

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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	AL(At least 3 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine sulfate TABS	NP	AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 yrs old); PA
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
ARYNTA SOLN PO 10 MG/ML	NP	QL(1 ML daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
DYANAVAL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVAL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS (Use lisdexamfetamine dimesylate)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW (Use lisdexamfetamine dimesylate)	NP	QL(1 EA daily); AL(At least 6 yrs old)
XELSTRYM	NP	AL(At least 6 yrs old)
Analeptics		
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 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	<i>guanfacine hcl (adhd)</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
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	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</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	SUNOSI	NP	
<i>atomoxetine hcl PO 4 MG/ML</i>	NP	QL(2 ML daily); AL(At least 6 yrs old)	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)
			<i>dexmethylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			<i>dexmethylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
			FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NP	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NP	AL(At least 3 yrs old)
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW</i>	NP	AL(At least 3 yrs old)
<i>methylphenidate hcl CP24</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl CPCR</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl SOLN</i>	PA	AL(At least 3 yrs old); PA
<i>methylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
<i>methylphenidate hcl TB24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate PTCH</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>modafinil</i>	NP	QL(1 EA daily)
NUVIGIL (<i>Use armodafinil</i>)	NP	QL(1 EA daily)
PROVIGIL (<i>Use modafinil</i>)	PA	QL(1 EA daily); PA
QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
RELEXXII TBCR (<i>Use methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 (<i>Use methylphenidate hcl</i>)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
RITALIN TABS (<i>Use methylphenidate hcl</i>)	NP	AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR SUBL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBI NEBU (<i>Use tobramycin</i>)	NP	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
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P		Anti-TNF-alpha - Monoclonal Antibodies		
<i>tobramycin sulfate SOLR</i>	P		ABRILADA (1 PEN) AJKT	NP	SP
<i>tobramycin NEBU</i>	NP	SP	ABRILADA (2 PEN) AJKT	NP	SP
<i>tobramycin NEBU</i>	P	SP	ABRILADA (2 SYRINGE) PSKT	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
OLUMIANT	PA	QL(1 EA daily); SP; PA	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
RINVOQ LQ SOLN	PA	QL(1 ML daily); SP; PA	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
RINVOQ TB24	PA	QL(1 EA daily); SP; PA	ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	SP	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); SP	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	NP	QL(1 EA daily); SP	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP
XELJANZ XR TB24 11 MG, 22 MG (<i>Use tofacitinib citrate</i>)	NP	QL(1 EA daily); SP	ADALIMUMAB-ADAZ SOAJ	PA	SP; PA
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	PA	SP; PA	ADALIMUMAB-ADAZ SOSY	PA	SP; PA
XELJANZ TABS 5 MG, 10 MG (<i>Use tofacitinib citrate</i>)	PA	QL(2 EA daily); SP; PA	ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	SP
Antirheumatic Antimetabolites			ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	NP	SP
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	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP	HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP	HYRIMOZ SOSY	NP	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP	IDACIO-CROHNS/UC STARTER AJKT	NP	SP
AMJEVITA-PED 10KG TO <15KG SOSY	NP	QL(0.058 ML daily); SP	SIMLANDI (1 PEN) AJKT	NP	SP
AMJEVITA-PED 15KG TO <30KG SOSY	NP	QL(0.015 ML daily); SP	SIMLANDI (1 SYRINGE) PSKT	NP	SP
AMJEVITA SOAJ 40 MG/0.4ML	NP	QL(0.029 ML daily); SP	SIMLANDI (2 PEN) AJKT	NP	SP
AMJEVITA SOAJ	NP	QL(0.058 ML daily); SP	SIMLANDI (2 SYRINGE) PSKT	NP	SP
AMJEVITA SOSY	NP	QL(0.029 ML daily); SP	SIMPONI ARIA SOLN	PA	SP; PA
