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 29GX1/2"	P	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 30GX5/16"	P	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	P	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GNP ULTRA COM INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	P	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC	HM ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC	INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)	INSULIN SYRINGE- NEEDLE U-100	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily); RX/OTC	LITETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC	MAGELLAN INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	MP; RX/OTC	MAXI-COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXICOMFORT SYR 27G X 1/2"	P	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC	ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA-THIN II INS SYR SHORT	P	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	P	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	VERIFINE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ZEVRX INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	P	QL(5 EA daily)	Respiratory Therapy Supplies		
REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ADULT MASK DEVI	P	RX/OTC
RELION INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROBIKA DEVI	P	RX/OTC
SB INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SECURESAFE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
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 SAFEPAK SYR/NEEDLE	P	QL(5 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU LARGE DEVI	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
AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM 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
AEROCHAMBER PLUS FLO-VU SMALL 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
AEROCHAMBER PLUS FLO-VU SMALL MISC	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
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
			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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT CHAMBER/CHILD 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
BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK LARGE MISC	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	EASIVENT MASK MEDIUM MISC	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	EASIVENT MASK SMALL MISC	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	EASIVENT MISC	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	EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
CO MONITOR DEVI	P	RX/OTC	EASY FLOW BLACK/ORANGE 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	EASY FLOW BLACK/RED DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC L DEVI	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
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ONE FLOW SPIROMETER DEVI	P	RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC	OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)	OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE 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
MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	THRESHOLD PEP DEVI	P	RX/OTC
PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC
PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VERSAPAP DEVI	P	RX/OTC
PRO COMFORT SPACER INFANT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD 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	VORTEX HOLD CHMBR/MASK/TODDLER 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	VORTEX VALVE CHAMBER-PEDI 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	VORTEX VALVED HOLDING CHAMBER 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	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
QUAKE DEVI	P	RX/OTC	AIMOVIG	PA	SP; PA
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AJOVY SOAJ	PA	SP; PA
SPIRO PD DEVI	P	RX/OTC	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Migraine Combinations			IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
<i>sumatriptan-naproxen sodium</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
TREXIMET (Use <i>sumatriptan-naproxen sodium</i>)	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
Migraine Products			IMITREX TABS 25 MG (Use <i>sumatriptan succinate</i>)	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA	IMITREX TABS 50 MG, 100 MG (Use <i>sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA	MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA	MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NF		<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Migraine Products - NSAIDs			REL PAX (Use <i>eletriptan hydrobromide</i>)	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
ELYXYB	NP		REL PAX 40 MG (Use <i>eletriptan hydrobromide</i>)	NF	
Serotonin Agonists			REL PAX 40 MG (Use <i>eletriptan hydrobromide</i>)	NF	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
<i>almotriptan malate</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)			
<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)			
FROVA (Use <i>frovatriptan succinate</i>)	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)			
<i>frovatriptan succinate</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)	<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan 5 MG/ACT</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	ZOMIG SOLN	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	MINERALS & ELECTROLYTES		
<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)	Calcium		
<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)
TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	CALCIUM CARB-CHOLECALCIFEROL CHEW	P	
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	CALCIUM CARBONATE CHEW	P	
<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate-cholecalciferol TABS</i>	P	
			<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P	
			<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)
			<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
			<i>calcium citrate TABS</i>	P	
			CALCIUM CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oyster shell</i>	P		KLOR-CON 10 TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P		KLOR-CON TBCR 8 MEQ (<i>Use potassium chloride</i>)	NF	
PARVA-CAL 200 UNIT-500 MG	P		K-TAB TBCR 20 MEQ (<i>Use potassium chloride</i>)	NF	
Electrolyte Mixtures			<i>potassium bicarbonate TBEF</i>	P	
<i>oral electrolytes SOLN</i>	P		<i>potassium chloride microencapsulated crystals er</i>	P	
Fluoride			<i>potassium chloride CPCR 10 MEQ</i>	P	
<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)	<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)
<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC	<i>potassium chloride PACK PO 20 MEQ</i>	P	
SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC	<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
Magnesium			<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	P	
<i>magnesium oxide (mg supplement) TABS</i>	P		Sodium		
Phosphate			<i>sodium chloride SOLN IV 0.9 %</i>	P	
K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC	SODIUM CHLORIDE SOLN IJ 0.9 %	P	
PHOSPHA 250 NEUTRAL	P	QL(8 EA daily); RX/OTC	Zinc		
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC	<i>zinc sulfate CAPS</i>	P	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC	MISCELLANEOUS THERAPEUTIC CLASSES		
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC	Chelating Agents		
Potassium			CUPRIMINE CAPS (<i>Use penicillamine</i>)	NF	SP
EFFER-K TBEF 25 MEQ	P		CUVRIOR	PA	SP; PA
			DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	PA	SP; PA
			<i>penicillamine CAPS</i>	PA	SP; PA
			<i>penicillamine TABS</i>	PA	SP; PA
			Enzymes		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); SP; PA	<i>everolimus (immunosuppressant)</i>	P	
Immunomodulators			IMURAN TABS (Use azathioprine)	NF	
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); SP; PA	<i>mycophenolate mofetil hcl</i>	P	
<i>lenalidomide</i>	PA	SP; PA	<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)
REVLIMID (Use <i>lenalidomide</i>)	PA	SP; PA	<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
RHAPSIDO TABS PO 25 MG	PA	AL(At least 18 yrs old); SP; PA	<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)
RYSTIGGO	NP	SP	<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)
THALOMID 50 MG, 100 MG	PA	SP; PA	<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)
VYVGART	NP	SP	MYFORTIC 180 MG (Use <i>mycophenolate sodium</i>)	NF	QL(2 EA daily)
VYVGART HYTRULO	NP	SP	MYFORTIC 360 MG (Use <i>mycophenolate sodium</i>)	NF	QL(4 EA daily)
VYVGART HYTRULO SC	NP	SP	NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	QL(4 EA daily)
Immunosuppressive Agents			NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	QL(8 ML daily)
<i>azathioprine TABS 75 MG, 100 MG</i>	P	QL(3 EA daily)	PROGRAF CAPS (Use <i>tacrolimus</i>)	NF	QL(3 EA daily)
<i>azathioprine TABS 50 MG</i>	P		PROGRAF PACK	P	
CELLCEPT INTRAVENOUS (Use <i>mycophenolate mofetil hcl</i>)	NF		PROGRAF SOLN 5 MG/ML (Use <i>tacrolimus</i>)	NF	
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>)	NF	QL(2 EA daily)	RAPAMUNE SOLN (Use <i>sirolimus</i>)	NF	
CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>)	NF	QL(15 ML daily)	RAPAMUNE TABS (Use <i>sirolimus</i>)	NF	
CELLCEPT TABS (Use <i>mycophenolate mofetil</i>)	NF	QL(4 EA daily)	SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	NF	QL(4 EA daily)
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	QL(4 EA daily)	SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	QL(8 ML daily)	<i>sirolimus SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	QL(4 EA daily)	<i>sirolimus TABS</i>	P	
ENSPRYNG	NP	SP	<i>tacrolimus CAPS</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus SOLN 5 MG/ML</i>	P		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
UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP	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
ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NF		MOUTH/THROAT/DENTAL AGENTS		
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			Anesthetics Topical Oral		
VIJOICE TBP	PA	SP; PA	<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
Potassium Removing Agents			<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(4 ML per fill retail; 4 per fill mail)
LOKELMA	P		<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>sodium polystyrene sulfonate POWD</i>	P		Anti-infectives - Throat		
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP		NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail; 120 per fill mail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P		<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)
VELTASSA	NP		Antiseptics - Mouth/Throat		
Sclerosing Agents			<i>chlorhexidine gluconate (mouth-throat)</i>	P	
<i>sodium tetradecyl sulfate</i>	PA	PA	PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Systemic Lupus Erythematosus Agents			Dental Products		
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); SP; PA	FRAICHE 5000 DENTAL GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
BENLYSTA SOLR	PA	AL(At least 5 yrs old); SP; PA	PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 ML per fill retail; 60 per fill mail)
BENLYSTA SOSY	PA	AL(At least 18 yrs old); SP; PA			
SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
NUTRIBOOST 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	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
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	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
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	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
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	STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily); RX/OTC
			STRESS FORMULA/IRON TABS	P	QL(1 EA daily); RX/OTC
			TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily); RX/OTC
			TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	QL(1 EA daily); RX/OTC
			Multiple Vitamins w/ Minerals		
			50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z ADVANCED 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	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	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 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 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 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 50+ MENS TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-15 MG-150 MCG-50 MG-2 MG-250 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z SELECT 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	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
ABC COMPLETE ADULT TABS	P	QL(1 EA daily); RX/OTC	ALIVE MENS COMPLETE MULTI TABS	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC	AZO HORMONAL HEALTH HAPPY CYCL TABS	P	QL(1 EA daily); RX/OTC
ALIVE MULTI-VITAMIN LIQD	P	RX/OTC	BACMIN TABS	P	QL(1 EA daily); RX/OTC
ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC	BASIC AM TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC	BASIC PM TABS	P	QL(1 EA daily); RX/OTC
ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC	BIO-35 GLUTEN-FREE CAPS	P	RX/OTC
AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	P	RX/OTC	BIO-35 IRON FREE CAPS	P	RX/OTC
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	P	QL(1 EA daily); RX/OTC	BIOCAL CAPS	P	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	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
ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC	BIOTECT PLUS CAPS	P	RX/OTC
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	P	QL(1 EA daily); RX/OTC	BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC
APETIBEX CAPS	P	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
APPE-CURB CAPS	P	RX/OTC	BONEUP 3 PER DAY CAPS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	P	QL(1 EA daily); RX/OTC	BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC
			BONEUP CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC	CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC
B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	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
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	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
BURIED TREASURE ACTIVE 55 PLUS LIQD	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
CELEBRATE MULTI-COMPLETE 18 CAPS	P	RX/OTC	CENTRUM CARDIO TABS	P	QL(1 EA daily); 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	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC	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 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 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 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CENTRUM 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 SPECIALIST HEART TABS	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
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	Drug Name	Drug Tier	Requirements/ Limits
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	CITRACAL +D3 TABS	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	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
CENVITE LIQD	P	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
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	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
CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC	COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC	CORAL CALCIUM PLUS CAPS	P	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC	COREVIA TABS	P	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC	CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC
			CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 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 ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIV/MINERAL MENS 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 DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULTS 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	Drug Name	Drug Tier	Requirements/ Limits
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 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 MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-5 MCG-80 MG-2 MG-60 MCG-0.5 MG-10 MCG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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
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	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
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	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
CVS VISION HEALTH CAPS	P	RX/OTC	DAYAVITE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DECUBI-VITE CAPS	P	RX/OTC	DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	P	RX/OTC	DIATROL TABS	P	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	P	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
DEPLIN MA CAPS	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
DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
DERMAVITE TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
DEXATLAN CAPS	P	RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); 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	Drug Name	Drug Tier	Requirements/ Limits
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 WOMENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE ADULTS 50+ 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 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 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 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 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 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 ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	FINAZOL TABS	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	FITNESS TABS FOR MEN AM/PM TABS	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	FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC	FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC
EVERCORE TABS	P	QL(1 EA daily); RX/OTC	FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC
EVERVITA TABS	P	QL(1 EA daily); RX/OTC	FOLAGENT DHA CAPS	P	RX/OTC
EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC	FOLAMAX TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	P	RX/OTC	FOLAMED DHA CAPS	P	RX/OTC
EYE HEALTH CAPS	P	RX/OTC	FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC	FOLAREX 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	FOLASYNC DHA CAPS	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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC
GERI-FREEDA SENIOR FORMULA 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
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		P	
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 HAIR/SKIN/NAI LS 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 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	GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
			GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG- 55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG- 1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP 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 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 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 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 ONE DAILY MAXIMUM TABS	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC	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
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	HM COMPLETE MEN TABS	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	HYLAZINC TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	RX/OTC	HYVITE TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC	ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH 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
HEALTHY EYES SUPERVISION 2 CAPS	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
HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	P	RX/OTC	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 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	IMMUNE 24 HOUR+ CAPS	P	RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC
			I-VITE W/LUTEIN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 75 MCG-200 MG-45 MCG-150 MCG-30 UNIT- 20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC	LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC
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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT	P	QL(1 EA daily); RX/OTC	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
MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC	MENATROL CAPS	P	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-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-8.333 MG	P	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	RX/OTC
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN 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
MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC	MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	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
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 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 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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
			<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC
			<i>multiple vitamins w/ minerals TABS</i>	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
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	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
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	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
MULTIA CAPS	P	RX/OTC	MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 MEN TABS	P	QL(1 EA daily); RX/OTC			
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN 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	MVW COMPLETE FORMULATION CAPS	P	RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	MVW MODULATOR FORMULATION MINI CAPS	P	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	MVW MODULATOR FORMULATION CAPS	P	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); 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
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	NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITE LIQD	P	RX/OTC	NEOVITE TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC	NICADAN TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC	NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	P	RX/OTC
OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	OCUVITE-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	ONCOVITE TABS	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	ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC	ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	RX/OTC	ONE A DAY POSTNATAL 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	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE 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 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 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 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 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	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MAXIMUM TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-162 MG-80 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-65 MCG-3.5 MG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-20 MCG-105 MCG, 99 MG-43 MCG-240 MCG-1.32 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-210 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-150 MCG-55 MCG-900 MCG-30 MCG-6.24 MCG-408 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVIT/IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC	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 MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 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 DAILY/MINERALS TABS 50 MG-1 MG-100 MCG-1.5 MG-3 MCG-1.7 MG-20 MG-5000 UNIT-400 UNIT-5 MG-1 MG-125 MG-150 MCG-10 UNIT	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ONE VITE M HIGH POTENCY TABS	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 ENERGY TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) 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 MENS 50+ ADVANTAGE TABS	P	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 MENS 50+ TABS	P	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 MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 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	Drug Name	Drug Tier	Requirements/ Limits
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG	P	QL(1 EA daily); RX/OTC
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	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC	PHYTOMULTI 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	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+MULTI VIT CAPS	P	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-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	PRESERVISION AREDS 2 CAPS	P	RX/OTC
OPURITY TABS	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 3 CAPS	P	RX/OTC
OSTEOPRIME PLUS TABS	P	QL(1 EA daily); 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC	QC MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG- 500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG- 300 MCG-1.5 MG-50 MG- 11 MG-80 MG-150 MCG- 220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
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 MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC
QC DAILY MULTIVIT/MULTIMINERA L 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 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 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 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
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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC	STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT- 1.5 MG-20 MG-1.5 MG-30 MG-20 MG-15 UNIT	P	QL(1 EA daily); RX/OTC
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	STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
REVYRA TABS	P	QL(1 EA daily); RX/OTC	SUPER ANTIOXIDANT CAPS	P	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	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	RX/OTC
SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	SUPER AYTINAL 50 PLUS TABS 120 MG-2 MG-30 MCG-400 MCG- 1.5 MG-400 UNIT-12 MCG-10 MG-1.7 MG-20 MG-275 MCG-9 MG-225 MG-100 MG-15 MG-2 MG- 150 MCG-75 MCG-150 MCG-50 UNIT-2 MG-5000 UNIT-80 MCG-70 MCG- 120 MCG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC	SUPER AYTINAL TABS 90 MG-5 MG-40 MCG-400 MCG-400 UNIT-12 MCG- 10 MG-5 MG-30 MG-275 MCG-3500 UNIT-25 MG- 300 MCG-5 MG-100 MG- 15 MG-3 MG-7.7 MG-150 MCG-50 MCG-162 MG- 150 MCG-2 MG-50 MCG- 30 UNIT-125 MG-5 MCG- 10 MCG-7.5 MG-25 MCG- 50 MCG-10 MCG-7 MG	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC	SUPER D-ZINC- SELENIUM-COPPER 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/ZIN C TABS 500 MG-45 MCG- 400 MCG-10 MG-100 MG- 5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG- 12 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	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
SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	P	RX/OTC	THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
SUPPORT LIQD	P	RX/OTC	THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-200 UNIT	P	RX/OTC	THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 EA daily); RX/OTC	THERA-M PLUS MV W/BETA-CAROT 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	THERAMILL FORTE CAPS	P	RX/OTC
			THERANATAL LACTATION ONE CAPS	P	RX/OTC
			THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG-100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67 MG-1400 UNIT	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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-TABS M TABS	P	QL(1 EA daily); RX/OTC	THERA-VITE MAX-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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
TRUEVITE TABS	P	QL(1 EA daily); RX/OTC	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
T-VITES TABS	P	QL(1 EA daily); 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
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG- 400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG- 100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG- 150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG- 72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
			VITA HAIR TABS 300 MCG-400 MCG-35 MG-6 MCG-100 MG-125 MG-65 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG	P	QL(1 EA daily); RX/OTC
			VITA S FORTE TABS 400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG- 3 MG-20 MCG-60 UNIT- 50 MCG-0.05 MG	P	QL(1 EA daily); RX/OTC
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC	VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC
VENEXA TABS	P	QL(1 EA daily); RX/OTC	VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC	VITABEX PLUS CAPS	P	RX/OTC
VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC	VITABEX CAPS	P	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	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
VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC	VITACORE TABS	P	QL(1 EA daily); RX/OTC
VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT- 55 MCG	P	QL(1 EA daily); RX/OTC	VITALUX TABS	P	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	P	RX/OTC	VITA-MIN CAPS 85 MG- 1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG- 4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	RX/OTC
VISION OPTIMIZER CAPS	P	RX/OTC	VITAMINS A-D- E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC	VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPT TABS	P	QL(1 EA daily); RX/OTC	VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC	VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC	VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC	VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC	VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC	VITREXYL TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC	WELLFOLA TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG- 3.4 MG-20 MCG-20 MG- 9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG- 33 UNIT-5 MCG-10 MCG- 180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC	WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); 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	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
			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
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	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
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	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
YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC	DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid			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
QUFLORA FE	P	AL(Up to 20 yrs old)			
Multivitamins					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC
FOLAWISE TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC
FOLCYTEINE 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
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	MULTIVITAMIN TABS	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	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
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC
MINCORA TABS	P	QL(1 EA daily); RX/OTC	NEVVITE TABS	P	QL(1 EA daily); RX/OTC
MINOVIA TABS	P	QL(1 EA daily); RX/OTC	OMNICAP TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN W/D-3 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
MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIALS 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	ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	STRESSTABS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN 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
ONE-A-DAY ESSENTIAL TABS <i>(Use multiple vitamin)</i>	NF	QL(1 EA daily); RX/OTC	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
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NF	QL(1 EA daily); RX/OTC	THERA TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	QL(1 EA daily); RX/OTC	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
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	THEREMS TABS	P	QL(1 EA daily); RX/OTC
QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC
QUINTABS 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
RELCARE TABS	P	QL(1 EA daily); RX/OTC	TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC	VALENTA 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 20 yrs old); 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	<i>pediatric multivitamins w/fl SUSP 0.25 MG/ML, 0.5 MG/ML</i>	P	AL(Up to 20 yrs old); RX/OTC
VITRAX TABS	P	QL(1 EA daily); RX/OTC	<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
VITRION TABS	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
Ped Multi Vitamins w/Fl & FE			POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old); RX/OTC
FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)	QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
<i>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</i>	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
POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)	TRI-VI-FLOR SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	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
QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals			Ped MV w/ Iron		
LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC	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	
Ped MV w/ Fluoride			GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P	
DAVIMET-FLUORIDE CHEW	P	AL(Up to 20 yrs old)	LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P	
FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	AL(Up to 20 yrs old)
FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC	NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)
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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P		KPN PRENATAL TABS	P	QL(1 EA daily)
Pediatric Multiple Vitamins			MASONATAL TABS	P	QL(1 EA daily)
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P		M-NATAL PLUS TABS	P	RX/OTC
Prenatal Vitamins			MULTI PRENATAL TABS	P	QL(1 EA daily)
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P		NEONATAL PRENATAL TABS	P	QL(1 EA daily)
CLASSIC PRENATAL TABS	P	QL(1 EA daily)	NEONATAL VITAMIN TABS	P	QL(1 EA daily)
COMPLETE NATAL DHA	P		NEO-VITAL RX TABS	P	
COMPLETENATE CHEW	P		NESTABS	P	
CONCEPT DHA	P		NESTABS DHA	P	
CONCEPT OB	P		NESTABS ONE	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		OB COMPLETE ONE	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)	OB COMPLETE PETITE	P	
ENBRACE HR	P		OB COMPLETE PREMIER	P	
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)	OB COMPLETE/DHA	P	
FOLIVANE-OB	P		OB COMPLETE TABS	P	
FT PRENATAL TABS	P	QL(1 EA daily)	ONE VITE WOMENS TABS	P	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)	PNV-OMEGA	P	
GNP PRENATAL TABS	P	QL(1 EA daily)	PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC
			PRENATAL FORMULA CAPS	P	
			PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC
			PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
			PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
			<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	P		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	
PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)	PRENATE ENHANCE	P	
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)	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	
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	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	
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	PRENATE PIXIE	P	
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 RESTORE	P	
PRENATAL TABS	P	QL(1 EA daily)	PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC
PRENATE	P		PRENOVA TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
PRENATE AM	P		PRIMACARE	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		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	