AMJEVITA SOSY	NP	QL(0.058 ML daily); SP	SIMPONI SOAJ	PA	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP	SIMPONI SOSY	PA	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP	YUFLYMA (1 PEN) AJKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	PA	SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP
HADLIMA SOSY	PA	SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP
HULIO (2 PEN) AJKT	NP	SP	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP	YUSIMRY	NP	SP
HUMIRA (2 PEN) AJKT	PA	QL(0.072 EA daily); SP; PA	Interleukin-1 Blockers		
HUMIRA (2 SYRINGE) PSKT	PA	QL(0.072 EA daily); SP; PA	ARCALYST	NP	SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	PA	QL(0.108 EA daily); SP; PA	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	PA	QL(0.108 EA daily); SP; PA	KINERET SOSY	PA	SP; PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	Interleukin-1beta Blockers		
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	ILARIS SOLN	NP	SP
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	PA	SP; PA
			ACTEMRA SOLN	PA	SP; PA
			ACTEMRA SOSY	PA	SP; PA
			AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	<i>ibuprofen-acetaminophen TABS</i>	P	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	<i>ibuprofen CAPS</i>	P	
KEVZARA SOAJ	NP	SP	<i>ibuprofen CHEW</i>	P	
KEVZARA SOSY	NP	SP	<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)
TOFIDENCE	NP	SP	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
TYENNE SOAJ	NP	SP	<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
TYENNE SOLN	NP	SP	<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
TYENNE SOSY	NP	SP	<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>ibuprofen TABS 800 MG</i>	P	QL(4 EA daily)
<i>ARTHROTEC TBEC (Use diclofenac w/ misoprostol)</i>	NP		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>CELEBREX 100 MG (Use celecoxib)</i>	NP	QL(4 EA daily)	<i>indomethacin CPCR</i>	NP	
<i>CELEBREX 400 MG (Use celecoxib)</i>	NP	QL(1 EA daily)	<i>indomethacin SUPP</i>	NP	
<i>CELEBREX 200 MG (Use celecoxib)</i>	NP	QL(2 EA daily)	<i>indomethacin SUSP</i>	NP	
<i>CELEBREX 50 MG (Use celecoxib)</i>	NP	QL(8 EA daily)	<i>ketoprofen CAPS 50 MG, 75 MG</i>	NP	
<i>celecoxib 200 MG</i>	P	QL(2 EA daily)	<i>ketoprofen CP24</i>	NP	
<i>celecoxib 100 MG</i>	P	QL(4 EA daily)	<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>celecoxib 50 MG</i>	P	QL(8 EA daily)	LURBIRO TABS 100 MG (Use flurbiprofen)	NP	
<i>celecoxib 400 MG</i>	P	QL(1 EA daily)	<i>meclofenamate sodium CAPS</i>	NP	
COXANTO CAPS (Use oxaprozin)	NP		<i>mefenamic acid CAPS</i>	NP	MP
<i>diclofenac potassium TABS 50 MG</i>	NP		<i>meloxicam TABS</i>	P	
<i>diclofenac sodium TB24</i>	P		<i>nabumetone</i>	P	
<i>diclofenac sodium TBEC</i>	P		NAPRELAN TB24 375 MG, 500 MG (Use naproxen sodium)	NP	
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>naproxen sodium CAPS</i>	P	
<i>etodolac CAPS</i>	NP		<i>naproxen sodium TABS 220 MG</i>	P	
<i>etodolac TABS</i>	NP		<i>naproxen sodium TABS</i>	NP	
<i>etodolac TB24</i>	NP				
<i>flurbiprofen TABS 100 MG</i>	NP				
<i>flurbiprofen TABS 50 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium TB24</i>	NP	
<i>naproxen-esomeprazole magnesium</i>	NP	
<i>naproxen SUSP</i>	NP	QL(200 ML per fill retail; 200 per fill mail)
<i>naproxen TABS</i>	P	
<i>naproxen TBEC</i>	P	
ORUDIS CAPS 75 MG	NP	
<i>oxaprozin CAPS</i>	NP	
<i>oxaprozin TABS</i>	NP	
<i>piroxicam CAPS</i>	P	
<i>sulindac TABS</i>	P	
TOLECTIN DS CAPS 400 MG (<i>Use tolmetin sodium</i>)	NP	
<i>tolmetin sodium CAPS</i>	NP	
<i>tolmetin sodium TABS</i>	NP	
VYSCOXIA PO 10 MG/ML	NP	QL(8 ML daily)
ZYBIC SUSP 7.5 MG/5ML (<i>Use meloxicam</i>)	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	QL(1 EA daily); SP
OTEZLA/OTEZLA XR INITIATION PK TBPk	NP	QL(2 EA daily); SP
OTEZLA TABS	PA	QL(2 EA daily); SP; PA
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 125 MG/ML	PA	QL(0.143 ML daily); SP; PA
ORENCIA SOSY 87.5 MG/0.7ML	PA	QL(0.1 ML daily); SP; PA
ORENCIA SOSY 50 MG/0.4ML	PA	QL(0.058 ML daily); SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	PA	QL(0.143 ML daily); PA
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)
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<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>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		<i>HYDROMORPHONE HCL SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>FEVERALL INFANTS SUPP</i>	P		<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)
<i>FEVERALL JUNIOR STRENGTH SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)
Salicylates			<i>HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG</i>	NP	QL(1 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)
<i>aspirin CHEW</i>	P		<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)
<i>ASPIRIN SUPP 300 MG</i>	P		<i>methadone hcl CONC</i>	NP	
<i>aspirin TABS 325 MG</i>	P		<i>methadone hcl SOLN PO</i>	NP	
<i>aspirin TBEC 81 MG, 325 MG</i>	P		<i>methadone hcl TABS</i>	NP	
<i>diflunisal TABS</i>	NP		<i>methadone hcl TBSO</i>	NP	
<i>DOLOBID TABS</i>	P		<i>METHADOSE SUGAR-FREE CONC (Use methadone hcl)</i>	NP	
<i>salsalate</i>	NP		<i>METHADOSE CONC (Use methadone hcl)</i>	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate beads</i>	P	QL(1 EA daily)
Opioid Agonists			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>CODEINE SULFATE TABS</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>CONZIP CP24 (Use tramadol hcl)</i>	NP	AL(At least 18 yrs old)			
<i>DISKETTS TBSO 40 MG (Use methadone hcl)</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(6 EA daily); AL(At least 12 yrs old)
<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>morphine sulfate TABS 30 MG</i>	P		<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	QL(135 ML daily)
MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use morphine sulfate)	NP	QL(3 EA daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ML daily)
<i>oxycodone hcl CAPS</i>	P	QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	P	QL(8 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ML daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	P	QL(6 EA daily)
<i>oxycodone hcl SOLN</i>	P		<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	P	QL(12 EA daily)
<i>oxycodone hcl TABS</i>	P	QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(6 EA daily)
OXYCONTIN T12A	P	QL(3 EA daily)	PROLATE SOLN	PA	QL(20 ML daily); PA
<i>oxymorphone hcl TB12</i>	NP	QL(2 EA daily)	PROLATE TABS	PA	QL(13 EA daily); PA
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP		<i>tramadol-acetaminophen</i>	P	QL(12 EA daily); AL(At least 18 yrs old)
TAPENTADOL HCL SOLN PO 20 MG/ML	NP		Opioid Partial Agonists		
<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP		BELBUCA FILM	NP	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 18 yrs old)	BRIXADI (WEEKLY) SOSY	P	SP
<i>tramadol hcl SOLN</i>	NP	AL(At least 18 yrs old)			
TRAMADOL HCL SOLN (Use tramadol hcl)	NP	AL(At least 18 yrs old)			
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	AL(At least 18 yrs old)			
<i>tramadol hcl TABS 50 MG</i>	P	AL(At least 18 yrs old)			
<i>tramadol hcl TB24</i>	NP	AL(At least 18 yrs old)			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	NATESTO GEL NA	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>	NP	QL(3 EA daily)	TESTIM GEL TD (<i>Use testosterone</i>)	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>	NP	QL(2 EA daily)	<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.1429 ML daily)
<i>buprenorphine hcl SUBL</i>	P	QL(3 EA daily)	TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	P	QL(0.1429 ML daily)
<i>buprenorphine PTWK</i>	NP		<i>testosterone enanthate SOLN IM</i>	P	QL(0.1429 ML daily)
BUTRANS PTWK (<i>Use buprenorphine</i>)	P		<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
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 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	
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(2 EA daily)	TLANDO CAPS	PA	PA
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)	VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)	VOGELXO GEL TD (<i>Use testosterone</i>)	NP	
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)	XYOSTED SOAJ	PA	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Androgens			Intrarectal Steroids		
ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	NP		<i>budesonide (intrarectal)</i>	NP	
JATENZO CAPS	PA	PA	<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail; 420 per fill mail)
<i>methyltestosterone TABS</i>	P		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	
			SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>hydrocortisone (rectal) EX</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>	P	
<i>alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-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		

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide TABS 400 MG</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)
<i>nitroglycerin OINT</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITRO-TIME CPR 2.5 MG, 6.5 MG, 9 MG	P	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily)
<i>buspirone hcl 15 MG</i>	P	QL(4 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily)
<i>droperidol SOLN 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(4 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam CONC</i>	P	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
<i>diazepam TABS</i>	P	AL(At least 18 yrs old)