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
ATMEKSI SUSP PO 750 MG/5ML	NP	AL(At least 16 yrs old)
BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
<i>baclofen SUSP</i>	NP	
<i>baclofen TABS</i>	P	
<i>carisoprodol TABS 350 MG</i>	P	
<i>carisoprodol TABS 250 MG</i>	NP	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
<i>cyclobenzaprine hcl CP24</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
<i>cyclobenzaprine hcl TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	
LYVISPAH PACK 5 MG	NP	
<i>metaxalone</i>	NP	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
ONTRALFY SOLN PO 2 MG/5ML	NP	
<i>orphenadrine citrate TB12</i>	P	
OZOBAX DS SOLN PO (<i>Use baclofen</i>)	NP	
SOMA TABS (<i>Use carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS</i>	P	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (<i>Use tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>Use dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS</i>	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	P	
DYMISTA SUSP (<i>Use azelastine hcl-fluticasone propionate</i>)	P	
RYALTRIS	NP	
Nasal Agents - Misc.		
<i>saline SOLN 0.65 %</i>	P	QL(90 ML per fill retail; 90 per fill mail)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail; 26 per fill mail)	SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); SP; PA
<i>olopatadine hcl (nasal)</i>	P		Muscular Dystrophy Agents		
Nasal Steroids			AMONDYS 45	PA	SP; PA
<i>budesonide (nasal)</i>	NP		DUVYZAT	PA	AL(At least 6 yrs old); SP; PA
<i>flunisolide (nasal)</i>	NP		ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC	ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC	ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC	ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); SP; PA
OMNARIS SUSP	NP		ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); SP; PA
QNASL	NP		ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); SP; PA
QNASL CHILDRENS	NP		ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>triamcinolone acetonide (nasal) AERO</i>	P		ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA
XHANCE EXHU	NP		ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA
ZETONNA AERS	NP		ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA
Sympathomimetic Decongestants			ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA
ADRENALIN 0.1 %	P		ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>epinephrine hcl (nasal)</i>	P		ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)			
<i>pseudoephedrine hcl TABS</i>	P				
<i>pseudoephedrine hcl TB12</i>	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					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 22.5-23.4 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 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 25.5-26.4 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 26.5-27.4 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 27.5-28.4 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 28.5-29.4 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 29.5-30.4 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 30.5-31.4 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 31.5-32.4 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 32.5-33.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
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

Drug Name	Drug Tier	Requirements/Limits
VILTEPSO	PA	SP; PA
VYONDYS 53	PA	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
DYSPOORT	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
MYOBLOC	PA	Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); SP; PA
XEOMIN	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
Rett Syndrome Agents		
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); SP; PA
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	PA	AL(At least 2 yrs old); SP; PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	PA	SP; PA
EVRYSDI	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	ZOLGENSMA 18.1-18.5 KG	CO	
			ZOLGENSMA 18.6-19.0 KG	CO	
			ZOLGENSMA 19.1-19.5 KG	CO	
SPINRAZA	PA	SP; PA	ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 20.6-21.0 KG	CO		ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO		ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO		ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO		ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO		ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO		ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO		ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO		ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO		ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO		ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 15.1-15.5 KG	CO		ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO		ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO		ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO		ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 17.1-17.5 KG	CO		ZOLGENSMA 9.6-10.0 KG	CO	
ZOLGENSMA 17.6-18.0 KG	CO		NUTRIENTS		
			Misc. Nutritional Substances		
			<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	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	
			<i>artificial tear solution</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P		COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	P		COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P		<i>dorzolamide hcl-timolol maleate</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NP		<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	NP		ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P		<i>levobunolol hcl 0.5 %</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P		<i>timolol</i>	NP	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	P		<i>timolol maleate (ophth) SOLG</i>	P	
<i>polyvinyl alcohol-povidone (ophth)</i>	NP		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
REFRESH	P		<i>timolol maleate (ophth) SOLN</i>	P	
<i>white petrolatum-mineral oil</i>	P		TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	
Beta-blockers - Ophthalmic			Cholinergic Agonists		
<i>betaxolol hcl (ophth) SOLN</i>	P		TYRVAYA	NP	
BETIMOL	NP		Cycloplegic Mydriatics		
BETIMOL (<i>Use timolol</i>)	NF		ALTAFRIN SOLN 10 % (<i>Use phenylephrine hcl (mydriatic)</i>)	NF	
BETIMOL (<i>Use timolol</i>)	NP		ALTAFRIN SOLN 2.5 % (<i>Use phenylephrine hcl (mydriatic)</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
BETOPTIC-S SUSP	P		<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 GM per fill retail; 4 per fill mail)
<i>brimonidine tartrate-timolol maleate</i>	NP		<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>carteolol hcl (ophth)</i>	P		ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	P		CYCLOGYL 2 %	P	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NF				
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL (Use cyclopentolate hcl)	NF	QL(15 ML per fill retail; 15 per fill mail)	CILOXAN OINT	NP	
CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)	ciprofloxacin hcl (ophth) SOLN	P	
cyclopentolate hcl 1 %	P	QL(15 ML per fill retail; 15 per fill mail)	erythromycin (ophth)	P	
MYDRIACYL SOLN (Use tropicamide)	NF	QL(15 ML per fill retail; 15 per fill mail)	gatifloxacin (ophth)	NP	
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ML per fill retail; 15 per fill mail)	gentamicin sulfate (ophth) SOLN	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)	levofloxacin (ophth) 0.5 %	NP	
tropicamide SOLN	P	QL(15 ML per fill retail; 15 per fill mail)	moxifloxacin hcl (ophth) SOLN OP	P	QL(15 ML per fill retail; 15 per fill mail)
Miotics			moxifloxacin hcl (ophth) SOLN OP	NP	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P		neomycin-bacitracin zn-polymyxin	P	QL(4 GM per fill retail; 4 per fill mail)
pilocarpine hcl SOLN 1.25 %	PA	PA	neomycin-polymyxin-gramicidin	P	QL(10 ML per fill retail; 10 per fill mail)
VUITY SOLN 1.25 % (Use pilocarpine hcl)	PA	PA	OCUFLOX (Use ofloxacin (ophth))	NP	
Ophthalmic Adrenergic Agents			ofloxacin (ophth)	P	
ALPHAGAN P (Use brimonidine tartrate)	P		polymyxin b-trimethoprim	P	QL(10 ML per fill retail; 10 per fill mail)
apraclonidine hcl	NP		sulfacetamide sodium (ophth) OINT	P	
brimonidine tartrate	NP		sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
IOPIDINE	NP		tobramycin (ophth) SOLN	P	QL(5 ML per fill retail; 5 per fill mail)
SIMBRINZA	P		TOBREX OINT	P	QL(4 GM per fill retail; 4 per fill mail)
Ophthalmic Anti-infectives			trifluridine	P	QL(8 ML per fill retail; 8 per fill mail)
AZASITE	NP		VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(15 ML per fill retail; 15 per fill mail)
bacitracin-polymyxin b (ophth)	P	QL(4 GM per fill retail; 4 per fill mail)	Ophthalmic Decongestants		
besifloxacin hcl 0.6 %	NP				
BESIVANCE 0.6 % (Use besifloxacin hcl)	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(0.5 ML daily)	ALREX SUSP (<i>Use loteprednol etabonate</i>)	P	
Ophthalmic Immunomodulators			<i>bacitracin-poly-neomycin-hc</i>	NP	
CEQUA SOLN	NP		BYQLOVI 0.05 %	NP	
<i>cyclosporine (ophth) EMUL</i>	NP		<i>dexamethasone sodium phosphate (ophth)</i>	NP	
RESTASIS MULTIDOSE EMUL	NP		DEXTENZA INST	NP	SP
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	P		<i>difluprednate</i>	P	
VERKAZIA EMUL	PA	QL(4 EA daily); AL(At least 4 yrs old); PA	DUREZOL (<i>Use difluprednate</i>)	NP	
VEVYE SOLN	NP		DUREZOL (<i>Use difluprednate</i>)	NF	
Ophthalmic Integrin Antagonists			EYSUVIS SUSP	P	QL(8.3 ML per fill retail; 8.3 per fill mail)
XIIDRA	P		FLAREX	P	
Ophthalmic Kinase Inhibitors			<i>fluorometholone (ophth) SUSP</i>	NP	
RHOPRESSA	P		FML FORTE SUSP	P	
ROCKLATAN	P		FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	P	
Ophthalmic Local Anesthetics			ILUVIEN	NP	SP
ALTACAINE 0.5 % (<i>Use tetracaine hcl (ophth)</i>)	NF		INVELTYS SUSP	NP	
TETRACAINE HCL 0.5 %	P		LOTEMAX SM GEL	NP	
TETRACAINE HCL 0.5 % (<i>Use tetracaine hcl (ophth)</i>)	NF		LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	NP	
<i>tetracaine hcl (ophth)</i>	P		LOTEMAX OINT	NP	
Ophthalmic Nerve Growth Factors			LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NP	
OXERVATE	PA	Maximum 56 day supply allowed; QL(1 ML daily; 112 ML per 999 day(s) retail; 112 ML per 999 days mail); AL(At least 2 yrs old); SP; PA	<i>loteprednol etabonate GEL</i>	NP	
Ophthalmic Steroids			<i>loteprednol etabonate SUSP</i>	NP	
			<i>loteprednol etabonate-tobramycin</i>	NP	
			MAXIDEX SUSP OP	P	
			MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXITROL SUSP (Use neomycin-polymy-dexameth)	NP		azelastine hcl (ophth)	P	
neomycin-polymy-dexameth OINT	P	QL(17.5 GM per fill retail; 17.5 per fill mail)	AZOPT (Use brinzolamide)	P	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	P		AZOPT (Use brinzolamide)	NF	
neomycin-polymyxin-hc (ophth)	NP		bepotastine besilate	NP	
PRED FORTE (Use prednisolone acetate (ophth))	P		BEPREVE (Use bepotastine besilate)	P	
PRED MILD	NP		brinzolamide	NP	
prednisolone acetate (ophth)	P		bromfenac sodium (ophth)	NP	
PREDNISOLONE SODIUM PHOSPHATE	NP		BROMSITE (Use bromfenac sodium (ophth))	NP	
RETISERT	NP	SP	cromolyn sodium (ophth)	NP	
sulfacetamide sod-prednisolone SOLN	P		diclofenac sodium (ophth)	P	
TOBRADEX ST SUSP	NP		dorzolamide hcl	P	
TOBRADEX OINT	P		epinastine hcl (ophth)	NP	
tobramycin-dexamethasone SUSP	P		flurbiprofen sodium	P	
TRIESENCE	NP	SP	ILEVRO	P	
XIPERE	NP	SP	ketorolac tromethamine (ophth)	P	
ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin)	NP		ketotifen fumarate (ophth) 0.035 %	NP	
Ophthalmics - Misc.			ketotifen fumarate (ophth) 0.035 %	P	
ACULAR (Use ketorolac tromethamine (ophth))	NP		LASTACAFT	NP	
ACULAR LS (Use ketorolac tromethamine (ophth))	NP		MIEBO	NP	
ACUVAIL	NP		NEVANAC	P	
ALOCRIIL	P	QL(5 ML per fill retail; 5 per fill mail)	olopatadine hcl	NP	
			olopatadine hcl	P	
			PROLENSA (Use bromfenac sodium (ophth))	NP	
			TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
			ZERVIAE	NP	
			Prostaglandins - Ophthalmic		
			bimatoprost SOLN	NP	
			DURYSTA IMPL	NP	

Drug Name	Drug Tier	Requirements/ Limits
IDOSE TR IMPL	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	
LUMIGAN SOLN 0.01 % (Use <i>bimatoprost</i>)	P	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (Use <i>travoprost</i>)	NF	
TRAVATAN Z SOLN (Use <i>travoprost</i>)	P	
<i>travoprost SOLN</i>	NP	
VYZULTA	NP	
XALATAN SOLN (Use <i>latanoprost</i>)	NP	
XALATAN SOLN (Use <i>latanoprost</i>)	NF	
ZIOPTAN (Use <i>tafluprost</i>)	NF	
ZIOPTAN (Use <i>tafluprost</i>)	NP	
ZOLYMBUS GEL OP 0.01 %	NP	

OTIC AGENTS - Drugs to Treat the Ear

Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>carbamide peroxide (otic)</i> 6.5 %	P	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (Use <i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	NF	
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	P	
<i>ciprofloxacin-hydrocortisone</i>	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail; 10 per fill mail)
PRAMOTIC	P	
Otic Steroids		
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NF	QL(0.67 ML daily)
<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)
<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
ALYGLO	NP	SP
ASCENIV	NP	
BIVIGAM SOLN	NP	SP
CUTAQUIG	NP	SP
CUVITRU SOLN	NP	SP
CYTOGAM SOLN	NP	SP
GAMASTAN IM	NP	SP
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	SP

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD ERC 10 GM/100ML	NP	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
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		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
AMOXICILLIN-POT CLAVULANATE CHEW	P	QL(20 EA per fill retail; 20 per fill mail)
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(400 ML per fill retail; 400 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	QL(1 EA daily)
PROMETRIUM CAPS (Use <i>progesterone</i>)	NF	QL(1 EA daily)
PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and		

Drug Name	Drug Tier	Requirements/ Limits
Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
<i>lofexidine hcl</i>	NP	QL(16 EA daily)
LUCEMYRA (Use <i>lofexidine hcl</i>)	NP	QL(16 EA daily)
Anti-Cataplectic Agents		
<i>sodium oxybate SOLN</i>	NP	QL(18 ML daily); AL(At least 7 yrs old); SP
XYREM SOLN (Use <i>sodium oxybate</i>)	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 <i>donepezil hydrochloride</i>)	NP	
<i>donepezil hydrochloride TABS</i>	P	
<i>donepezil hydrochloride TBDP</i>	P	
EXELON (Use <i>rivastigmine</i>)	NP	
<i>galantamine hydrobromide CP24</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	
<i>galantamine hydrobromide TABS</i>	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	SP; PA
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
LEQEMBI IQLIK (500 MG DOSE) SC	PA	PA
<i>memantine hcl CP24</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>memantine hcl SOLN</i>	NP	
<i>memantine hcl TABS</i>	P	
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>Use memantine hcl</i>)	NF	
NAMZARIC C4PK	NP	
NAMZARIC CP24 (<i>Use memantine hcl-donepezil hcl</i>)	NP	
NAMZARIC CP24	NP	
<i>rivastigmine</i>	P	
<i>rivastigmine tartrate CAPS</i>	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)
<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	NF	AL(At least 18 yrs old)
Fibromyalgia Agents		
<i>milnacipran hcl MISC</i>	NP	
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP	
SAVELLA TITRATION PACK MISC (<i>Use milnacipran hcl</i>)	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>Use milnacipran hcl</i>)	PA	PA
TONMYA SUBL SL 2.8 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); SP; PA
AUSTEDO XR TB24	PA	AL(At least 18 yrs old); SP; PA
AUSTEDO TABS	PA	AL(At least 18 yrs old); SP; PA
INGREZZA CAPS	PA	AL(At least 18 yrs old); SP; PA
INGREZZA CPPK	PA	AL(At least 18 yrs old); SP; PA
INGREZZA CPSP	PA	AL(At least 18 yrs old); SP; PA
<i>tetrabenazine</i>	P	SP
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (<i>Use dalfampridine</i>)	NP	QL(2 EA daily); SP
AUBAGIO (<i>Use teriflunomide</i>)	NP	SP
AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
BAFIERTAM	NP	SP
BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	MAVENCLAD (5 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP
BRIUMVI	NP	SP	MAVENCLAD (6 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP
<i>cladribine (multiple sclerosis) 10 MG</i>	NP	SP	MAVENCLAD (7 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	PA	QL(1 ML daily); SP; PA	MAVENCLAD (8 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	SP	MAVENCLAD (9 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
<i>dalfampridine</i>	PA	QL(2 EA daily); SP; PA	MAYZENT TABS	NP	SP
<i>dimethyl fumarate CDPK</i>	PA	SP; PA	OCREVUS	NP	SP
<i>dimethyl fumarate CPDR</i>	PA	SP; PA	OCREVUS ZUNOVO	NP	AL(At least 18 yrs old); SP
<i>fingolimod hcl</i>	PA	SP; PA	PLEGRIDY STARTER PACK SOAJ	NP	SP
GILENYA	NP	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
GILENYA (<i>Use fingolimod hcl</i>)	NP	SP	PLEGRIDY SOAJ	NP	SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP; PA	PLEGRIDY SOSY IM	NP	SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP	PONVORY STARTER PACK TBPK	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily); SP	PONVORY TABS	NP	SP
KESIMPTA	NP	SP	REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
LEMTRADA	NP	SP	REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail); SP
MAVENCLAD (10 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
MAVENCLAD (4 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail); SP
			TASCENSO ODT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NP	SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	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		
<i>gabapentin (once-daily) TABS</i>	NP	
GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	NP	
LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NF	
LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NP	
<i>pregabalin (once-daily)</i>	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	P	AL(At least 18 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	PA	QL(4 EA daily); SP; PA
<i>ergoloid mesylates TABS</i>	P	
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	