<i>lorazepam CONC</i>	P	
<i>lorazepam SOLN</i>	P	
LORAZEPAM SOLN 2 MG/ML	P	
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)
<i>oxazepam CAPS 10 MG, 30 MG</i>	P	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		

Drug Name	Drug Tier	Requirements/ Limits
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
OMLYCLO SOSY SC 75 MG/0.5ML, 150 MG/ML, 300 MG/2ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old)
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	PA	QL(0.215 ML daily); AL(At least 6 yrs old); SP; PA
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	PA	QL(0.215 ML daily); SP; PA
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

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	P	
<i>montelukast sodium TABS</i>	P	
SINGULAIR CHEW 5 MG (<i>Use montelukast sodium</i>)	NP	
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	
<i>zafirlukast</i>	P	
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4)		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old); SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 EA daily)
<i>roflumilast</i>	PA	QL(1 EA daily); PA
Steroid Inhalants		
ALVESCO	NP	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	P	MP
ASMANEX (120 METERED DOSES) AEPB	P	MP
ASMANEX (14 METERED DOSES) AEPB	P	MP
ASMANEX (30 METERED DOSES) AEPB	P	MP
ASMANEX (60 METERED DOSES) AEPB	P	MP
ASMANEX HFA AERO	P	MP
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP	MP
<i>budesonide (inhalation) SUSP</i>	P	AL(At least 1 yrs old - Up to 8 yrs old); MP
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	MP
<i>fluticasone propionate (inhalation) AEPB</i>	P	QL(2 EA daily); MP
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 GM daily); MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(0.36 GM daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	P	MP	COMBIVENT RESPIMAT AERS	P	
PULMICORT FLEXHALER AEPB	P	MP	DUAKLIR PRESSAIR	NP	MP
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	AL (At least 1 yrs old - Up to 8 yrs old); MP	DULERA	P	MP
QVAR REDHALER	NP	MP	<i>fluticasone furoate-vilanterol</i>	NP	MP
Sympathomimetics			<i>fluticasone-salmeterol AEPB</i>	NP	MP
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P	MP	<i>fluticasone-salmeterol AERO</i>	NP	MP
ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	P	MP	<i>formoterol fumarate NEBU</i>	NP	MP
AIRSUPRA	NP	QL (1.07 GM daily)	<i>ipratropium-albuterol SOLN</i>	P	QL (12 ML daily)
<i>albuterol sulfate AERS</i>	P	QL (0.567 GM daily)	<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP	QL (3 EA daily)
<i>albuterol sulfate AERS</i>	NP	QL (1.2 GM daily)	<i>levalbuterol hcl</i>	PA	QL (9.6 ML daily); PA
<i>albuterol sulfate AERS</i>	P	QL (0.447 GM daily)	<i>levalbuterol tartrate</i>	PA	QL (1 GM daily); PA
<i>albuterol sulfate NEBU 2.5 MG/0.5ML</i>	P	QL (2 EA daily)	PERFOROMIST NEBU (<i>Use formoterol fumarate</i>)	NP	MP
<i>albuterol sulfate NEBU</i>	P	QL (12 ML daily)	PROAIR RESPICLIK AEPB	NP	QL (0.067 EA daily)
<i>albuterol sulfate SYRP</i>	P		SEREVENT DISKUS	P	QL (2 EA daily); MP
<i>albuterol sulfate TABS</i>	P		STIOLTO RESPIMAT	P	MP
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>Use umecclidinium-vilanterol</i>)	P	MP	STRIVERDI RESPIMAT	P	MP
<i>arformoterol tartrate</i>	NP	MP	SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	P	MP
BEVESPI AEROSPHERE	NP	MP	<i>terbutaline sulfate TABS</i>	P	
BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	P	MP	TRELEGY ELLIPTA	NP	MP
BREO ELLIPTA	P	MP	<i>umecclidinium-vilanterol</i>	NP	MP
BREZTRI AEROSPHERE	NP	MP	VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NP	QL (0.534 GM daily)
BROVANA (<i>Use arformoterol tartrate</i>)	NP	MP	VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NP	QL (1.2 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	MP	XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	NP	QL (1 GM daily)
			Xanthines		
			THEO-24 CP24	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline ELIX</i>	P		<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>theophylline SOLN</i>	P	QL(475 ML per fill retail; 475 per fill mail)	<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(18 ML per fill retail; 18 per fill mail); SP
<i>theophylline TB12</i>	P		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(36 ML per fill retail; 36 per fill mail); SP
<i>theophylline TB24</i>	P		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(24 ML per fill retail; 24 per fill mail); SP
ANTICOAGULANTS - Blood Thinners			<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(60 ML per fill retail; 60 per fill mail); SP
Coumarin Anticoagulants			<i>fondaparinux sodium</i>	P	SP
<i>warfarin sodium TABS</i>	P		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
Direct Factor Xa Inhibitors			FRAGMIN SOSY	P	SP
ELIQUIS (1.5 MG PACK) TBSO PO	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 (2 MG PACK) TBSO PO	NP		LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP
ELIQUIS DVT/PE STARTER PACK TBPB	P		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(48 ML per fill retail; 48 per fill mail); SP
ELIQUIS CPSP PO 0.15 MG	NP		LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(60 ML per fill retail; 60 per fill mail); SP
ELIQUIS TABS	P		LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(24 ML per fill retail; 24 per fill mail); SP
ELIQUIS TBSO PO 0.5 MG	NP		LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	QL(36 ML per fill retail; 36 per fill mail); SP
<i>rivaroxaban SUSR 1 MG/ML</i>	NP		LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(18 ML per fill retail; 18 per fill mail); SP
<i>rivaroxaban TABS 2.5 MG</i>	NP		Thrombin Inhibitors		
SAVAYSA	NP	AL(At least 18 yrs old)			
XARELTO STARTER PACK TBPB	P				
XARELTO SUSR 1 MG/ML (<i>Use rivaroxaban</i>)	NP				
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>Use rivaroxaban</i>)	P				
XARELTO TABS	P				
Heparins And Heparinoid-Like Agents					
ARIXTRA (<i>Use fondaparinux sodium</i>)	NP	SP			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FINTEPLA	NP	SP	LYRICA CAPS (<i>Use pregabalin</i>)	P	
<i>gabapentin CAPS</i>	P		LYRICA SOLN (<i>Use pregabalin</i>)	P	
<i>gabapentin SOLN</i>	P		MOTPOLY XR CP24	NP	
<i>gabapentin TABS 600 MG, 800 MG</i>	P		NEURONTIN CAPS (<i>Use gabapentin</i>)	P	
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP		NEURONTIN SOLN (<i>Use gabapentin</i>)	P	
KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	NP		NEURONTIN TABS (<i>Use gabapentin</i>)	P	
KEPPRA TABS (<i>Use levetiracetam</i>)	NP		<i>oxcarbazepine SUSP</i>	P	
<i>lacosamide SOLN IV 200 MG/20ML</i>	P		<i>oxcarbazepine TABS</i>	P	
<i>lacosamide TABS</i>	P		<i>oxcarbazepine TB24</i>	NP	
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP		OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	NP	
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP		<i>pregabalin CAPS</i>	NP	
LAMICTAL STARTER KIT 25 MG (<i>Use lamotrigine</i>)	NP		<i>pregabalin SOLN</i>	NP	
LAMICTAL XR KIT	NP		<i>primidone</i>	P	
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP		<i>rufinamide SUSP</i>	P	SP
LAMICTAL CHEW (<i>Use lamotrigine</i>)	NP		<i>rufinamide TABS</i>	P	SP
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP		SPRITAM TB3D	NP	
<i>lamotrigine CHEW</i>	P		SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (<i>Use levetiracetam</i>)	NP	
<i>lamotrigine KIT 25 MG</i>	P		SUBVENITE SUSP PO 10 MG/ML	NP	
<i>lamotrigine TABS</i>	P		TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
<i>lamotrigine TB24</i>	P		TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
<i>lamotrigine TBDP</i>	P		TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	NP	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(300 EA per fill retail; 300 per fill mail)
<i>levetiracetam TABS</i>	P		TOPAMAX TABS 25 MG, 50 MG, 200 MG (<i>Use topiramate</i>)	NP	
<i>levetiracetam TB24</i>	P				
<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate CP24</i>	NP		SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP
<i>topiramate CPSP 15 MG, 25 MG</i>	P		SABRIL TABS (<i>Use vigabatrin</i>)	NP	SP
<i>topiramate CPSP 50 MG</i>	NP		<i>tiagabine hcl</i>	NP	
<i>topiramate CS24</i>	NP		<i>vigabatrin PACK</i>	NP	SP
<i>topiramate SOLN 25 MG/ML</i>	NP		<i>vigabatrin TABS</i>	NP	SP
<i>topiramate TABS 25 MG, 50 MG, 200 MG</i>	P		VIGAFYDE SOLN	NP	SP
<i>topiramate TABS 100 MG</i>	P	QL(300 EA per fill retail; 300 per fill mail)	Hydantoins		
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP		CEREBYX 100 MG PE/2ML (<i>Use fosphenytoin sodium</i>)	P	
TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP		CEREBYX 500 MG PE/10ML (<i>Use fosphenytoin sodium</i>)	P	QL(100 ML per fill retail; 100 per fill mail)
TROKENDI XR CP24 (<i>Use topiramate</i>)	NP		DILANTIN (<i>Use phenytoin sodium extended</i>)	P	
VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	NP		DILANTIN	P	
VIMPAT TABS (<i>Use lacosamide</i>)	NP		DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	P	
ZONISADE SUSP	NP		DILANTIN-125 SUSP (<i>Use phenytoin</i>)	P	
<i>zonisamide CAPS</i>	P		<i>fosphenytoin sodium 500 MG PE/10ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
ZTALMY	PA	QL(36 ML daily); AL(At least 2 yrs old); PA	<i>fosphenytoin sodium 100 MG PE/2ML</i>	P	
Carbamates			<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	