Drug Name	Drug Tier	Requirements/Limits
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NF	
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex GUM</i>	P	
<i>nicotine polacrilex LOZG</i>	P	
NICOTINE KIT	P	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
NICOTROL NS SOLN	P	
NICOTROL INHA	P	
<i>varenicline tartrate TABS</i>	P	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); SP; PA
ONPATTRO	PA	AL(At least 18 yrs old); SP; PA
WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>paroxetine mesylate</i> (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 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 PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 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
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		

Drug Name	Drug Tier	Requirements/ Limits
ESBRIET CAPS (Use <i>pirfenidone</i>)	NF	SP; PA
ESBRIET TABS (Use <i>pirfenidone</i>)	NF	SP; PA
<i>pirfenidone</i> CAPS	P	SP; PA
<i>pirfenidone</i> TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline</i> (monohydrate) CAPS 50 MG, 100 MG	P	
<i>doxycycline</i> (monohydrate) TABS 50 MG, 100 MG	P	
<i>doxycycline hyclate</i> CAPS	P	
<i>doxycycline hyclate</i> TABS 100 MG	P	
<i>minocycline hcl</i> CAPS	P	
<i>tetracycline hcl</i> CAPS 500 MG	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	P	
<i>propylthiouracil</i>	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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF		ANASPAZ TBDP (<i>Use hyoscyamine sulfate</i>)	NF	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P		BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
<i>levothyroxine sodium TABS</i>	P		<i>dicyclomine hcl CAPS</i>	P	
<i>liothyronine sodium TABS</i>	P		<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
NIVA THYROID TABS	P		<i>dicyclomine hcl TABS</i>	P	
NP THYROID TABS	P		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>hyoscyamine sulfate ELIX</i>	P	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NF		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
TOXOIDS			<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
Toxoid Combinations			LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NF	QL(4 EA daily)
ADACEL SUSP	P		NULEV TBDP 0.125 MG (<i>Use hyoscyamine sulfate</i>)	NF	
BOOSTRIX SUSP	P		ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NF	QL(4 EA daily)
BOOSTRIX SUSY	P		ROBINUL TABS (<i>Use glycopyrrolate</i>)	NF	QL(4 EA daily)
DAPTACEL	P		H-2 Antagonists		
INFANRIX	P		<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
KINRIX SUSY	P		<i>cimetidine TABS</i>	NP	RX/OTC
PEDIARIX SUSY	P		<i>famotidine SOLN 20 MG/2ML</i>	P	
PENTACEL	P		FAMOTIDINE SOLN	P	
QUADRACEL SUSP	P		<i>famotidine SUSR</i>	P	
QUADRACEL SUSY	P		<i>famotidine TABS 10 MG, 20 MG</i>	NP	RX/OTC
TDVAX SUSP	P		<i>famotidine TABS</i>	P	RX/OTC
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P		<i>nizatidine CAPS</i>	NP	
VAXELIS SUSP	P		PEPCID TABS (<i>Use famotidine</i>)	NF	RX/OTC
VAXELIS SUSY	P		Misc. Anti-Ulcer		
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARAFATE SUSP (<i>Use sucralfate</i>)	NF	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)	<i>omeprazole TBEC</i>	P	QL(1 EA daily)
CARAFATE TABS (<i>Use sucralfate</i>)	NF	QL(4 EA daily)	<i>omeprazole TBEC</i>	P	
<i>sucralfate SUSP</i>	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)	<i>pantoprazole sodium PACK</i>	NP	
<i>sucralfate TABS</i>	P	QL(4 EA daily)	<i>pantoprazole sodium SOLR</i>	P	
Proton Pump Inhibitors			<i>pantoprazole sodium SOLR</i>	P	QL(1 EA daily)
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 EA daily)	PANTOPRAZOLE SODIUM SOLR 40 MG (<i>Use pantoprazole sodium</i>)	P	
DEXILANT (<i>Use dexlansoprazole</i>)	NP	QL(1 EA daily)	<i>pantoprazole sodium TBEC</i>	P	
<i>dexlansoprazole</i>	NP	QL(1 EA daily)	<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(1 EA daily)
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 EA daily); RX/OTC	PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	RX/OTC
<i>esomeprazole magnesium PACK</i>	NP	QL(1 EA daily)	PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily); RX/OTC	PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>lansoprazole TBDD</i>	NP	QL(1 EA daily); RX/OTC	PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	QL(1 EA daily)
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NF	RX/OTC	PRILOSEC OTC TBEC (<i>Use omeprazole magnesium</i>)	NF	
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	PRILOSEC PACK	NP	
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP	QL(1 EA daily)	PROTONIX PACK (<i>Use pantoprazole sodium</i>)	P	
<i>omeprazole magnesium CPDR</i>	P		PROTONIX SOLR (<i>Use pantoprazole sodium</i>)	NP	
<i>omeprazole magnesium TBEC</i>	P		PROTONIX TBEC (<i>Use pantoprazole sodium</i>)	NP	
<i>omeprazole CPDR</i>	P		<i>rabeprazole sodium TBEC</i>	NP	QL(1 EA daily)
<i>omeprazole CPDR</i>	P	QL(1 EA daily)	Ulcer Drugs - Prostaglandins		
<i>omeprazole TBDD</i>	P		CYTOTEC (<i>Use misoprostol</i>)	NF	
			<i>misoprostol</i>	P	
			Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail	<i>tolterodine tartrate CP24</i>	P	
<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP		<i>tolterodine tartrate TABS</i>	P	
KONVOMEK SUSR	NP		TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP	
VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA	<i>trospium chloride CP24</i>	NP	
VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA	<i>trospium chloride TABS</i>	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			VESICARE TABS (<i>Use solifenacin succinate</i>)	NP	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>darifenacin hydrobromide</i>	NP		GEMTESA	NP	
DETROL LA CP24 2 MG (<i>Use tolterodine tartrate</i>)	P		<i>mirabegron SRER 8 MG/ML</i>	NP	
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF		<i>mirabegron TB24</i>	NP	
DETROL TABS (<i>Use tolterodine tartrate</i>)	NF		MYRBETRIQ SRER 8 MG/ML (<i>Use mirabegron</i>)	NP	
DETROL TABS (<i>Use tolterodine tartrate</i>)	P		MYRBETRIQ TB24 (<i>Use mirabegron</i>)	P	
<i>fesoterodine fumarate</i>	P		Urinary Antispasmodics - Cholinergic Agonists		
<i>oxybutynin chloride SOLN</i>	P		<i>bethanechol chloride</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P		Urinary Antispasmodics - Direct Muscle Relaxants		
<i>oxybutynin chloride TABS 2.5 MG</i>	NP		<i>flavoxate hcl</i>	NP	
<i>oxybutynin chloride TB24</i>	P		VACCINES		
OXYTROL FOR WOMEN PTTW	NP	RX/OTC	Bacterial Vaccines		
OXYTROL PTTW	NP	RX/OTC	ACTHIB SOLR IM	P	
<i>solifenacin succinate TABS</i>	P		BEXSERO 0.5 ML	P	
			CAPVAXIVE	P	
			HIBERIX SOLR IJ	P	
			MENQUADFI 0.5 ML	P	
			MENVEO SOLN	P	
			MENVEO SOLR	P	
			PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
			PENBRAYA	P	
			PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
			PNEUMOVAX 23 SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 SOSY	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
PREVNAR 20	P		MRESVIA	P	AL(At least 60 yrs old)
TRUMENBA 0.5 ML	P		NOVAVAX COVID-19 VACCINE SUSY	P	
VAXNEUVANCE	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
Viral Vaccines			PREHEVBRIO	P	
ABRYSVO	P	AL(At least 60 yrs old)	PRIORIX SUSR	P	
ACAM2000 SOLR IJ	P		PROQUAD SUSR	P	
AFLURIA PRESERVATIVE FREE SUSY	P		RECOMBIVAX HB SUSP	P	
AFLURIA SUSP	P		RECOMBIVAX HB SUSY	P	
AREXVY	P	AL(At least 60 yrs old)	ROTARIX SUSP	P	
COMIRNATY SUSY	P		ROTATEQ SOLN	P	
DENG VAXIA	P		SHINGRIX	P	AL(At least 50 yrs old)
ENGRIX-B SUSP 20 MCG/ML	P		SHINGRIX IM 50 MCG/0.5ML	P	AL(At least 50 yrs old)
ENGRIX-B SUSY	P		SPIKEVAX SUSY	P	
FLUAD	P		TWINRIX SUSY	P	
FLUARIX SUSY	P		VAQTA	P	
FLUBLOK SOSY	P		VARIVAX SUSR	P	
FLUCELVAX SUSP	P		VAGINAL AND RELATED PRODUCTS		
FLUCELVAX SUSY	P		Vaginal Anti-infectives		
FLULAVAL SUSY	P		CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P	
FLUMIST	P		CLEOCIN SUPP	P	
FLUZONE HIGH-DOSE SUSY	P		<i>clindamycin phosphate vaginal CREA</i>	NP	
FLUZONE SUSP	P		CLINDESSE	NP	
FLUZONE SUSY	P		<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)
GARDASIL 9 SUSP 0.5 ML	P	AL(Up to 45 yrs old)	<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
GARDASIL 9 SUSY 0.5 ML	P	AL(Up to 45 yrs old)	GYNAZOLE-1	P	
HAVRIX IM 720 EL U/0.5ML	P		<i>metronidazole vaginal</i>	P	
HEPLISAV-B SOSY	P				
JYNNEOS	P				
M-M-R II SOLR	P				

Drug Name	Drug Tier	Requirements/ Limits
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal KIT</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)
NUVESSA	P	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)
<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)
<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	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)
Vaginal Contraceptive - pH Modulators		
PHEXX	P	
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	QL(1.5 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>estradiol vaginal TABS</i>	P	
PREMARIN	P	QL(1.5 GM daily)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P	
EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P	
NEFFY SOLN NA	NP	
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	P	
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)
<i>cholecalciferol CHEW 400 UNIT</i>	P	
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	
DRISDOL CAPS (<i>Use ergocalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	P	

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

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

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ADVOCATE SAFETY LANCETS		MISC	102	
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ADVOCATE SAFETY LANCETS		CHAMBR MISC	LANCETS	102
26G	102	AEROCHAMBER Z-STAT PLUS	AGAMREE	 57
ADVOCATE SAFETY LANCETS		MISC	AGONEAZE KIT 2.5 %-2.5 % (Use	
28G	102	AEROCHAMBER Z-STAT	lidocaine-prilocaine)	 68
ADYNOVATE	90	PLUS/LARGE MISC	AGRYLIN 0.5 MG (Use anagrelide	
ADZENYS XR-ODT TBED 3.1 MG,		AEROCHAMBER Z-STAT	hcl)	 91
6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG,		PLUS/MEDIUM MISC	AIMOVIG	139
18.8 MG (Use amphetamine)	 1	AEROCHAMBER Z-STAT	AIMSCO LUBRICATED MISC	99
AEROBIKA DEVI	 135	PLUS/SMALL MISC	AIRDUO RESPICLICK 113/14 AEPB	
AEROCHAMBER HOLDING		AEROCHAMBER2GO ANTI-STATIC	(Use fluticasone-salmeterol)	 15
CHAMBER DEVI	 135	DEVI	AIRDUO RESPICLICK 232/14 AEPB	
AEROCHAMBER MINI CHAMBER		AEROVENT PLUS DEVI	(Use fluticasone-salmeterol)	 15
DEVI	 135	AFINITOR DISPERZ TBSO (Use	AIRDUO RESPICLICK 55/14 AEPB	
AEROCHAMBER MV MISC	135	everolimus)	(Use fluticasone-salmeterol)	 15
AEROCHAMBER PLS FLOVU		AFINITOR TABS (Use everolimus)	AIRSUPRA	 16
MTHPIECE DEVI	135	41	AJOVY SOAJ	139
AEROCHAMBER PLUS FLO-VU		AFLORA TABS	AJOVY SOSY	139
INTERM DEVI	 135	AFLURIA PRESERVATIVE FREE	AKEEGA	 39
AEROCHAMBER PLUS FLO-VU		SUSY	AKLIEF	 59
LARGE DEVI	 136	AFLURIA SUSP	AKYNZEO	30
AEROCHAMBER PLUS FLO-VU		AFREZZA POWD 4 UNIT, 8 UNIT,	albuterol sulfate AERS	16
LARGE MISC	136	12 UNIT	albuterol sulfate NEBU	16
AEROCHAMBER PLUS FLO-VU		AFSTYLA 250 UNIT, 500 UNIT, 1000	albuterol sulfate SYRP	16
MEDIUM DEVI	136	UNIT, 1500 UNIT, 2000 UNIT, 2500	albuterol sulfate TABS	 16
AEROCHAMBER PLUS FLO-VU		UNIT	alclometasone dipropionate CREA	65
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AEROCHAMBER PLUS FLO-VU		AGAMATRIX CONTROL		
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ALEVE CAPS (Use naproxen sodium)6	ALL FLOW 1000 PFT FILTER DEVI . 136	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 90
ALEVE TABS (Use naproxen sodium)6	ALL FLOW 2000 PFT FILTER DEVI . 136	alprazolam TABS 13
alfuzosin hcl89	ALL FLOW 3000 PFT FILTER DEVI . 136	ALPROLIX90
ALHEMO 90	ALL FLOW 4000 PFT FILTER DEVI . 136	ALREX SUSP (Use loteprednol etabonate) 197
aliskiren fumarate 36	ALL FLOW 5000 PFT FILTER DEVI . 136	ALTACAIN 0.5 % (Use tetracaine hcl (ophth))197
ALIVE CALCIUM BONE SUPPORT TABS149	ALL FLOW 6000 PFT FILTER DEVI . 136	ALTACE CAPS 1.25 MG, 5 MG (Use ramipril) 34
ALIVE DAILY ENERGY TABS ... 149	ALL FLOW 7000 PFT FILTER DEVI . 136	ALTACE CAPS 10 MG (Use ramipril)34
ALIVE DIABETIC MULTIVITAMIN TABS149	ALLEGRA ALLERGY TABS (Use fexofenadine hcl)31	ALTA FRIN SOLN 10 % (Use phenylephrine hcl (mydriatic))195
ALIVE ENERGY 50+ TABS 149	allopurinol 100 MG, 300 MG90	ALTA FRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))195
ALIVE EVERYDAY IMMUNE HEALTH CAPS149	allopurinol 200 MG90	ALTOPREV TB24 20 MG, 40 MG, 60 MG 33
ALIVE GARDEN GOODNESS TABS 149	almotriptan malate 140	ALTRIXA TABS184
ALIVE HAIR, SKIN & NAILS CAPS 149	ALOCRI L198	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 90
ALIVE MAX 6 POTENCY CAPS . 149	alogliptin benzoate 25	alum & mag hydrox-simethicone CHEW12
ALIVE MENS 50+ TABS149	alogliptin-metformin hcl24	alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML12
ALIVE MENS 50+ ULTRA TABS .149	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45	

alum & mag hydrox-simethicone LIQD12	amiodarone hcl TABS 200 MG 14	57 MG/5ML-400 MG/5ML 200
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 12	AMITIZA (Use lubiprostone) 87	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML 200
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ALYFTREK205	AMJEVITA-PED 10KG TO <15KG SOSY5	amoxicillin CHEW 125 MG, 250 MG . 200
ALYGLO199	AMJEVITA-PED 15KG TO <30KG SOSY5	amoxicillin SUSR200
amantadine hcl CAPS 44	AMLADEX TABS 184	amoxicillin TABS 875 MG 200
amantadine hcl SOLN 44	amlodipine besylate TABS52	amoxicillin-clarithromycin w/ lansoprazole THPK208
amantadine hcl TABS44	amlodipine besylate-atorvastatin calcium 53	AMOXICILLIN-POT CLAVULANATE CHEW 201
AMBIEN CR TBCR (Use zolpidem tartrate)95	amlodipine besylate-benazepril hcl 35	amphetamine sulfate TABS1
AMBIEN CR TBCR 6.25 MG (Use zolpidem tartrate) 95	amlodipine besylate-olmesartan medoxomil35	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG 1
AMBIEN TABS (Use zolpidem tartrate)95	amlodipine besylate-valsartan 35	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1
ambrisentan 53	amlodipine-valsartan- hydrochlorothiazide35	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1
AMD FOAM DRESSING PADS ... 97	AMONDYS 45191	amphetamine-dextroamphetamine TABS 1
AMD FOAM DRESSING TOPSHEET PADS97	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG150	ampicillin CAPS 500 MG 200
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amiloride hcl TABS83	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML 200	
aminocaproic acid TABS 500 MG . 94	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML 200	
	amoxicillin & pot clavulanate SUSR	