<i>felbamate SUSP</i>	NP		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	
<i>felbamate TABS</i>	NP		<i>phenytoin sodium SOLN</i>	P	
FELBATOL TABS (<i>Use felbamate</i>)	P		<i>phenytoin CHEW</i>	P	
XCOPRI (250 MG DAILY DOSE) TBPk	NP		<i>phenytoin SUSP 125 MG/5ML</i>	P	
XCOPRI (350 MG DAILY DOSE) TBPk	NP		Succinimides		
XCOPRI TABS	NP		CELONTIN (<i>Use methsuximide</i>)	P	
XCOPRI TBPk	NP				
GABA Modulators					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ethosuximide CAPS</i>	P		<i>bupropion hcl TB12</i>	P	AL(At least 18 yrs old)
<i>ethosuximide SOLN</i>	P		<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	AL(At least 18 yrs old)
<i>methsuximide</i>	NP		<i>bupropion hcl TB24 300 MG, 450 MG</i>	NP	AL(At least 18 yrs old)
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP		WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NP	AL(At least 18 yrs old)
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP		GABA Receptor Modulator - Neuroactive Steroid		
Valproic Acid			ZURZUVAE	P	AL(At least 18 yrs old); SP
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP		Monoamine Oxidase Inhibitors (MAOIs)		
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP		EMSAM	P	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP		MARPLAN	P	
<i>divalproex sodium CSDR</i>	P		<i>phenelzine sulfate</i>	P	
<i>divalproex sodium TB24</i>	P		<i>tranylcypromine sulfate</i>	P	
<i>divalproex sodium TBEC</i>	P		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P		SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA
<i>valproic acid CAPS</i>	P		SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA
ANTIDEPRESSANTS - Drugs to Treat Depression			Selective Serotonin Reuptake Inhibitors (SSRIs)		
Alpha-2 Receptor Antagonists (Tetracyclics)			CELEXA TABS (<i>Use citalopram hydrobromide</i>)	NP	AL(At least 18 yrs old)
<i>mirtazapine TABS</i>	P	AL(At least 18 yrs old)	<i>citalopram hydrobromide CAPS 30 MG</i>	P	AL(At least 18 yrs old)
<i>mirtazapine TBDP</i>	P	AL(At least 18 yrs old)	CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>Use citalopram hydrobromide</i>)	P	AL(At least 18 yrs old)
REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NP	AL(At least 18 yrs old)	<i>citalopram hydrobromide SOLN</i>	P	AL(At least 18 yrs old)
REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	NP	AL(At least 18 yrs old)	<i>citalopram hydrobromide TABS</i>	P	AL(At least 18 yrs old)
Antidepressant Combinations			ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)
AUVELITY	NP	AL(At least 18 yrs old)			
AUVELITY TITRATION PACK PO	NP	AL(At least 18 yrs old)			
Antidepressants - Misc.					
<i>bupropion hcl TABS</i>	P	AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate SOLN</i>	P	AL(At least 18 yrs old)	EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
<i>escitalopram oxalate TABS</i>	P	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)
<i>fluoxetine hcl CAPS</i>	P	AL(At least 18 yrs old)	<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl CPDR</i>	P	AL(At least 18 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl SOLN</i>	P	AL(At least 18 yrs old)	<i>trazodone hcl TABS</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl TABS</i>	P	AL(At least 18 yrs old)	TRINTELLIX	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate CP24</i>	NP	AL(At least 18 yrs old)	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate TABS</i>	P	AL(At least 18 yrs old)	<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)
LEXAPRO TABS (<i>Use escitalopram oxalate</i>)	NP	AL(At least 18 yrs old)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl SUSP</i>	P	AL(At least 18 yrs old)	CYMBALTA CPEP 20 MG (<i>Use duloxetine hcl</i>)	NP	AL(At least 18 yrs old)
<i>paroxetine hcl TABS</i>	P	AL(At least 18 yrs old)	DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)
<i>paroxetine hcl TB24</i>	NP	AL(At least 18 yrs old)	<i>desvenlafaxine succinate</i>	P	AL(At least 18 yrs old)
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP	AL(At least 18 yrs old)	DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)
PAXIL TABS (<i>Use paroxetine hcl</i>)	NP	AL(At least 18 yrs old)	<i>duloxetine hcl CPEP</i>	P	AL(At least 18 yrs old)
PROZAC CAPS (<i>Use fluoxetine hcl</i>)	NP	AL(At least 18 yrs old)	DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP	AL(At least 18 yrs old)
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	P	AL(At least 18 yrs old)	EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NP	AL(At least 18 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>Use sertraline hcl</i>)	P	AL(At least 18 yrs old)	FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