AMVUTTRA	204	ANZUPGO CREA EX 20 MG/GM	67	ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	92
ANAFRANIL (Use clomipramine hcl) 23		APETIBEX CAPS	150	ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	92
anagrelide hcl	91	APEXICON E CREA	65	ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	93
ANAPROX DS TABS (Use naproxen sodium)	6	APIDRA SOLN	27	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...	93
ANASPAZ TBDP (Use hyoscyamine sulfate)	206	APIDRA SOLOSTAR SOPN	27	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	93
anastrozole	39	APOKYN SOCT	44	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	92
ANDEMBRY SOAJ SC 200 MG/1.2ML	91	apomorphine hydrochloride SOCT	44	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML ..	93
ANDROGEL PUMP GEL TD (Use testosterone)	11	APONVIE EMUL	30	ARBLI PO 10 MG/ML	34
ANNOVERA	56	APPE-CURB CAPS	150	ARCALYST	6
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium- vilanterol)	16	apraclonidine hcl	196	AREXVY	209
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG- 10000 UNIT	150	aprepitant CAPS 125 MG	30	arformoterol tartrate	16
ANTIOXIDANT FORMULA TABS 150		aprepitant CAPS 40 MG, 80 MG ..	30	ARGININE TABS	194
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	150	aprepitant CPPK PO	30	ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	89
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	184	APRETUDE	48	ARICEPT TABS (Use donepezil hydrochloride)	201
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG- 5000 UNIT	150	APRISO CP24 (Use mesalamine) ..	87	ARIKAYCE	4
ANTIVERT CHEW (Use meclizine hcl)	30	APTENSIO XR CP24 (Use methylphenidate hcl)	2	ARIMIDEX (Use anastrozole)	39
ANTIVERT TABS 50 MG (Use meclizine hcl)	30	APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	18	aripiprazole SOLN PO	47
ANUSOL-HC EX (Use hydrocortisone (rectal))	12	APTIVUS CAPS	48	aripiprazole TABS	47
		AQ INSULIN SYRINGE	133	aripiprazole TBDP	47
		AQNEURSA	204	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	47
		AQUALANCE LANCETS 30G ...	102	ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	47
		AQUORAL SOLN	145	ARISTADA INITIO	47
		AQVESME TABS 100 MG	92		
		ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	92		
		ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	92		
		ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	92		

ARIXTRA (Use fondaparinux sodium)	17	ASPIRIN SUPP 300 MG	9	ATACAND (Use candesartan cilexetil)	34
armodafinil	2	aspirin TABS 325 MG	9	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	35
ARMOUR THYROID TABS	205	aspirin TBEC 81 MG, 325 MG	9	atazanavir sulfate CAPS	48
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	15	aspirin-dipyridamole	91	ATELVIA TBEC (Use risedronate sodium)	83
AROMASIN (Use exemestane) ...	39	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	102	atenolol & chlorthalidone	35
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	6	ASSURE 4 TEST STRP	73	atenolol TABS	51
artificial saliva SOLN	145	ASSURE COMFORT LANCETS 28G	102	ATIVAN SOLN (Use lorazepam) ...	13
artificial tear solution	194	ASSURE DOSE CONTROL SOLN 103		ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	13
ARYNTA SOLN PO 10 MG/ML	1	ASSURE DOSE NORM/HIGH CONTROL SOLN	103	ATIVAN TABS 1 MG (Use lorazepam)	13
ASCENIV	199	ASSURE LANCE LANCETS	103	ATMEKSI SUSP PO 750 MG/5ML 190	
ascorbic acid CHEW 500 MG	211	ASSURE LANCE LANCETS 21G 103		atomoxetine hcl	2
ascorbic acid POWD PO 500 MG/GM	211	ASSURE LANCE PLUS SAFETY 25G	103	atomoxetine hcl PO 4 MG/ML	2
ASCORBIC ACID POWD PO	211	ASSURE LANCE PLUS SAFETY 30G	103	ATONCY PO 4 MG/ML (Use atomoxetine hcl)	2
ascorbic acid TABS	211	ASSURE LANCE SAFETY LANCET 28G	103	ATORVALIQ SUSP	33
asenapine maleate	46	ASSURE PLATINUM METER DEVI 103		atorvastatin calcium TABS	33
ASMANEX (120 METERED DOSES) AEPB	15	ASSURE PLATINUM STRP	73	ATRALIN GEL (Use tretinoin)	59
ASMANEX (14 METERED DOSES) AEPB	15	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	103	atropine sulfate (ophthalmic) OINT 195	
ASMANEX (30 METERED DOSES) AEPB	15	ASSURE PRISM MULTI METER DEVI	103	atropine sulfate (ophthalmic) SOLN 195	
ASMANEX (60 METERED DOSES) AEPB	15	ASSURE PRISM MULTI TEST STRP	73	ATROPINE SULFATE SOLN 1 % 195	
ASMANEX HFA AERO	15	ASSURE TITANIUM BLOOD GLUCOSE DEVI	103	ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)	14
ASPERCREME/ALOE CREA (Use trolamine salicylate)	68	ASSURE TITANIUM STRP	73	ATTRUBY	54
aspirin buffered (cal carb-mag carb-mag oxide)	8			AUBAGIO (Use teriflunomide) ...	202
aspirin CHEW	8			AUGMENTIN ES-600 SUSR (Use	

amoxicillin & pot clavulanate) 201	AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ... 59	azithromycin SUSR 97
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML 201	AVEENO PROTECT+HYDRATE SPF60 LOTN 71	azithromycin TABS 97
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 201	AVERI TABS PO 55	AZO HORMONAL HEALTH CYCLE CARE TABS 150
AUGTYRO 41	AVMAPKI FAKZYNJA CO-PACK THPK PO 41	AZO HORMONAL HEALTH HAPPY CYCL TABS 150
AUKELSO SOLN SC 120 MG/1.7ML 83	AVODART (Use dutasteride) 89	AZOPT (Use brinzolamide) 198
AURYXIA 210 MG (Use ferric citrate) 89	AVONEX PEN AJKT 202	AZOR (Use amlodipine besylate- olmesartan medoxomil) 35
AUSTEDO TABS 202	AVONEX PREFILLED PSKT 202	AZSTARYS 2
AUSTEDO XR PATIENT TITRATION TEPK 202	AVOWISE TABS 184	AZULFIDINE EN-TABS TBEC (Use sulfasalazine) 87
AUSTEDO XR TB24 202	AVSOLA 87	AZULFIDINE TABS (Use sulfasalazine) 87
AUTO-LANCET MINI MISC 103	AVTOZMA SOAJ SC 162 MG/0.9ML 6	bacitracin (topical) OINT 61
AUTOLET LANCING DEVICE MISC . 103	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML 6	bacitracin zinc OINT 61
AUTOLET LITE LANCING DEVICE MISC 103	AVTOZMA SOSY SC 162 MG/0.9ML 6	bacitracin-polymyxin b (ophth) ... 196
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AUVELITY TITRATION PACK PO 21	AYVAKIT 41	bacitracin-poly-neomycin-hc 197
AUVI-Q SOAJ 210	AZASITE 196	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML 190
AVALIDE (Use irbesartan- hydrochlorothiazide) 35	azathioprine TABS 50 MG 143	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML 190
AVAPRO 150 MG, 300 MG (Use irbesartan) 34	azathioprine TABS 75 MG, 100 MG 143	baclofen SUSP 190
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 59	azelastine hcl (ophth) 198	baclofen TABS 190
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ... 59	azelastine hcl 0.1 %, 137 MCG/SPRAY 190	BACMIN TABS 150
AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 59	azelastine hcl-fluticasone propionate SUSP 190	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ... 36
	AZILECT (Use rasagiline mesylate) . 45	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ... 36
	azilsartan medoxomil 40 MG, 80 MG 35	BAFIERTAM 202
		BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron) 55

balsalazide disodium CAPS 87	145	benazepril & hydrochlorothiazide . 35
BALVERSA41	BD AUTOSHIELD DUO133	benazepril hcl 34
BAND-AID ALL-IN-ONE GAUZE LG PADS97	BD INS SYR ULTRAFINE 1/2UNIT 133	BENEFIX KIT 90
BAND-AID GAUZE LARGE PADS 97	BD INSULIN SYR ULTRAFINE II 133	BENICAR (Use olmesartan medoxomil) 35
BAND-AID GAUZE MEDIUM PADS 98	BD INSULIN SYRINGE133	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ... 35
BAND-AID GAUZE SMALL PADS .98	BD INSULIN SYRINGE HALF-UNIT . 133	BENLYSTA SOAJ 144
BAND-AID HURT-FREE NON-STICK PADS98	BD INSULIN SYRINGE MICROFINE133	BENLYSTA SOLR144
BAND-AID TRU-ABSORB GAUZE PADS98	BD INSULIN SYRINGE U/F 133	BENLYSTA SOSY144
BANZEL SUSP (Use rufinamide) ..18	BD INSULIN SYRINGE ULTRAFINE133	BENTYL SOLN IM (Use dicyclomine hcl)206
BANZEL TABS (Use rufinamide) .. 18	BD MICROTAINER LANCETS .. 103	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) 59
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BAQSIMI TWO PACK POWD25	BD PEN NEEDLE MINI ULTRAFINE133	benzonatate 200 MG 58
BARACLUDE TABS (Use entecavir) . 50	BD PEN NEEDLE NANO 2ND GEN . 133	benzoyl peroxide BAR 59
BARIATRIC MULTIVITAMINS CAPS 150	BD PEN NEEDLE NANO ULTRAFINE133	benzoyl peroxide CREA 10 % 59
BARIATRIC MULTIVITAMINS TABS . 150	BD PEN NEEDLE ORIG ULTRAFINE133	benzoyl peroxide GEL 2.5 %, 5 %, 10 %59
BARIATRIC MULTIVITAMINS/IRON CAPS 150	BD PEN NEEDLE SHORT ULTRAFINE133	benzoyl peroxide LIQD 4 % 60
BASAGLAR KWIKPEN SOPN27	BD SAFETYGLIDE INSULIN SYRINGE 133	benzoyl peroxide LIQD 5 %, 10 % .60
BASAGLAR TEMPO PEN SOPN . 27	BD VEO INSULIN SYR ULTRAFINE133	benzoyl peroxide LOTN 5 %, 10 % 60
BASIC AM TABS 150	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT 15	benzoyl peroxide-erythromycin GEL . 59
BASIC PM TABS 150	BELBUCA FILM11	benztropine mesylate SOLN44
BAXDELA SOLR86	BELSOMRA96	benztropine mesylate TABS44
BAXDELA TABS86		bepotastine besilate198
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b-complex w/ c & folic acid CAPS		BERINERT KIT 91

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BESIVANCE 0.6 % (Use besifloxacin hcl)196	BEVESPI AEROSPHERE16	bismuth subsalicylate TABS29
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betamethasone dipropionate (topical) LOTN65	BEXSERO 0.5 ML208	bisoprolol fumarate51
betamethasone dipropionate (topical) OINT65	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...55	BIVIGAM SOLN199
betamethasone dipropionate augmented CREA65	bicalutamide39	BLOOD GLUCOSE MONITOR SYSTEM KIT103
betamethasone dipropionate augmented GEL 0.05 %65	BIKTARVY48	BLOOD GLUCOSE MONITORING 333 DEVI104
betamethasone dipropionate augmented LOTN65	BILDYOS SOSY SC 60 MG/ML ...83	BLOOD GLUCOSE TEST STRIPS 333 STRP73
betamethasone dipropionate augmented OINT65	BILPREVDA SOLN SC 120 MG/1.7ML83	BLOOD GLUCOSE TEST STRP ..73
betamethasone valerate CREA ...65	bimatoprost SOLN198	BLOOD SUGAR MANAGER TABS 150
betamethasone valerate FOAM ...65	BIMZELX SOAJ63	BLULINK CONTROL HIGH & LOW LIQD104
betamethasone valerate LOTN65	BIMZELX SOSY63	BLULINK GLUCOSE MONITORING SYS DEVI104
betamethasone valerate OINT65	BINOSTO TBEF83	BLULINK GLUCOSE TEST STRP .73
BETAPACE AF (Use sotalol hcl (afib/af))51	BIO-35 GLUTEN-FREE CAPS ...150	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 UNIT150
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)51	BIO-35 IRON FREE CAPS150	BOMYNTRA SOLN SC 120 MG/1.7ML83
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betaxolol hcl (ophth) SOLN195	BIOTECT PLUS CAPS150	BONEUP CAPS150
betaxolol hcl51	BIOTEL CARE BLOOD GLUCOSE KIT103	
bethanechol chloride208	BIOTEL CARE TEST STRIPS STRP 73	
BETHKIS NEBU (Use tobramycin) .4	biotin CAPS 5 MG, 5000 MCG ...211	
BETIMOL (Use timolol)195	bisacodyl SUPP97	
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	bismuth subsalicylate CHEW 262 MG29	

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BONJESTA TBCR30	BREATHE EASE LARGE DEVI ..137	bromocriptine mesylate TABS 2.5 MG 44
BONSITY SOPN 560 MCG/2.24ML 84	BREATHE EASE MEDIUM DEVI 137	brompheniramine & phenyleph ELIX . 58
BOOSTNOW IMMUNE SUPPORT CAPS 151	BREATHE EASE SMALL DEVI .. 137	brompheniramine & pseudoeph ELIX 58
BOOSTRIX SUSP206	BREATHERITE VALVED MDI CHAMBER DEVI 137	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML 58
BOOSTRIX SUSY206	BREKIYA SOAJ SC 1 MG/ML140	BROMSITE (Use bromfenac sodium (ophth)) 198
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dicyclomine hcl CAPS	206	DILANTIN-125 SUSP (Use phenytoin)	21	diphenoxylate w/ atropine LIQD ...	29
dicyclomine hcl SOLN PO	206	DILAUDID TABS (Use hydromorphone hcl)	9	diphenoxylate w/ atropine TABS ...	29
dicyclomine hcl TABS	206	diltiazem hcl coated beads CP24 ..	52	DIPROLENE OINT (Use betamethasone dipropionate augmented)	66
DIFFERIN CREA (Use adapalene) 60		diltiazem hcl CP12	52	dipyridamole	91
DIFFERIN GEL (Use adapalene) ..	60	diltiazem hcl CP24	52	DISKETS TBSO 40 MG (Use methadone hcl)	9
DIFFERIN GEL 0.1 % (Use adapalene)	60	diltiazem hcl extended release beads	52	disopyramide phosphate CAPS ...	13
DIFFERIN LOTN	60	diltiazem hcl TABS	52	disulfiram 250 MG	201
DIFICID SUSR	97	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	52	divalproex sodium CSDR	21
DIFICID TABS 200 MG (Use fidaxomicin)	97	diltiazem hcl TB24	52	divalproex sodium TB24	21
diflorasone diacetate CREA	66	dimenhydrinate TABS	30	divalproex sodium TBEC	21
diflorasone diacetate OINT	66	dimethicone (topical) CREA 1 % ...	70	docosanol	64
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	31	dimethyl fumarate CDPK	203	docusate calcium	97
DIFLUCAN TABS 100 MG (Use fluconazole)	31	dimethyl fumarate CPDR	203	docusate sodium CAPS 100 MG, 250 MG	97
DIFLUCAN TABS 200 MG (Use fluconazole)	31	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	35	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	97
diflunisal TABS	9	DIOVAN TABS (Use valsartan)	35	DOCUSATE SODIUM SYRP	97
difluprednate	197	DIPENTUM	88	docusate sodium TABS	97
digoxin SOLN PO 0.05 MG/ML	53	diphenhydramine hcl (sleep) CAPS 94		dofetilide	14
digoxin TABS 125 MCG, 250 MCG 53		diphenhydramine hcl (sleep) LIQD 94		DOLOBID TABS	9
dihydroergotamine mesylate SOLN IJ 1 MG/ML	140	diphenhydramine hcl (sleep) TABS 25 MG	95	donepezil hydrochloride TABS ...	201
dihydroergotamine mesylate SOLN NA 4 MG/ML	140	diphenhydramine hcl (sleep) TABS		donepezil hydrochloride TBDP ...	201
				DORAL (Use quazepam)	95

doxlamide hcl	198	DROPSAFE MEDLANCE LANCET	DUREX EXTRA SENSITIVE THIN
doxlamide hcl-timolol maleate	195	30G	DEVI
DOVATO	48	DROPSAFE SAFETY	DUREX EXTRA SENSITIVE THIN
doxazosin mesylate	35	SYRINGE/NEEDLE	MISC
doxepin hcl (antipruritic)	63	drospirenone-ethinyl estradiol	99
doxepin hcl (sleep)	95	drospirenone-ethinyl estradiol-	DUREX TROPICAL MISC
doxepin hcl CAPS	23	levomefolate calcium	99
doxepin hcl CONC	23	DROXIA CAPS	DUREZOL (Use difluprednate) ..
doxycycline (monohydrate) CAPS 50		DRUG MART ON-THE-GO LANCET	197
MG, 100 MG	205	30G	DURYSTA IMPL
doxycycline (monohydrate) TABS 50		DRUG MART UNILET LANCETS	dutasteride
MG, 100 MG	205	28G	89
doxycycline hyclate CAPS	205	DRUG MART UNILET LANCETS	dutasteride-tamsulosin hcl
doxycycline hyclate TABS 100 MG		30G	89
205		DRUG MART UNILET LANCETS	DUVYZAT
doxylamine succinate (sleep)	95	33G	191
doxylamine-pyridoxine TBEC	30	DRY EYE FORMULA CAPS 33.333	DYANAVAL XR SUER
DRISDOL CAPS (Use ergocalciferol)		MG-3.333 MG-16.667 UNIT-6.667	1
210		MG-133.333 MG-166.667 MG	DYANAVAL XR TBCR
DRIZALMA SPRINKLE CSDR	23	DRYMAX EXTRA PADS	1
dronabinol CAPS	30	DUAKLIR PRESSAIR	DYMISTA SUSP (Use azelastine hcl-
DRONABINOL SOLN 5 MG/ML ...	30	DUETACT (Use pioglitazone hcl-	fluticasone propionate)
droperidol SOLN 2.5 MG/ML	13	glimepiride)	190
DROPLET GENTEEL LANCING		DUEXIS (Use ibuprofen-famotidine) .	DYSPORT
DEVICE MISC	107	6	193
DROPLET INSULIN SYRINGE ..	134	DULCOLAX TBEC (Use bisacodyl)	E.E.S. GRANULES SUSR (Use
DROPLET LANCETS ULTRA THIN		97	erythromycin ethylsuccinate)
30G	107	DULERA	97
DROPLET LANCING DEVICE MISC .		DULOXETINE HCL CPEP 80 MG, 90	EASIVENT MASK LARGE MISC .
107		MG, 120 MG	137
DROPLET PERSONAL LANCETS		duloxetine hcl CPEP	EASIVENT MASK MEDIUM MISC
30G	107	DUOPA SUSP	137
DROPSAFE ACTI-LANCE 23G .	108	DUPIXENT SOAJ	EASIVENT MASK SMALL MISC .
		DUPIXENT SOSY 200 MG/1.14ML,	137
		300 MG/2ML	EASIVENT MISC
		67	137
			EASY COMFORT INSULIN
			SYRINGE
			134
			EASY COMFORT LANCETS
			108
			EASY COMFORT LANCETS TWIST
			TOP
			108
			EASY FLOW BLACK/BLUE DEVI
			137
			EASY FLOW BLACK/ORANGE DEVI
			
			137
			EASY FLOW BLACK/RED DEVI .
			137
			EASY FLOW BLACK/WHITE DEVI

137	SY	134	EASY TOUCH SHEATHLOCK SYRINGE	134
EASY FLOW BLACK/YELLOW DEVI137	EASY TOUCH GLUCOSE SYSTEM KIT	109	EASY TOUCH TEST STRP	75
EASY FLOW WHITE/BLUE DEVI 137	EASY TOUCH HEALTHPRO GLUCOSE KIT	109	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	110
EASY FLOW WHITE/GREEN DEVI 137	EASY TOUCH HEALTHPRO HIGH/LOW LIQD	109	EASY TRAK BLOOD GLUCOSE TEST STRP	75
EASY FLOW WHITE/PINK DEVI .137	EASY TOUCH INSULIN SAFETY SYR	134	EASY TRAK CONTROL SOLN ..	110
EASY FLOW WHITE/WHITE DEVI 137	EASY TOUCH INSULIN SYRINGE 134		EASY TRAK II BLOOD GLUCOSE SYS DEVI	110
EASY FLOW WHITE/YELLOW DEVI 137	EASY TOUCH LANCETS 21G ..	109	EASY TRAK II CONTROL LIQD .	110
EASY MINI EJECT LANCING DEVICE MISC	EASY TOUCH LANCETS 23G ..	109	EASY TRAK II GLUCOSE TEST STRP	75
EASY PLUS II CONTROL SOLN .108	EASY TOUCH LANCETS 26G ..	109	EASYGLUCO KIT	110
EASY PLUS II GLUCOSE SYSTEM DEVI	EASY TOUCH LANCETS 28G ..	109	EASYGLUCO STRP	75
EASY PLUS II GLUCOSE TEST STRP	EASY TOUCH LANCETS 28G/TWIST	109	EASYMAX 15 LEVEL 2 CONTROL SOLN	110
EASY PLUS II GLUCOSE TEST STRP	EASY TOUCH LANCETS 30G ..	109	EASYMAX 15 TEST STRP	75
EASY STEP CONTROL SOLN ...108	EASY TOUCH LANCETS 30G/TWIST	109	EASYMAX CONTROL SOLN	110
EASY STEP GLUCOSE MONITOR DEVI	EASY TOUCH LANCETS 32G ..	109	EASYMAX NG BLOOD GLUCOSE DEVI	110
EASY STEP TEST STRP	EASY TOUCH LANCETS 32G/TWIST	109	EASYMAX NG BLOOD GLUCOSE KIT	110
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	EASY TOUCH LANCETS 33G/TWIST	109	EASYMAX TEST STRP	75
EASY TALK BLOOD GLUCOSE TEST STRP	EASY TOUCH LANCING DEVICE MISC	109	EASYMAX V BLOOD GLUCOSE DEVI	110
EASY TALK CONTROL SOLN ...108	EASY TOUCH SAFETY LANCETS 21G	109	EBGLYSS SOAJ	67
EASY TALK PLUS II CONTROL SOLN	EASY TOUCH SAFETY LANCETS 23G	110	EBGLYSS SOSY	67
EASY TALK PLUS II TEST STRIPS STRP	EASY TOUCH SAFETY LANCETS 26G	110	EC-NAPROSYN TBEC (Use naproxen)	6
EASY TOUCH CONTROL HIGH & LOW SOLN	EASY TOUCH SAFETY LANCETS 28G	110	econazole nitrate CREA	62
EASY TOUCH FLIPLOCK INSULIN			EDARBI 40 MG, 80 MG (Use azilsartan medoxomil)	35
			EDARBYCLOR	35

EDLUAR SUBL	95	eletriptan hydrobromide	140	ELEVIDYS 38.5-39.4 KG	192
EDURANT 25 MG (Use rilpivirine hcl)		ELEVIDYS 10.0-10.4 KG	191	ELEVIDYS 39.5-40.4 KG	192
.....	48	ELEVIDYS 10.5-11.4 KG	191	ELEVIDYS 40.5-41.4 KG	192
EDURANT PED PO 2.5 MG	48	ELEVIDYS 11.5-12.4 KG	191	ELEVIDYS 41.5-42.4 KG	192
efavirenz CAPS 200 MG	48	ELEVIDYS 12.5-13.4 KG	191	ELEVIDYS 42.5-43.4 KG	192
efavirenz CAPS 50 MG	48	ELEVIDYS 13.5-14.4 KG	191	ELEVIDYS 43.5-44.4 KG	192
efavirenz TABS	48	ELEVIDYS 14.5-15.4 KG	191	ELEVIDYS 44.5-45.4 KG	192
efavirenz-emtricitabine-tenofovir		ELEVIDYS 15.5-16.4 KG	191	ELEVIDYS 45.5-46.4 KG	192
disoproxil fumarate	48	ELEVIDYS 16.5-17.4 KG	191	ELEVIDYS 46.5-47.4 KG	192
efavirenz-lamivudine-tenofovir		ELEVIDYS 17.5-18.4 KG	191	ELEVIDYS 47.5-48.4 KG	192
disoproxil fumarate	48	ELEVIDYS 18.5-19.4 KG	191	ELEVIDYS 48.5-49.4 KG	192
EFFER-K TBEF 25 MEQ	142	ELEVIDYS 19.5-20.4 KG	191	ELEVIDYS 49.5-50.4 KG	192
EFFEXOR XR CP24 (Use		ELEVIDYS 20.5-21.4 KG	191	ELEVIDYS 50.5-51.4 KG	192
venlafaxine hcl)	23	ELEVIDYS 21.5-22.4 KG	191	ELEVIDYS 51.5-52.4 KG	192
EFFEXOR XR CP24 75 MG (Use		ELEVIDYS 22.5-23.4 KG	192	ELEVIDYS 52.5-53.4 KG	192
venlafaxine hcl)	23	ELEVIDYS 23.5-24.4 KG	192	ELEVIDYS 53.5-54.4 KG	192
EFFIENT (Use prasugrel hcl)	92	ELEVIDYS 24.5-25.4 KG	192	ELEVIDYS 54.5-55.4 KG	193
EFUDEX CREA (Use fluorouracil		ELEVIDYS 25.5-26.4 KG	192	ELEVIDYS 55.5-56.4 KG	193
(topical))	62	ELEVIDYS 26.5-27.4 KG	192	ELEVIDYS 56.5-57.4 KG	193
EKTERLY TABS PO 300 MG	91	ELEVIDYS 27.5-28.4 KG	192	ELEVIDYS 57.5-58.4 KG	193
ELEMENT COMPACT CONTROL 2		ELEVIDYS 28.5-29.4 KG	192	ELEVIDYS 58.5-59.4 KG	193
SOLN	110	ELEVIDYS 29.5-30.4 KG	192	ELEVIDYS 59.5-60.4 KG	193
ELEMENT COMPACT CONTROL 3		ELEVIDYS 30.5-31.4 KG	192	ELEVIDYS 60.5-61.4 KG	193
SOLN	110	ELEVIDYS 31.5-32.4 KG	192	ELEVIDYS 61.5-62.4 KG	193
ELEMENT COMPACT GLUCOSE		ELEVIDYS 32.5-33.4 KG	192	ELEVIDYS 62.5-63.4 KG	193
SYSTEM DEVI	110	ELEVIDYS 33.5-34.4 KG	192	ELEVIDYS 63.5-64.4 KG	193
ELEMENT COMPACT TEST STRP		ELEVIDYS 34.5-35.4 KG	192	ELEVIDYS 64.5-65.4 KG	193
75		ELEVIDYS 35.5-36.4 KG	192	ELEVIDYS 65.5-66.4 KG	193
ELEMENT COMPACT V GLUCOSE		ELEVIDYS 36.5-37.4 KG	192	ELEVIDYS 66.5-67.4 KG	193
SYS DEVI	110	ELEVIDYS 37.5-38.4 KG	192	ELEVIDYS 67.5-68.4 KG	193
ELEMENT CONTROL LIQD	110				
ELEMENT PLUS DEVI	110				
ELEMENT TEST STRP	75				
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ELEVIDYS 69.5 KG PLUS193	EMBECTA PEN NEEDLE ULTRAFINE134	EMBRACE TALK MONITORING SYSTEM KIT111
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ELFOLATE TABS82	EMBRACE BLOOD GLUCOSE TEST STRP75	EMBRACE WAVE GLUCOSE METER DEVI111
ELIDEL (Use pimecrolimus)68	EMBRACE CONTROL SOLN111	EMCYT40
ELIGARD KIT SC 22.5 MG40	EMBRACE EVO BLOOD GLUCOSE TEST STRP75	EMEND BIPACK CAPS 80 MG (Use aprepitant)30
ELIGARD KIT SC 7.5 MG40	EMBRACE EVO CONTROL LEVEL 1 LIQD111	EMEND SOLR (Use fosaprepitant dimeglumine)30
ELIGARD SC 30 MG39	EMBRACE EVO GLUCOSE MONITOR DEVI111	EMEND SUSR30
ELIGARD SC 45 MG40	EMBRACE EVO GLUCOSE MONITORING KIT111	EMEND TRIPACK CPPK PO (Use aprepitant)30
ELIMITE CREA (Use permethrin) .71	EMBRACE GLUCOSE CONTROL LIQD111	EMFLAZA SUSP (Use deflazacort) 57
ELIQUIS (1.5 MG PACK) TBSO PO .17	EMBRACE LANCETS ULTRA THIN 30G111	EMFLAZA TABS (Use deflazacort) 57
ELIQUIS (2 MG PACK) TBSO PO .17	EMBRACE LANCING DEVICE/EJECTOR MISC111	EMGALITY (300 MG DOSE) SOSY 139
ELIQUIS CPSP PO 0.15 MG17	EMBRACE PRESSURE ACTIVATED 21G111	EMGALITY SOAJ139
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ELOCTATE90	EMBRACE TALK BLOOD GLUCOSE DEVI111	emtricitabine-rilpivirine-tenofovir disoproxil fumarate48
ELYXYB140	EMBRACE TALK GLUCOSE CONTROL SOLN111	emtricitabine-tenofovir disoproxil fumarate48
EMBECTA AUTOSHIELD DUO .134		EMTRIVA CAPS (Use emtricitabine) .48
EMBECTA INS SYR U/F 1/2 UNIT 134		EMTRIVA SOLN48
EMBECTA INSULIN SYR ULTRAFINE134		
EMBECTA INSULIN SYRINGE ..134		
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enalapril maleate & hydrochlorothiazide	35	sacubitril-valsartan)	53	EPSOLAY CREA	60
enalapril maleate SOLN	34	ENTYVIO PEN SOAJ	88	EQ BLOOD GLUCOSE TEST STRP .	76
enalapril maleate TABS	34	ENTYVIO SOLR	88	EQ COMPLETE MULTIVIT ADULT	
ENBRACE HR	188	EOHILIA SUSP	57	50+ TABS 60 MG-3 MG-30 MCG-400	
ENBREL MINI SOCT	8	EPANED SOLN (Use enalapril		MCG-500 UNIT-25 MCG-1.7 MG-30	
ENBREL SOLN	8	maleate)	34	MCG-20 MG-250 MCG-2500 UNIT-	
ENBREL SOSY	8	EPCLUSA PACK	50	10 MG-220 MG-300 MCG-1.5 MG-11	
ENBREL SURECLICK SOAJ	8	EPCLUSA TABS	50	MG-150 MCG-50 UNIT-50 MG-80	
ENERGIX-B SUSP 20 MCG/ML .	209	EPIDIOLEX	18	MG-45 MCG-150 MCG-20 MG-0.5	
ENERGIX-B SUSY	209	EPIDUO FORTE GEL (Use		MG-5 MCG-2.3 MG-55 MCG-10	
ENOBY SOSY SC 60 MG/ML	84	adapalene-benzoyl peroxide)	60	MCG-45 MCG-72 MG-2 MG, 60 MG-	
enoxaparin sodium SOLN IJ 300		EPIDUO GEL (Use adapalene-		3 MG-30 MCG-400 MCG-500 UNIT-	
MG/3ML	17	benzoyl peroxide)	60	25 MCG-1.7 MG-30 MCG-20 MG-	
enoxaparin sodium SOSY 100		EPIFOAM FOAM	66	250 MCG-2500 UNIT-10 MG-220	
MG/ML, 150 MG/ML	17	epinastine hcl (ophth)	198	MG-300 MCG-1.5 MG-11 MG-150	
enoxaparin sodium SOSY 30		epinephrine (anaphylaxis) SOAJ .	210	MCG-50 UNIT-50 MG-80 MG-45	
MG/0.3ML	17	epinephrine hcl (nasal)	191	MCG-150 MCG-20 MG-20 MG-0.5	
enoxaparin sodium SOSY 40		EPIPEN 2-PAK SOAJ (Use		MG-5 MCG-2.3 MG-45 MCG-55	
MG/0.4ML	17	epinephrine (anaphylaxis))	210	MCG-10 MCG-72 MG-2 MG	158
enoxaparin sodium SOSY 60		EPIPEN JR 2-PAK SOAJ (Use		EQ COMPLETE MULTIVITAMIN-	
MG/0.6ML	17	epinephrine (anaphylaxis))	210	ADULT TABS	158
enoxaparin sodium SOSY 80		EPIVIR SOLN (Use lamivudine) ...	48	EQ GAUZE PADS	98
MG/0.8ML, 120 MG/0.8ML	17	EPIVIR TABS 150 MG (Use		EQ ONE DAILY MENS 50+ TABS	
ENSACOVE CAPS PO 25 MG, 100		lamivudine)	48	158	
MG	42	EPIVIR TABS 300 MG (Use		EQ ONE DAILY MENS HEALTH	
ENSPRYNG	143	lamivudine)	48	TABS	158
ENSTILAR FOAM	66	EPOGEN 10000 UNIT/ML	93	EQ ONE DAILY WOMENS 50+	
entacapone	44	EPOGEN 2000 UNIT/ML	93	TABS	158
entecavir TABS	50	EPOGEN 20000 UNIT/ML	93	EQ ONE DAILY WOMENS HEALTH	
ENTRESTO CPSP	53	EPOGEN 3000 UNIT/ML	93	TABS	158
ENTRESTO TABS 103 MG-97 MG,		EPOGEN 4000 UNIT/ML	93	EQ SPACE CHAMBER ANTI-	
26 MG-24 MG, 51 MG-49 MG (Use		EPRONTIA SOLN 25 MG/ML (Use		STATIC DEVI	138
		topiramate)	18	EQ SPACE CHAMBER ANTI-	
				STATIC L DEVI	138
				EQ SPACE CHAMBER ANTI-	
				STATIC M DEVI	138
				EQ SPACE CHAMBER ANTI-	
				STATIC S DEVI	138

EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG- 9 MG-90 MG-160 MG-250 MG ...159	EQL CENTURY WOMENS TABS 159	ERLEADA40
EQL CENTURY MATURE ADULTS 50+ TABS159	EQL GAUZE PADS98	erlotinib hcl39
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 MCG159	EQL GAUZE STERILE PADS98	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)97
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 MG159	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 MCG159	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)97
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 MCG159	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 MCG159	erythromycin (acne aid) GEL60
EQL CENTURY MENS TABS159	EQL ONE DAILY MENS TABS ...159	erythromycin (acne aid) PADS60
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 MG159	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 MCG159	erythromycin (acne aid) SOLN60
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		ESBRIET TABS (Use pirfenidone) 205
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		escitalopram oxalate TABS22
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		esomeprazole magnesium PACK 207
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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 160	ethosuximide SOLN21	MG, 60 MG, 90 MG, 120 MG, 180 MG206
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 160	ethynodiol diacet & eth estrad55	EVISTA (Use raloxifene hcl) 84
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levetiracetam TB3D 250 MG, 500		LIBERVANT FILM	PO	40
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55		lidocaine PTCH 4 %	lisdexamfetamine dimesylate CHEW .	1
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nicotine polacrilex GUM204		
nicotine polacrilex LOZG204		

desipramine hcl) 23	NOVOLIN 70/30 SUSP 28	NUCALA SOLR 14
NORPRAMIN TABS 25 MG (Use desipramine hcl) 23	NOVOLIN N FLEXPEN RELION SUPN 28	NUCALA SOSY 14
nortriptyline hcl CAPS 23	NOVOLIN N FLEXPEN SUPN 28	NUCYNTA TABS 50 MG, 75 MG, 100 MG (Use tapentadol hcl) 10
nortriptyline hcl SOLN 24	NOVOLIN N RELION SUSP 28	NULEV TBDP 0.125 MG (Use hyoscyamine sulfate) 206
NORVASC TABS (Use amlodipine besylate) 52	NOVOLIN N SUSP 28	NUMOISYN LIQD 145
NORVASC TABS 5 MG, 10 MG (Use amlodipine besylate) 52	NOVOLIN R FLEXPEN RELION SOPN IJ 28	NUPLAZID CAPS 45
NORVEXA TABS 171	NOVOLIN R FLEXPEN SOPN IJ .. 28	NUPLAZID TABS 10 MG 45
NORVIR PACK 49	NOVOLIN R RELION SOLN IJ 28	NURTEC 139
NORVIR TABS (Use ritonavir) 49	NOVOLIN R SOLN IJ 28	NUTRALYN TABS 171
NOURIANZ 44	NOVOLOG 70/30 FLEXPEN RELION SUPN 28	NUTRAVANCE TABS 171
NOVA MAX GLUCOSE TEST STRP . 79	NOVOLOG FLEXPEN RELION SOPN 28	NUTRIBOOST CAPS 1 MG 145
NOVA MAX PLUS KETONE TEST 80	NOVOLOG FLEXPEN SOPN 28	NUTRICAP TABS 171
NOVA SAFETY LANCETS 23G .120	NOVOLOG MIX 70/30 FLEXPEN SUPN 28	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 172
NOVA SAFETY LANCETS 28G .120	NOVOLOG MIX 70/30 RELION SUSP 28	NUTRIVIO CAPS 1 MG 145
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	NUBEQA 41	
	NUCALA SOAJ 14	

NUWIQ SOLR	91	MG-40 MG-2 MG-1000 UNIT-60	OIL EMULSIONS DRESSING/NON-
NYMALIZE SOLN 6 MG/ML	52	UNIT-55 MCG	ADH PADS
NYPOZI	93	OCUVEL CAPS 250 MG-0.5 MG-5	OJEMDA SUSR
NYSTATIN (Use nystatin (mouth-		MG-1 MG-40 MG-1 MG-200 UNIT	OJEMDA TABS
throat))	144	172	OJJAARA
nystatin (mouth-throat)	144	OCUVITE ADULT 50+ CAPS	olanzapine TABS
nystatin (topical) CREA	62	172	olanzapine TBDP
nystatin (topical) OINT	62	OCUVITE ADULT FORMULA CAPS .	olanzapine-fluoxetine hcl
nystatin (topical) POWD EX	62	172	olmesartan medoxomil
nystatin TABS	31	OCUVITE EXTRA TABS 200 MG-5	olmesartan medoxomil-amlodipine-
nystatin-triamcinolone CREA	62	MG-3 MG-40 MG-40 MG-2 MG-5	hydrochlorothiazide
nystatin-triamcinolone OINT	62	MG-50 UNIT-6000 UNIT-40 MCG	olmesartan medoxomil-
NYVEPRIA	93	172	hydrochlorothiazide
OB COMPLETE ONE	188	OCUVITE EYE + MULTI TABS 75	olmesartan medoxomil-
OB COMPLETE PETITE	188	MG-1 MG-15 MCG-200 MCG-200	hydrochlorothiazide
OB COMPLETE PREMIER	188	UNIT-3 MCG-0.85 MG-15 MCG-10	olopatadine hcl (nasal)
OB COMPLETE TABS	188	MG-5 MG-5 MG-1 MG-150 MCG-1	olopatadine hcl
OB COMPLETE/DHA	188	MG-0.75 MG-11.5 MG-500 UNIT-50	OLUMIANT
OBIZUR	91	MG-100 MG-37.5 MCG-75 MCG-25	OMBRA TABLE TOP
OALIVA	87	UNIT-7 MG-60 MCG-1 MG-35 MCG .	COMPRESSOR DEVI
OCREVUS	203	172	omega-3 fatty acids CAPS 1000 MG,
OCREVUS ZUNOVO	203	OCUVITE EYE HEALTH FORMULA	1200 MG
OCTAGAM SOLN	200	CAPS 150 MG-30 UNIT-5 MG-1 MG-	omega-3-acid ethyl esters
octreotide acetate KIT	86	1 MG-9 MG-90 MG-160 MG-250 MG	omeprazole CPDR
OCUFLOX (Use ofloxacin (ophth))		172	omeprazole magnesium CPDR ..
196		OCUVITE EYE PERFORMANCE	omeprazole magnesium TBEC ...
OCULAR VITAMINS TABS	172	CAPS	omeprazole TBDD
OCUTABS TABS 113 MG-17.4 MG-		172	omeprazole TBEC
0.4 MG-100 UNIT-7160 UNIT, 200		OCUVITE-LUTEIN CAPS	OMNARIS SUSP
MG-2 MG-40 MG-2 MG-1000 UNIT-		172	OMNICAP TABS
60 UNIT-55 MCG	172	OCUVITE-LUTEIN TABS 200 MG-2	OMNIFLEX DIAPHRAGM
OCUTABS-LUTEIN TABS 200 MG-2		MG-40 MG-2 MG-1000 UNIT-60	OMNIPOD 5 DEXG7G6 INTRO GEN
		UNIT-55 MCG	5 KIT
		172	OMNIPOD 5 DEXG7G6 PODS GEN
		ODEFSEY	
		49	
		ODOMZO	
		39	
		ofloxacin (ophth)	
		196	
		ofloxacin (otic)	
		199	
		ofloxacin 300 MG, 400 MG	
		87	
		OGSIVEO 100 MG, 150 MG	
		43	
		OHTUVAYRE	
		15	

5 MISC	120	ondansetron hcl SOSY	30	MG-2 MG-30 MCG-400 MCG-20
OMNIPOD 5 LIBRE INTRO KIT ..	120	ondansetron hcl TABS 24 MG	30	MG-1.5 MG-6 MCG-10 MG-1.7 MG-
OMNIPOD 5 LIBRE PODS MISC	120	ondansetron hcl TABS 4 MG	30	5000 UNIT-400 UNIT-30 UNIT-18
OMNIPOD CLASSIC PODS (GEN 3)		ondansetron hcl TABS 8 MG	30	MG-100 MG-2.5 MG-10 MCG-37.5
MISC	121	ondansetron hcl TABS 8 MG	30	MG-10 MCG-2 MG-15 MG-130 MG-
OMNIPOD DASH INTRO (GEN 4)		ondansetron TBDP 16 MG	30	150 MCG-100 MG-10 MCG-34 MG
KIT	121	ondansetron TBDP 4 MG	30	173
OMNIPOD DASH PDM (GEN 4) KIT .		ondansetron TBDP 8 MG	30	ONE DAILY ESSENTIAL TABS ..185
121		ONE A DAY ENERGY TABS	172	ONE DAILY ESSENTIALS TABS 185
OMNIPOD DASH PODS (GEN 4)		ONE A DAY MEN 50 PLUS TABS		ONE DAILY FOR MEN 50+
MISC	121	172		ADVANCED TABS 120 MG-6 MG-30
OMNIPOD GO KIT	121	ONE A DAY POSTNATAL CAPS	172	MCG-400 MCG-400 UNIT-25 MCG-
OMNITROPE SOCT	84	ONE A DAY TRIPLE IMMUNE		3.4 MG-20 MCG-20 MG-2500 UNIT-
OMNITROPE SOLR SC	84	SUPPRT TABS	172	15 MG-120 MG-600 MCG-4.5 MG-
OMVOH (300 MG DOSE) SOAJ ..	88	ONE A DAY WOMEN 50 PLUS		100 MG-22.5 MG-40 MG-90 MCG-
OMVOH (300 MG DOSE) SOSY ..	88	TABS	172	150 MCG-33 UNIT-2 MG-4 MG-180
OMVOH SOAJ	88	ONE A DAY WOMENS MULTI TABS		MCG-105 MCG-120 MG
OMVOH SOLN	88	172		173
OMVOH SOSY	88	ONE DAILY 50 PLUS TABS 120 MG-		ONE DAILY FOR MEN/LYCOPENE
ON CALL EXPRESS BLOOD		6 MG-30 MCG-400 MCG-400 UNIT-		TABS 90 MG-3 MG-30 MCG-400
GLUCOSE STRP	80	30 MCG-3.4 MG-20 MCG-20 MG-		MCG-400 UNIT-18 MCG-1.7 MG-20
ON CALL EXPRESS MONITORING		5000 UNIT-15 MG-120 MG-4.5 MG-		MCG-16 MG-3500 UNIT-5 MG-210
SYS KIT	121	22.5 MG-2 MG-100 MG-37.5 MG-90		MG-600 MCG-1.2 MG-120 MG-15
ONAPGO SOCT 98 MG/20ML	44	MCG-150 MCG-60 UNIT-4 MG-180		MG-2 MG-100 MG-45 UNIT-2 MG-
ONCE DAILY TABS 400 UNIT-50		MCG-105 MCG-34 MG	172	120 MCG-105 MCG
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ONCOVITE TABS	172	1.5 MG-6 MCG-10 MG-1.7 MG-20		TABS 60 MG-6 MG-30 MCG-400
ondansetron hcl SOLN IJ 4 MG/2ML .		MG-2500 UNIT-2500 UNIT-27 MG-		MCG-800 UNIT-25 MCG-3.4 MG-20
30		15 MG-450 MG-30 UNIT	172	MCG-20 MG-2500 UNIT-15 MG-405
ondansetron hcl SOLN IJ 40		ONE DAILY COMPLETE FOR MEN		MG-4.5 MG-50 MG-22.5 MG-90
MG/20ML	30	TABS 60 MG-3 MG-75 MCG-400		MCG-150 MCG-33 UNIT-2 MG-4
ondansetron hcl SOLN PO 4		MCG-700 UNIT-18 MCG-1.7 MG-20		MG-180 MCG-20 MCG-120 MG .
MG/5ML	29	MCG-18 MG-3500 UNIT-16 MG-210		173
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		MG-2 MG-22.5 UNIT-2 MG-120		MG-2 MG-30 MCG-400 MCG-1000
		MCG-110 MCG	173	UNIT-6 MCG-1.7 MG-25 MCG-10
		ONE DAILY COMPLETE TABS 60		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 ..
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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 173	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 MCG174	MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT 186
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RELION PRIME MONITOR DEVI 124		RENVELA PACK (Use sevelamer carbonate)	89	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	54
RELION PRIME TEST STRP	81	RENVELA TABS (Use sevelamer carbonate)	89	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	54
RELION TRUE MET AIR GLUC METER KIT	124	repaglinide	28	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	54
RELION TRUE METRIX TEST STRIPS STRP	81	REPATHA SOSY	34	REVLIMID (Use lenalidomide) ...	143
RELION ULTIMA GLUCOSE SYSTEM KIT	124	REPATHA SURECLICK SOAJ	34	REVUFORJ	41
RELION ULTIMA TEST STRP	81	RESTASIS EMUL (Use cyclosporine (ophth))	197	REVUFORJ 25 MG	41
RELION ULTRA THIN LANCETS 30G	124	RESTASIS MULTIDOSE EMUL ..	197	REYRA TABS	178
RELPAK (Use eletriptan hydrobromide)	140	RESTORE CONTACT LAYER PADS	99	REXTOVY LIQD	29
RELPAK 40 MG (Use eletriptan hydrobromide)	140	RESTORE FOAM DRESSING PADS	99	REXULTI	47
REMEDIENT CAPS	177	RESTORE ODOR ABSORBING DRESS PADS	99	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	49
REMERON SOLTAB TBDP (Use mirtazapine)	21	RESTORE TRIO ABSORBENT DRESS PADS	99	REYATAZ PACK	49
REMERON TABS 15 MG, 30 MG (Use mirtazapine)	21	RESTORIL (Use temazepam)	95	REYVOW	141
REMICADE	88	RETACRIT	94	REZDIFFRA	87
RENAL CAPS 1 MG	145	RETEVMO CAPS	43	REZLIDHIA	43
RENAL MULTIVITAMIN TABS ...	177	RETEVMO TABS	43	REZVOGLAR KWIKPEN	28
RENAPLEX TABS 60 MG-10 MG- 300 MCG-800 MCG-6 MCG-1.7 MG-		RETIN-A CREA (Use tretinoin)	60	RHAPSIDO TABS PO 25 MG	143
		RETIN-A GEL (Use tretinoin)	60	RHOPRESSA	197
		RETIN-A MICRO (Use tretinoin microsphere)	60	ribavirin (hepatitis c) CAPS	50
		RETIN-A MICRO PUMP 0.08 % (Use		ribavirin (hepatitis c) TABS 200 MG 50	
				riboflavin TABS 50 MG, 100 MG .	211

rifabutin	38	risperidone microspheres)	46	ROCALTROL CAPS (Use calcitriol)	85
rifampin CAPS	38	RISPERDAL SOLN (Use risperidone)	46	ROCKLATAN	197
RIGHTEST GC300 CONTROL LIQD	125	RISPERDAL TABS 0.5 MG, 1 MG, 2	46	ROCTAVIAN	91
RIGHTEST GD500 LANCING		MG, 3 MG, 4 MG (Use risperidone)	46	roflumilast	15
DEVICE MISC	125	RISPERDAL TABS 3 MG (Use	46	ROLVEDON	94
RIGHTEST GL300 LANCETS ...	125	risperidone)	46	romidepsin SOLR	43
RIGHTEST GM100 BLOOD		risperidone microspheres	46	ROMVIMZA CAPS PO 14 MG, 20	
GLUCOSE KIT	125	risperidone SOLN	46	MG, 30 MG	43
RIGHTEST GM300 BLOOD		risperidone TABS	46	ropinirole hydrochloride TABS	44
GLUCOSE KIT	125	risperidone TBDP	46	ropinirole hydrochloride TB24	44
RIGHTEST GM550 BLOOD		RITALIN LA CP24 (Use		rosuvastatin calcium TABS 10 MG	33
GLUCOSE KIT	125	methylphenidate hcl)	3	rosuvastatin calcium TABS 20 MG,	
RIGHTEST GS100 BLOOD		RITALIN TABS (Use		40 MG	33
GLUCOSE STRP	81	methylphenidate hcl)	3	rosuvastatin calcium TABS 5 MG .	33
RIGHTEST GS300 BLOOD		RITALIN TABS 5 MG, 10 MG (Use		ROTARIX SUSP	209
GLUCOSE STRP	81	methylphenidate hcl)	3	ROTATEQ SOLN	209
RIGHTEST GS550 BLOOD		RITEFLO DEVI	139	ROWASA (Use mesalamine w/	
GLUCOSE STRP	81	ritonavir TABS	49	cleanser)	88
RIGHTEST GT333 BLOOD		rivaroxaban SUSR 1 MG/ML	17	ROXICODONE TABS 15 MG, 30 MG	
GLUCOSE DEVI	125	rivaroxaban TABS 2.5 MG	17	(Use oxycodone hcl)	10
RIGHTEST GT333 BLOOD		rivastigmine	202	ROZEREM (Use ramelteon)	96
GLUCOSE STRP	81	rivastigmine tartrate CAPS	202	ROZLYTREK CAPS	43
RIGHTEST GT333 GLUCOSE TEST		RIVFLOZA SOLN	89	ROZLYTREK PACK	43
STRP	82	RIVFLOZA SOSY	89	RUBRACA	43
rilpivirine hcl 25 MG	49	RIXUBIS SOLR	91	RUCONEST	91
rimantadine hydrochloride TABS ..	51	rizatriptan benzoate TABS	141	rufinamide SUSP	19
RINVOQ LQ SOLN	4	rizatriptan benzoate TBDP	141	rufinamide TABS	19
RINVOQ TB24	4	ROBINUL TABS (Use glycopyrrolate)	206	RUKOBIA	49
RIOMET SOLN (Use metformin hcl) .	25	ROBINUL-FORTE TABS (Use	206	RYALTRIS	190
risedronate sodium TABS	84	glycopyrrolate)	206	RYBELSUS TABS	26
risedronate sodium TBEC	84			RYDAPT	43
RISPERDAL CONSTA (Use					

RYKINDO SRER	46	SAPHRIS (Use asenapine maleate) .	46	SELECT-OB CHEW	189
RYPLAZIM	91			SELECT-OB+DHA MISC	189
RYSTIGGO	143	SAPHRIS 5 MG, 10 MG (Use		selegiline hcl CAPS	45
		asenapine maleate)	46	selegiline hcl TABS	45
RYTARY CPCR 145 MG-36.25 MG,		SAPS HEALTH PLUS LANCETS		selenium sulfide LOTN 1 %	64
195 MG-48.75 MG, 245 MG-61.25		125		selenium sulfide LOTN 2.5 %	64
MG, 95 MG-23.75 MG (Use				selenium sulfide SHAM 1 %	64
carbidopa-levodopa)	45	SAPS HEALTH TWIST TOP		SELSUN BLUE CARE MENS MAX	
RYZNEUTA SOSY SC 20 MG/ML .	94	LANCETS	125	STR LOTN (Use selenium sulfide)	64
SABRIL PACK (Use vigabatrin) ...	20	SAPS TWIST TOP LANCETS ...	125	SELSUN BLUE DAILY LOTN (Use	
SABRIL TABS (Use vigabatrin) ...	20	SAVAYSA	17	selenium sulfide)	64
sacubitril-valsartan TABS	53	SAVELLA TABS 12.5 MG, 25 MG, 50		SELSUN BLUE LOTN (Use selenium	
SAFETY LANCET 30G/PRESSURE		MG, 100 MG (Use milnacipran hcl)		sulfide)	64
ACT	125	202		SELSUN BLUE LOTN (Use selenium	
SAFETY LANCETS 21G	125	SAVELLA TITRATION PACK MISC		sulfide)	64
SAFETY LANCETS 23G	125	(Use milnacipran hcl)	202	SELSUN BLUE MEDICATED LOTN	
SAFETY LANCETS 28G	125	saxagliptin hcl	25	(Use selenium sulfide)	64
SAFYRAL (Use drospirenone-ethinyl		saxagliptin-metformin hcl	24	SELSUN BLUE MOISTURIZING	
estradiol-levomefolate calcium) ...	56	SB FIB LAX ORANGE POWD 30 %,		LOTN (Use selenium sulfide)	64
		33 %	96	SELZENTRY SOLN	49
SALAGEN 5 MG (Use pilocarpine hcl		SB HEMORRHOID 0.25 %-71.9 %-		SELZENTRY TABS 150 MG (Use	
(oral))	145	14 %-3 %	12	maraviroc)	49
saline SOLN 0.65 %	190	SB INSULIN SYRINGE	135	SELZENTRY TABS 300 MG (Use	
salsalate	9	SCEMBLIX	43	maraviroc)	49
SANCUSO PTCH	30	SDAMLO SOLR PO 2.5 MG, 5 MG,		SEMGLEE (YFGN) SOLN	28
SANDIMMUNE CAPS (Use		10 MG	52	SEMGLEE (YFGN) SOPN	28
cyclosporine)	143	SEASONIQUE (Use levonorgestrel-		SENIOR TABS TABS 60 MG-3 MG-	
SANDIMMUNE SOLN IV 50 MG/ML .		ethinyl estradiol (91-day))	56	30 MCG-400 MCG-1.5 MG-20 MG-	
143		SECUADO	46	25 MCG-10 MG-1.7 MG-250 MCG-	
SANDOSTATIN LAR DEPOT KIT		SECURESAFE INSULIN SYRINGE .		300 MCG-400 UNIT-45 UNIT-100	
(Use octreotide acetate)	86	135		MG-2 MG-75 MCG-5 MCG-80 MG-2	
SAPHNELO	144	SEGLUROMET	24	MG-150 MCG-150 MCG-2 MG-10	
SAPHNELO PEN SC 120 MG/0.8ML		SELARSDI SOLN SC 45 MG/0.5ML .		MCG-15 MG-200 MG-150 MCG-48	
144		63		MG-20 MCG-3500 UNIT-10 MCG-72	
SAPHNELO SC 120 MG/0.8ML ..	144	SELARSDI SOSY SC 45 MG/0.5ML,		MG	178
		90 MG/ML	63	senna SYRP 176 MG/5ML	97
				sennosides LIQD	97

sennosides SYRP	97	SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	145	SIMPLERA SYSTEM	126
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	97	SF GEL 1.1 % (Use sodium fluoride (dental))	145	SIMPONI ARIA SOLN	5
sennosides-docusate sodium TABS 96		SFROWASA ENEM	88	SIMPONI SOAJ	5
SENSILANCE SAFETY LANCETS 21G	125	SHINGRIX	209	SIMPONI SOSY	5
SENSILANCE SAFETY LANCETS 26G	125	SHINGRIX IM 50 MCG/0.5ML ...	209	simvastatin TABS	34
SENSILANCE SAFETY LANCETS 28G	126	SIDEROL TABS	178	SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa)	45
SENTRY SENIOR MENS 50+ TABS . 178		sildenafil citrate (pulmonary hypertension) SOLN	54	SINEMET TABS 100 MG-25 MG (Use carbidopa-levodopa)	45
SENTRY SENIOR TABS	178	sildenafil citrate (pulmonary hypertension) SUSR	54	SINGULAIR CHEW 4 MG (Use montelukast sodium)	15
SENTRY SENIOR/LUTEIN TABS 178		sildenafil citrate (pulmonary hypertension) TABS	54	SINGULAIR CHEW 5 MG (Use montelukast sodium)	15
SENTRY TABS	178	SILENOR (Use doxepin hcl (sleep)) . 95		SINGULAIR PACK (Use montelukast sodium)	15
SEREVENT DISKUS	16	SILIGENTLE FOAM DRESSING PADS	99	SINGULAIR TABS (Use montelukast sodium)	15
SEROQUEL TABS (Use quetiapine fumarate)	46	silodosin	90	sirolimus SOLN	143
SEROQUEL XR TB24 (Use quetiapine fumarate)	46	SILVADENE (Use silver sulfadiazine)	65	sirolimus TABS	143
SEROSTIM SC 4 MG, 5 MG, 6 MG 84		silver sulfadiazine	65	sitagliptin 25 MG, 50 MG, 100 MG 25	
SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)	22	SIMBRINZA	196	sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	24
sertraline hcl CAPS 150 MG, 200 MG	22	simethicone CHEW 80 MG	87	sitagliptin free base-metformin hcl TB24	24
sertraline hcl CONC	22	simethicone SUSP	87	sitagliptin phosphate 25 MG, 50 MG, 100 MG	25
sertraline hcl TABS	22	SIMLANDI (1 PEN) AJKT	5	sitagliptin phosphate-metformin hcl TABS	24
sevelamer carbonate PACK	89	SIMLANDI (1 SYRINGE) PSKT	5	sitagliptin phosphate-metformin hcl TB24	24
sevelamer carbonate TABS	89	SIMLANDI (2 PEN) AJKT	5	SIVEXTRO SOLR	37
sevelamer hcl	89	SIMLANDI (2 SYRINGE) PSKT	5	SIVEXTRO TABS	37
SEVENFACT	91	SIMPLE DIAGNOSTICS LANCING DEV MISC	126	SKIN HAIR & NAILS ADVANCED	
		SIMPLERA SENSOR	126		
		SIMPLERA SYNC SENSOR	126		

CAPS	178	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	sodium tetradecyl sulfate	144
SKYCLARYS	191	sodium chloride (gu irrigant) 0.9 %	89	SOFOSBUVIR-VELPATASVIR TABS	50
SKYLA	57	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	59	SOF-WICK PADS	99
SKYRIZI PEN SOAJ	63	SODIUM CHLORIDE SOLN IJ 0.9 % 142		SOGROYA	84
SKYRIZI SOCT	88	sodium chloride SOLN IV 0.9 % ..	142	solifenacin succinate TABS	208
SKYRIZI SOLN	88	sodium citrate & citric acid	89	SOLQUA	24
SKYRIZI SOSY	63	sodium fluoride (dental) CREA ...	145	SOLO TABS	178
SKYTROFA	84	sodium fluoride (dental) GEL	145	SOLTAMOX SOLN	41
SLYND	57	sodium fluoride (dental) SOLN 0.2 % 145		SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	126
SM ADHESIVE PADS 2"X3" PADS 99		SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	145	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	126
SM IPECAC SYRUP	29	sodium fluoride CHEW	142	SOLUS V2 CONTROL SOLN	126
SM PRENATAL VITAMINS TABS 189		sodium fluoride SOLN 0.5 MG/ML 142		SOLUS V2 LANCETS 28G	126
SM STERILE PADS	99	SODIUM FLUORIDE SOLN 0.5 MG/ML	142	SOLUS V2 LANCING DEVICE MISC 127	
SMART DIABETES VANTAGE LANCING MISC	126	sodium hypochlorite SOLN EX	47	SOLUS V2 TEST STRP	82
SMARTEST BLOOD GLUCOSE TEST STRP	82	sodium oxybate SOLN	201	SOLUS V2 TWIST LANCETS 30G 127	
SMARTEST CONTROL MEDIUM SOLN	126	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	96	SOMA TABS (Use carisoprodol) .	190
SMARTEST EJECT DEVI	126	sodium polystyrene sulfonate POWD 144		SOMAVERT	84
SMARTEST EJECT STARTER KIT 126		sodium polystyrene sulfonate SUSP CO 15 GM/60ML	144	sorafenib tosylate	43
SMARTEST LANCETS 28G	126	sodium sulfate-potassium sulfate- magnesium sulfate	96	SORBITOL PO 70 %	96
SMARTEST PERSONA STARTER KIT	126			SORILUX FOAM	63
SMARTEST PRONTO STARTER KIT	126			sotalol hcl (afib/afl)	52
SMARTEST PROTEGE DEVI	126			sotalol hcl TABS	52
SMARTEST PROTEGE STARTER KIT	126			SOTYKTU	63
SOAANZ TABS 20 MG	83			SOTYLIZE SOLN PO	52
				SOVALDI PACK	50
				SOVALDI TABS	50
				SOVUNA 200 MG	38

SPECTRAVITE TABS	178	STELARA 130 MG/26ML	88	STRESS FORMULA/IRON/ENERGY TABS	146
SPEVIGO SOLN	63	STELARA SOSY	64	STRESS FORMULA/ZINC/ENERGY TABS	186
SPEVIGO SOSY	63	STEQUEYMA	64	STRESSTABS ADVANCED TABS	
SPIKEVAX SUSY	209	STEQUEYMA SC	64	30 MG-5 MG-400 MCG-400 UNIT-50	
spinosad	72	STERILANCE TL	127	MCG-2500 UNIT-1.5 MG-20 MG-1.5	
SPINRAZA	194	STERILE GAUZE PADS	99	MG-30 MG-20 MG-15 UNIT	178
SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	14	STERILE PADS	99	STRESSTABS ENERGY TABS ..	186
SPIRIVA RESPIMAT AERS IN	14	STIMUFEND	94	STRIBILD	49
SPIRO PD DEVI	139	STIOLTO RESPIMAT	16	STRIVERDI RESPIMAT	16
spironolactone & hydrochlorothiazide	83	STIVARGA	43	STROVITE ONE TABS	178
spironolactone TABS	83	STOBOCLO SOSY SC 60 MG/ML	84	SUBLOCADE SOSY	11
SPORT SUNSCREEN SPF50 LOTN 71		STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	72	SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	11
SPORTSCREME CREA (Use trolamine salicylate)	68	STRATTERA (Use atomoxetine hcl) . 2		SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	11
SPRAVATO (56 MG DOSE)	22	STRENSIQ	85	SUBVENITE SUSP PO 10 MG/ML 19	
SPRAVATO (84 MG DOSE)	22	STRESS B COMPLEX/ANTIOXID/ZINC TABS		sucralfate SUSP	207
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use levetiracetam)	19	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 178		sucralfate TABS	207
SPRITAM TB3D	19	STRESS B COMPLEX/IRON TABS		SUDAFED CHILDRENS LIQD ...	191
SPRYCEL (Use dasatinib)	43	600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG- 15 MG-30 UNIT	146	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	52
SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) ...	60	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	186	sulfacetamide sodium (acne)	61
SSS 10-5 FOAM 10 %-5 %	60	STRESS FORMULA/IRON TABS		sulfacetamide sodium (ophth) OINT 196	
STARJEMZA SOLN IV 130 MG/26ML	88	146		sulfacetamide sodium (ophth) SOLN . 196	
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	64			sulfacetamide sodium GEL	64
STEGLATRO	29			sulfacetamide sodium LIQD	64
STEGLUJAN	24			sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	61

sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	61	MG/0.5ML	141	SUPER D-ZINC-SELENIUM- COPPER TABS	178
sulfacetamide sodium w/ sulfur LIQD 61		sumatriptan succinate SOLN 6 MG/0.5ML	141	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 179	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	61	sumatriptan succinate TABS 25 MG . 141		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	179
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	61	sumatriptan succinate TABS 50 MG, 100 MG	141	SUPERIOR MENS MULTI TABS .	179
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	61	sumatriptan-naproxen sodium ...	140	SUPERIOR WOMENS MULTI TABS 179	
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	61	SUMAXIN CP	61	SUPPORT LIQD	179
SULFACETAMIDE SODIUM- SULFUR SUSP	61	SUMAXIN PADS	61	SUPPORT-500 CAPS	179
sulfacetamide sod-prednisolone SOLN	198	sunitinib malate	43	SUPPRELIN LA	85
SULFACLEANSE 8/4 SUSP 8 %-4 % (Use sulfacetamide sodium w/ sulfur) 61		SUNLENCA SOLN	49	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	96
sulfamethoxazole-trimethoprim SUSP	37	SUNLENCA TABS PO 300 MG ...	49	SURE COMFORT INSULIN SYRINGE	135
sulfamethoxazole-trimethoprim TABS	37	SUNLENCA TBPK 300 MG	49	SURE COMFORT LANCETS 18G 127	
SULFAMEZ WASH EMUL 10 %-1 % (Use sulfacetamide sodium w/ sulfur) 61		SUNOSI	2	SURE COMFORT LANCETS 21G 127	
sulfasalazine TABS	88	sunscreens LOTN	71	SURE COMFORT LANCETS 23G 127	
sulfasalazine TBEC	88	SUPER ANTIOXIDANT CAPS ...	178	SURE COMFORT LANCETS 28G 127	
sulindac TABS	7	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	178	SURE COMFORT LANCETS 30G 127	
SUMADAN	61	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	178	SURE COMFORT LANCING PEN	
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...	61	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	178		
sumatriptan 20 MG/ACT	141				
sumatriptan 5 MG/ACT	141				
sumatriptan succinate SOAJ 6					

MISC	127	200 UNIT	179	tacrolimus CAPS	143
SURGICAL GAUZE SPONGE PADS 99		SYSTANE ICAPS AREDS2 TABS 179		tacrolimus SOLN 5 MG/ML	144
SUTENT (Use sunitinib malate) ...	43	T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	127	tadalafil (pulmonary hypertension) TABs	54
SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	16	T:SLIM X2 3ML CARTRIDGE MISC . 127		tadalafil 5 MG	53
SYMBRAVO TABS PO	140	T:SLIM X2 BASAL-IQ PUMP DEVI 127		TADLIQ SUSP	54
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) 202		T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	127	TAFINLAR CAPS	43
SYMDEKO	205	T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	127	TAFINLAR TBSO	43
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	49	T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	127	tafluprost	199
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	49	T:SLIM X2 INSULIN PUMP DEVI 127		TAGRISSO	39
SYMLINPEN 120 SOPN	24	T:SLIM X2 STARTER 7.10 KIT ...	127	TAI DOC CONTROL SOLN	127
SYMLINPEN 60 SOPN	24	TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	186	TAKHZYRO SOLN	91
SYMPAZAN FILM	18	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	186	TAKHZYRO SOSY	91
SYMPROIC	88	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	146	TALTZ SOAJ	64
SYMTUZA	49	TAB-A-VITE/IRON/BETA CAROTENE TABS	146	TALTZ SOSY	64
SYNAGIS SOLN 50 MG/0.5ML ..	200	TABRECTA	43	TALZENNA	43
SYNALAR CREA (Use fluocinolone acetoneide)	67	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	67	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	51
SYNALAR OINT (Use fluocinolone acetoneide)	67	tacrolimus (topical) OINT 0.03 % ..	68	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	51
SYNAREL	85	tacrolimus (topical) OINT 0.1 % ...	68	TAMIFLU SUSR (Use oseltamivir phosphate)	51
SYNJARDY TABS	24			tamoxifen citrate TABS	41
SYNJARDY XR TB24	24			tamsulosin hcl	90
SYNOFLEX PTCH	70			TANDEM MOBI AUTOSOFT XC KIT MISC	127
SYNTHROID TABS (Use levothyroxine sodium)	206			TANDEM MOBI AUTOSOFT30 10PK23" MISC	127
SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-				TANDEM MOBI AUTOSOFT30 14PK23" MISC	127
				TANDEM MOBI AUTOSOFTXC 10PK23" MISC	127
				TANDEM MOBI AUTOSOFTXC	

10PK5" MISC	128	& estrad-fe)	56	tenofovir disoproxil fumarate TABS	49
TANDEM MOBI AUTOSOFTXC		tazarotene CREA	64	TENORETIC 100 (Use atenolol & chlorthalidone)	36
14PK23" MISC	128	TAZAROTENE FOAM	61	TENORETIC 50 (Use atenolol & chlorthalidone)	36
TANDEM MOBI AUTOSOFTXC		tazarotene GEL	64	TENORMIN TABS (Use atenolol) .	51
14PK5" MISC	128	TAZORAC CREA (Use tazarotene)	64	TENORMIN TABS 25 MG, 50 MG (Use atenolol)	51
TANDEM MOBI SYSTEM STARTER KIT	128	TAZORAC GEL (Use tazarotene) .	64	TEPMETKO	43
TANDEM MOBI TRUSTEEL		TDVAX SUSP	206	terazosin hcl	35
10PK23" MISC	128	TECFIDERA CDPK (Use dimethyl fumarate)	204	terbinafine hcl (topical) CREA	62
TANDEM T:SLIM ASFT 30 PK10 23" MISC	128	TECFIDERA CPDR (Use dimethyl fumarate)	204	terbutaline sulfate TABS	16
TANDEM T:SLIM ASFT 30 PK14 23" MISC	128	TECHLITE INSULIN SYRINGE .	135	terconazole vaginal CREA 0.4 %	210
TANDEM T:SLIM ASFT XC PK10 23" MISC	128	TECHLITE LANCETS	128	terconazole vaginal CREA 0.8 %	210
TANDEM T:SLIM ASFT XC PK14 23" MISC	128	TECHLITE LANCETS 26G	128	terconazole vaginal SUPP	210
TANDEM T:SLIM TRUSTL PK10 23" MISC	128	TEGRETOL SUSP (Use carbamazepine)	20	teriflunomide	204
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	10	TEGRETOL TABS (Use carbamazepine)	20	teriparatide SOPN	84
TAPENTADOL HCL SOLN PO 20 MG/ML	10	TEGRETOL-XR TB12 (Use carbamazepine)	20	TERIPARATIDE SOPN	84
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	10	TEKTURNA (Use aliskiren fumarate)	36	TESTIM GEL TD (Use testosterone) .	11
TARCEVA (Use erlotinib hcl)	39	telmisartan	35	testosterone cypionate SOLN IM 100 MG/ML	11
TARGRETIN (Use bexarotene) ...	44	telmisartan-amlodipine	36	testosterone cypionate SOLN IM 200 MG/ML	11
TARON-C DHA	189	telmisartan-hydrochlorothiazide ...	36	testosterone enanthate SOLN IM .	11
TASCENSO ODT	203	temazepam 22.5 MG	95	testosterone GEL TD 1 %, 1.62 %, 1.62 %	11
TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	43	temazepam 7.5 MG, 15 MG, 30 MG .	95	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11
tasimelteon CAPS	96	TEMODAR SOLR	38	testosterone SOLN	11
TAVNEOS	91	temozolomide CAPS	38	TETANUS-DIPHTHERIA TOXOIDS	
TAYTULLA CAPS (Use norethin acet		TEMPO SMART BUTTON MISC	128		
		TEMPO WELCOME KIT	128		

TD SUSP	206	10 MG-3.4 MG-30 MG-5000 UNIT-27	THERA-TABS M TABS	180
tetrabenazine	202	MG-3 MG-100 MG-1250 UNIT-15	THERA-TABS TABS 90 MG-3 MG-	
tetracaine hcl (ophth)	197	MCG-7.5 MG-15 MCG-40 MG-15	30 MCG-400 MCG-3 MG-20 MG-400	
TETRACAINE HCL 0.5 % (Use		MG-150 MCG-30 UNIT-31 MG-2	UNIT-9 MCG-5000 UNIT-10 MG-3.4	
tetracaine hcl (ophth))	197	MG-10 MCG-5 MG-7.5 MG	MG-30 UNIT	186
TETRACAINE HCL 0.5 %	197	THERAGAUZE PADS		
tetracycline hcl CAPS 500 MG ...	205	99	THERATRUM COMPLETE 50 PLUS	
tetrahydrozoline hcl (ophth) 0.05 %	197	THERAGRAN-M ADVANCED 50	TABS 60 MG-3 MG-30 MCG-400	
TEZRULY PO 1 MG/ML	35	PLUS TABS	MCG-400 UNIT-25 MCG-1.7 MG-10	
TEZSPIRE SOAJ	14	179	MCG-20 MG-250 MCG-3500 UNIT-	
TEZSPIRE SOSY	14	THERAGRAN-M ADVANCED TABS .	10 MG-300 MCG-1.5 MG-100 MG-15	
THALOMID 50 MG, 100 MG	143	179	MG-150 MCG-200 MG-80 MG-75	
THEO-24 CP24	16	THERAGRAN-M PREMIER 50 PLUS	MCG-150 MCG-48 MG-2 MG-5	
theophylline ELIX	16	TABS	MCG-2 MG-150 MCG-45 UNIT-20	
theophylline SOLN	16	179	MCG-10 MCG-72 MG-2 MG	180
theophylline TB12	16	THERAGRAN-M PREMIER TABS		
theophylline TB24	16	179	THERATRUM COMPLETE TABS 60	
THERA TABS	186	THERAGRAN-M TABS	MG-2 MG-30 MCG-400 MCG-400	
THERA VITAL M TABS 90 MG-3		179	UNIT-6 MCG-1.7 MG-20 MG-250	
MG-30 MCG-0.4 MG-3 MG-9 MCG-		THERA-M PLUS MV W/BETA-	MCG-5000 UNIT-10 MG-18 MG-1.5	
10 MG-3.4 MG-20 MG-2500 UNIT-		CAROT TABS	MG-100 MG-15 MG-80 MG-2 MG-	
400 UNIT-30 UNIT-2500 UNIT-27		179	150 MCG-162 MG-150 MCG-75	
MG-100 MG-5 MG-15 MCG-7.5 MG-		THERAMILL FORTE CAPS	MCG-30 UNIT-108 MG-2 MG-72	
15 MCG-2 MG-15 MG-40 MG-150		179	MG-5 MCG-10 MCG-2 MG-120	
MCG-31 MG-10 MCG-7.5 MG ...	179	THERANATAL LACTATION ONE	MCG-25 MCG-20 MCG-10 MCG, 60	
		CAPS	MG-2 MG-30 MCG-400 MCG-400	
		179	UNIT-6 MCG-1.7 MG-25 MCG-20	
		THERAPEUTIC	MG-250 MCG-3500 UNIT-10 MG-18	
		FORMULA/HEMATINICS TABS 3.3	MG-300 MCG-1.5 MG-100 MG-15	
		MG-0.33 MG-50 MCG-3.3 MG-33.3	MG-80 MG-150 MCG-162 MG-72	
		MG-100 MG-11.7 MG-66.7 MG-3.3	MG-75 MCG-150 MCG-30 UNIT-109	
		MG-41.7 MG-140 UNIT-5 UNIT-0.67	MG-2 MG-5 MCG-10 MCG-2 MG-	
		MG-1400 UNIT	120 MCG-20 MCG-10 MCG-2 MG	180
		179		
		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		180

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 180	TM-DAILY VITE TABS 186	TOPAMAX TABS 25 MG, 50 MG, 200 MG (Use topiramate) 20
THRIVITE RX TABS 189	TOBI NEBU (Use tobramycin) 4	TOPICORT CREA (Use desoximetasone) 67
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 206	TOBI PODHALER CAPS 4	TOPICORT GEL (Use desoximetasone) 67
tiagabine hcl 20	TOBRADEX OINT 198	TOPICORT OINT (Use desoximetasone) 67
TIAZAC (Use diltiazem hcl extended release beads) 52	TOBRADEX ST SUSP 198	TOPICORT OINT 0.05 % (Use desoximetasone) 67
TIBSOVO 43	tobramycin (ophth) SOLN 196	TOPICORT SPRAY LIQD (Use desoximetasone) 67
ticagrelor 60 MG, 90 MG 92	tobramycin NEBU 4	topiramate CP24 20
TIKOSYN (Use dofetilide) 14	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML 4	topiramate CPSP 15 MG, 25 MG .. 20
timolol 195	tobramycin sulfate SOLR 4	topiramate CPSP 50 MG 20
timolol maleate (ophth) SOLG 195	tobramycin-dexamethasone SUSP 198	topiramate CS24 20
timolol maleate (ophth) SOLN 0.5 % . 195	TOBREX OINT 196	topiramate SOLN 25 MG/ML 20
timolol maleate (ophth) SOLN 195	tofacinib citrate SOLN 1 MG/ML ... 4	topiramate TABS 100 MG 20
timolol maleate TABS 52	tofacinib citrate TABS 5 MG, 10 MG 4	topiramate TABS 25 MG, 50 MG, 200 MG 20
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) 195	tofacinib citrate TB24 11 MG, 22 MG 4	TOPPER DRESSING SPONGES MISC 99
TINACTIN CREA (Use tolnaftate) . 62	TOFIDENCE 6	TOPROL XL TB24 (Use metoprolol succinate) 51
tioconazole vaginal 6.5 % 210	TOLECTIN DS CAPS 400 MG (Use tolmetin sodium) 7	toremifene citrate 41
tiotropium bromide CAPS IN 18 MCG 14	tolmetin sodium CAPS 7	torsemide TABS 83
TIVICAY PD TBSO 49	tolmetin sodium TABS 7	TOSYMRA 141
TIVICAY TABS 50 MG 49	tolnaftate CREA 62	TOUJEO MAX SOLOSTAR SOPN 28
tizanidine hcl CAPS 190	tolterodine tartrate CP24 208	TOUJEO SOLOSTAR SOPN 28
tizanidine hcl TABS 190	tolterodine tartrate TABS 208	TOVIAZ (Use fesoterodine fumarate) 208
TLANDO CAPS 11	tolvaptan TBPK 15 MG 86	TRACLEER TABS (Use bosentan) 54
	TONMYA SUBL SL 2.8 MG 202	
	TOPAMAX SPRINKLE CPSP (Use topiramate) 20	
	TOPAMAX TABS 100 MG (Use topiramate) 20	

TRACLEER TBSO 32 MG (Use bosentan)	54	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	88	TRICARE TABS	189
TRADJENTA	25	TRESIBA FLEXTouch SOPN ...	28	TRICOR TABS (Use fenofibrate) ..	33
tramadol hcl CP24 100 MG, 200 MG, 300 MG	10	TRESIBA SOLN	28	TRIESENCE	198
TRAMADOL HCL SOLN (Use tramadol hcl)	10	tretinoin (chemotherapy)	44	trifluoperazine hcl TABS	47
tramadol hcl SOLN	10	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	61	trifluridine	196
tramadol hcl TABS 25 MG, 75 MG, 100 MG	10	tretinoin GEL 0.01 %, 0.025 %	61	trihexyphenidyl hcl SOLN	44
tramadol hcl TABS 50 MG	10	tretinoin GEL 0.05 %	61	trihexyphenidyl hcl TABS	44
tramadol hcl TB24	10	tretinoin microsphere 0.08 %	61	TRIJARDY XR	24
tramadol-acetaminophen	11	TRETEN	91	TRIKAFTA TBPk	205
trandolapril	34	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	39	TRIKAFTA THPK	205
trandolapril-verapamil hcl	36	TREXIMET (Use sumatriptan-naproxen sodium)	140	TRILEPTAL SUSP (Use oxcarbazepine)	20
tranexamic acid TABS	94	TREXION CAPS	180	TRILEPTAL TABS (Use oxcarbazepine)	20
tranylcypromine sulfate	22	TREXVIA CAPS	180	TRILIPIX (Use choline fenofibrate) 33	
TRAVATAN Z SOLN (Use travoprost)	199	triamcinolone acetonide (mouth) 145		trimethoprim TABS	36
TRAVEL LANCETS ADVANCED 28G	128	triamcinolone acetonide (nasal) AERO	191	trimipramine maleate CAPS	24
travoprost SOLN	199	triamcinolone acetonide (topical) CREA	67	TRINATAL RX 1 TABS	189
trazodone hcl TABS	23	triamcinolone acetonide (topical) LOTN	67	TRINTELLIX	23
TRELEGY ELLIPTA	16	triamcinolone acetonide (topical) OINT	67	TRIPHROCAPS CAPS 1 MG	145
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	41	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	83	TRIPTODUR	85
TRELSTAR MIXJECT 3.75 MG ...	41	triamterene & hydrochlorothiazide TABS	83	TRISTART DHA	189
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	64	triazolam	95	TRIUMEQ PD TBSO	49
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	64	TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	36	TRIUMEQ TABS	49
TREMFYA SOLN IV	88			TRI-VI-FLOR SUSP 0.25 MG/ML	187
TREMFYA SOSY SC	88			TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	187
				TROGARZO	49
				TROJAN BARESKIN DEVI	100
				TROJAN MAGNUM MISC	100

TROJAN ULTRA THIN MISC 100	METER KIT128	TRUETRACK SMART SYSTEM KIT . 129
TROJAN ULTRA THIN/SPERMICIDAL MISC 100	TRUE METRIX BLOOD GLUCOSE TEST STRP82	TRUETRACK TEST STRP 82
TROJAN-ENZ LUBRICATED MISC 100	TRUE METRIX GO GLUCOSE METER KIT128	TRUEVITE TABS181
TROJAN-ENZ/SPERMICIDAL MISC . 100	TRUE METRIX LEVEL 1 SOLN ..128	TRULICITY27
TROKENDI XR CP24 (Use topiramate)20	TRUE METRIX LEVEL 2 SOLN ..128	TRUMENBA 0.5 ML209
TROKENDI XR CP24 25 MG, 100 MG, 200 MG (Use topiramate) 20	TRUE METRIX LEVEL 3 SOLN ..129	TRUQAP TABS43
trolamine salicylate CREA 68	TRUE METRIX METER DEVI129	TRUQAP TBPk43
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/15ML181	TRUE METRIX METER KIT129	TRUSTEX COLOR CONDOMS + LUBE MISC100
tropicamide SOLN 196	TRUE METRIX PRO BLOOD GLUCOSE STRP 82	TRUSTEX LUB/RIBBED/STUDDED MISC100
trosipium chloride CP24 208	TRUE MULTIVITAMIN TABS 186	TRUSTEX LUB/SPERMICIDE EX ST MISC100
trosipium chloride TABS 208	TRUEDRAW LANCING DEVICE MISC129	TRUSTEX LUB/SPERMICIDE XL MISC100
TRUE COMFORT INSULIN SYRINGE 135	TRUENESS BLOOD GLUCOSE MONITOR DEVI 129	TRUSTEX LUBRICATED EX LARGE MISC100
TRUE COMFORT PRO INSULIN SYR 135	TRUENESS BLOOD GLUCOSE STRIPS STRP 82	TRUSTEX LUBRICATED EXTRA ST MISC100
TRUE COMFORT SAFETY LANCETS128	TRUEPLUS GLUCOSE CHEW ... 25	TRUSTEX LUBRICATED MISC ..100
TRUE COMFORT TWIST TOP LANCETS128	TRUEPLUS GLUCOSE ON THE GO CHEW25	TRUSTEX LUBRICATED/SPERMICIDE MISC 100
TRUE COVER DEVI100	TRUEPLUS INSULIN SYRINGE 135	TRUSTEX NATURAL CONDOMS + LUBE MISC100
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG186	TRUEPLUS LANCETS 28G129	TRUSTEX RIA LUB/SPERMICIDE MISC100
TRUE METRIX AIR GLUCOSE	TRUEPLUS LANCETS 30G129	TRUSTEX RIA LUBRICATED MISC . 100
Index 89	TRUEPLUS LANCETS 33G129	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC100
	TRUEPLUS SAFETY LANCETS 28G129	TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)49
	TRUERESULT BLOOD GLUCOSE KIT 129	TRYNGOLZA85
	TRUETEST TEST STRP 82	
	TRUETRACK BLOOD GLUCOSE KIT 129	

TRYPTYR SOLN OP 0.003 % ...	198	TYVASO REFILL KIT SOLN IN ...	53	1666.667 UNIT-16.667 MG-33.333
TRYVIO	36	TYVASO SOLN IN	53	MG-33.333 MG-33.333 MG-3.333
TUDORZA PRESSAIR	14	TYVASO STARTER KIT SOLN IN	53	MG-33.333 MG-11.667 MG-7.5 MG-
TUKYSA	39	TZIELD	25	83.333 MG-50 MCG-33.333 MCG-
TURALIO 125 MG	43	UBRELVY	139	33.333 MG-66.667 UNIT-4.167
T-VITES TABS	181	UCERIS (Use budesonide		MCG-66.667 MCG181
TWIIST REFILL KIT KIT	129	(intrarectal))	12	ULTRA FREEDA/IRON TABS
TWIIST REFILL KIT/INFUSION SET		UCERIS TB24 (Use budesonide) ..	57	133.333 UNIT-1666.667 UNIT-
KIT	129	UDAMIN SP TABS 12.5 MG-1000		16.667 MG-100 MCG-66.667 UNIT-
TWIIST STARTER KIT KIT	129	MCG-250 MCG-2.5 MG-17 MG-7.5		266.667 MCG-16.667 MG-33.333
TWINRIX SUSY	209	MG-100 MCG-75 UNIT-320 MG .	181	MCG-16.667 MG-33.333 MG-33.333
TWIRLA	56	UDENYCA ONBODY SOSY	94	MG-6 MG-33.333 MG-3.333 MG-
TWIST TOP LANCETS 30G	129	UDENYCA SOAJ	94	33.333 MG-4.167 MCG-11.667 MG-
TWYNEO	61	UDENYCA SOSY	94	66.667 MCG-7.5 MG-83.333 MG-50
TYBLUME CHEW	56	ULORIC (Use febuxostat)	90	MCG-33.333 MCG-33.333 MG ...181
TYBOST	49	ULTICARE INSULIN SAFETY SYR .		ULTRA MULTI FORMULA/IRON
TYENNE SOAJ	6	135		CAPS 40 MG-1.333 MG-200 MCG-
TYENNE SOLN	6	ULTICARE INSULIN SYRINGE .	135	266.667 MCG-4 MG-1000 UNIT-
TYENNE SOSY	6	ULTIGUARD SAFEPACK		33.333 MCG-1.133 MG-3.333 MG-
TYKERB (Use lapatinib ditosylate)		SYR/NEEDLE	135	3.333 MG-16.667 MG-3333.333
43		ULTI-LANCE AUTOMATIC MISC		UNIT-6.667 MG-15 MG-33.333 MG-
TYMLOS	84	129		10 MG-10 UNIT-133.333 MG-50
TYRUKO CONC IV 300 MG/15ML		ULTILET CLASSIC LANCETS ...	129	MCG-0.667 MG-40 MCG-10 MG-25
204		ULTILET LANCETS	130	MCG-5 MG-10 MG-1 MG-23.333
TYRVAYA	195	ULTILET SAFETY LANCETS 23G		MCG-10 MG181
TYTABRI	204	130		ULTRA THIN LANCETS 31G130
TYVASO DPI INSTITUTIONAL KIT		ULTRA BONEUP TABS	181	ULTRACARE INSULIN SYRINGE
POWD	53	ULTRA FLO INSULIN SYR 1/2 UNIT		135
TYVASO DPI MAINTENANCE KIT			135	ULTRA-CARE LANCETS 30G ...130
POWD	53	ULTRA FLO INSULIN SYRINGE		ULTRACHOICE ADV FORMULA
TYVASO DPI TITRATION KIT		135		MATURE TABS 120 MG-6 MG-60
POWD	53	ULTRA FREEDA TABS 133.333		MCG-400 MCG-4.5 MG-400 UNIT-24
		UNIT-16.667 MG-100 MCG-266.667		MCG-10 MG-5.1 MG-40 MG-275
		MCG-16.667 MG-33.333 MCG-		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
				MG181

ULTRACHOICE ADVANCED	UNISTIK 2 SUPER131	UREDEB CREA 39 % (Use urea) . 68
FORMULA TABS 120 MG-6 MG-60	UNISTIK 3 COMFORT131	UREMEZ-40 CREA 40 % (Use urea)
MCG-400 MCG-4.5 MG-400 UNIT-18	UNISTIK 3 EXTRA131	68
MCG-10 MG-5.1 MG-40 MG-275	UNISTIK 3 GENTLE 131	URETRON D/S TABS 81.6 MG ... 37
MCG-18 MG-300 MCG-100 MG-15	UNISTIK 3 NEONATAL131	UROCIT-K 10 TBCR (Use potassium
MG-3.5 MG-80 MG-2 MG-13 MCG-	UNISTIK 3 NORMAL131	citrate (alkalinizer)) 89
200 MCG-200 MCG-165 MG-150	UNISTIK CZT COMFORT 131	UROCIT-K 5 TBCR (Use potassium
MCG-200 MCG-60 UNIT-80 MG-6.5	UNISTIK CZT NORMAL 131	citrate (alkalinizer)) 89
MCG-10 MG-5 MG-7.5 MG-5000	UNISTIK NORMAL131	UROXATRAL (Use alfuzosin hcl) .90
UNIT-80 MCG-200 MCG-72 MG-13	UNISTIK PRO SAFETY LANCET	ursodiol CAPS 87
MCG-10 MG-25 MG-5 MG-10 MG-25	131	ursodiol TABS 250 MG 87
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ULTRA-THIN II INS SYR SHORT	131	USTEKINUMAB SOSY 45
135	UNISTIK SAFETY LANCETS 30G	MG/0.5ML, 90 MG/ML 64
ULTRA-THIN II INSULIN SYRINGE .	131	USTEKINUMAB-AAUZ SOSY SC 45
135	UNISTIK TOUCH SAFETY LANC	MG/0.5ML, 90 MG/ML 64
ULTRA-THIN II LANCETS130	21G132	USTEKINUMAB-AEKN SOSY SC 45
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.....14	UNISTIK TOUCH SAFETY LANC	USTEKINUMAB-TTWE SC64
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130	30G132	VAFSEO 300 MG94
UNILET G.P. SUPERLITE LANCET .	UNISTRIP CONTROL SOLN132	VAGIFEM TABS (Use estradiol
130	UNISTRIP1 GENERIC STRP82	vaginal) 210
UNILET GP 28 ULTRA THIN130	UPLIZNA144	valacyclovir hcl 51
UNILET LANCET 130	UPTRAVI SOLR 54	VALCHLOR 63
UNILET MICRO-THIN 33G130	UPTRAVI TABS 100 MCG, 150 MCG	VALCYTE TABS (Use valganciclovir
UNILET SUPER-THIN 30G130	54	hcl) 50
UNILET ULTRA-THIN 28G130	UPTRAVI TABS54	VALENTA TABS186
UNISOM SLEEPGELS CAPS (Use	UPTRAVI TITRATION TBPk 54	valganciclovir hcl TABS50
diphenhydramine hcl (sleep))95	urea CREA 40 %67	VALIUM TABS (Use diazepam) ... 13
UNISTIK 2130	urea LOTN 40 %68	valproate sodium SOLN PO 250
UNISTIK 2 COMFORT130		
UNISTIK 2 EXTRA131		
UNISTIK 2 NORMAL131		

MG/5ML, 500 MG/10ML21	varenicline tartrate TABS204	VENTRIXYL TABS 182
valproic acid CAPS 21	varenicline tartrate TBPK204	VEOZAH85
valsartan SOLN35	VARIVAX SUSR209	VEPPANU TABS PO 100 MG, 200 MG 41
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