<i>sertraline hcl CONC</i>	P	AL(At least 18 yrs old)	FETZIMA CP24	NP	AL(At least 18 yrs old)
<i>sertraline hcl TABS</i>	P	AL(At least 18 yrs old)	PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NP	AL(At least 18 yrs old)
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	AL(At least 18 yrs old)	VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
ZOLOFT TABS (<i>Use sertraline hcl</i>)	NP	AL(At least 18 yrs old)	<i>venlafaxine hcl CP24</i>	P	AL(At least 18 yrs old)
Serotonin Modulators					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl TABS</i>	P	AL(At least 18 yrs old)	<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	MP
<i>venlafaxine hcl TB24</i>	P	AL(At least 18 yrs old)	<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	MP
Tricyclic Agents			<i>dapagliflozin-saxagliptin</i>	NP	MP
<i>amitriptyline hcl TABS</i>	P		DUETACT (Use <i>pioglitazone hcl-glimepiride</i>)	NP	MP
<i>amoxapine</i>	P		<i>glipizide-metformin hcl</i>	NP	MP
<i>clomipramine hcl</i>	P		<i>glyburide-metformin</i>	NP	MP
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily)	GLYXAMBI	P	MP
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P		INVOKAMET XR TB24	NP	MP
<i>doxepin hcl CAPS</i>	P		INVOKAMET TABS	NP	MP
<i>doxepin hcl CONC</i>	P		JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (Use <i>sitagliptin phosphate-metformin hcl</i>)	NP	MP
<i>imipramine hcl TABS</i>	P		JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use <i>sitagliptin phosphate-metformin hcl</i>)	NP	MP
<i>imipramine pamoate</i>	P		JENTADUETO XR TB24	P	MP
<i>nortriptyline hcl CAPS</i>	P		JENTADUETO TABS	P	MP
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)	<i>pioglitazone hcl-glimepiride</i>	NP	MP
<i>protriptyline hcl</i>	P		<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP
<i>trimipramine maleate CAPS</i>	P		<i>saxagliptin-metformin hcl</i>	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			SEGLUROMET	NP	MP
Alpha-Glucosidase Inhibitors			<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	MP
<i>acarbose</i>	P	MP	<i>sitagliptin free base-metformin hcl TB24</i>	NP	MP
<i>miglitol</i>	P	MP	<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	MP
Antidiabetic - Amylin Analogs					
SYMLINPEN 120 SOPN	PA	MP; PA			
SYMLINPEN 60 SOPN	PA	MP; PA			
Antidiabetic Combinations					
ACTOPLUS MET TABS 850 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i>)	NP	MP			
<i>alogliptin-metformin hcl</i>	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sitagliptin phosphate-metformin hcl TB24</i>	NP	MP	BAQSIMI ONE PACK POWD	P	
SOLIQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP	BAQSIMI TWO PACK POWD	P	
STEGLUJAN	NP	MP	<i>dextrose (diabetic use) CHEW 4 GM</i>	P	QL(1.67 EA daily)
SYNJARDY XR TB24	P	MP	<i>dextrose (diabetic use) GEL</i>	P	
SYNJARDY TABS	P	MP	<i>diazoxide</i>	P	
TRIJARDY XR	NP	MP	GLUCAGON EMERGENCY	P	
XIGDUO XR TB24 PO	P	MP	<i>glucagon SOLR IJ 1 MG</i>	P	
XIGDUO XR TB24 PO (Use <i>dapagliflozin free base-metformin hcl</i>)	P	MP	GVOKE HYPOPEN 1-PACK SOAJ	P	
XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP	GVOKE HYPOPEN 2-PACK SOAJ	P	
ZITUVIMET XR TB24	P	MP	GVOKE KIT SOLN	P	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use <i>sitagliptin free base-metformin hcl</i>)	P	MP	GVOKE PFS SOSY 1 MG/0.2ML	P	
Antidiabetic-Antibodies			TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)
TZIELD	PA	QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); SP; PA	TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)
Biguanides			ZEGALOGUE SOAJ	P	
<i>metformin hcl SOLN</i>	PA	MP; PA	ZEGALOGUE SOSY	P	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP	<i>alogliptin benzoate</i>	NP	MP
<i>metformin hcl TB24</i>	P	MP	BRYNOVIN SOLN PO 25 MG/ML	NP	
RIOMET SOLN (Use <i>metformin hcl</i>)	NP	MP	JANUVIA 25 MG, 50 MG, 100 MG (Use <i>sitagliptin phosphate</i>)	NP	MP
Diabetic Other			<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 (Use <i>sitagliptin</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	PA	QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP; PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	PA	QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP; PA
exenatide SOPN 10 MCG/0.04ML	NP	QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP
exenatide SOPN 5 MCG/0.02ML	NP	QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP
liraglutide	NP	QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
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
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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA	HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	MP
			HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
			HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
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 75/25 SUSP	P	MP
			HUMALOG TEMPO PEN SOPN	NP	MP
			HUMALOG SOCT	P	MP
			HUMALOG SOLN IJ	P	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	HUMULIN 70/30 KWIKPEN SUPN	P	MP
			HUMULIN 70/30 SUSP	P	MP
			HUMULIN N KWIKPEN SUPN	P	MP
			HUMULIN N SUSP	P	MP
			HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
Insulin			HUMULIN R SOLN IJ	P	MP
ADMELOG SOLOSTAR SOPN	NP	MP	INSULIN ASPART FLEXPEN SOPN	P	MP
ADMELOG SOLN IJ	NP	MP	INSULIN ASPART SOLN IJ	P	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
APIDRA SOLOSTAR SOPN	NP	MP	INSULIN DEGLUDEC SOLN	NP	MP
APIDRA SOLN	NP	MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP	MP	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP	INSULIN GLARGINE-YFGN SOLN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP	INSULIN GLARGINE-YFGN SOPN	P	MP
FIASP PENFILL SOCT	NP	MP	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP
FIASP PUMPCART SOCT	NP		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
FIASP SOLN	NP	MP			
HUMALOG JUNIOR KWIKPEN SOPN	P	MP			
HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROT & LISPRO SUPN	P	MP	NOVOLIN R RELION SOLN IJ	P	MP
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
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP	REZVOGLAR KWIKPEN	NP	
MERILOG 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 (Use pioglitazone hcl)	NP	MP
NOVOLIN N RELION SUSP	P	MP	pioglitazone hcl	P	MP
NOVOLIN N SUSP	P	MP	Meglitinide Analogues		
NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP	nateglinide	NP	MP
NOVOLIN R FLEXPEN SOPN IJ	P	MP	repaglinide	P	MP
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		

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

Drug Name	Drug Tier	Requirements/ Limits
CHEMET	P	
<i>deferasirox TABS</i>	P	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naltrexone hcl</i>	P	
OPVEE NA	NP	
REXTOVY LIQD	NP	
REZENOPY LIQD 10 MG/0.11ML	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 TABS</i>	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 SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl SOSY</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
<i>ondansetron hcl TABS 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
Antiemetics - Anticholinergic		
<i>dimenhydrinate TABS</i>	P	
<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	P	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	P	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	PA	PA
DRONABINOL SOLN 5 MG/ML	PA	PA
MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>aprepitant CAPS 125 MG</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>aprepitant CAPS 40 MG, 80 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>aprepitant CPPK PO</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
EMEND BIPACK CAPS 80 MG (<i>Use aprepitant</i>)	NP	QL(2 EA per fill retail; 2 per fill mail)
EMEND TRIPACK CPPK PO (<i>Use aprepitant</i>)	NP	QL(3 EA per fill retail; 3 per fill mail)
EMEND SOLR (<i>Use fosaprepitant dimeglumine</i>)	NP	QL(1 EA per fill retail; 1 per fill mail)
EMEND SUSR	NP	QL(1 EA per fill retail; 1 per fill mail)
FOCINVEZ SOLN	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>fosaprepitant dimeglumine SOLR</i>	P	QL(1 EA per fill retail; 1 per fill mail)
NAVITRUX SOLR 150 MG	NP	QL(1 EA per fill retail; 1 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
Imidazole-Related Antifungals		
<i>fluconazole SUSP</i>	P	QL(70 ML per fill retail; 70 per fill mail)
<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)
Antihistamines - Ethanolamines		
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<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)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>cetirizine hcl CHEW 10 MG</i>	P	
<i>cetirizine hcl SOLN PO</i>	P	RX/OTC
<i>cetirizine hcl TABS</i>	P	
CLARINEX TABS (<i>Use desloratadine</i>)	NP	
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	
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>cycloheptadine hcl SYRP</i>	P	
<i>cycloheptadine hcl TABS</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXLETOL	NP		<i>colestipol hcl TABS</i>	P	
Angiopoietin-like Protein Inhibitors			QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP	
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	QUESTRAN PACK (<i>Use cholestyramine</i>)	NP	
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA	QUESTRAN POWD (<i>Use cholestyramine</i>)	NP	
Antihyperlipidemics - Combinations			WELCHOL PACK (<i>Use colesevelam hcl</i>)	NP	
<i>ezetimibe-simvastatin</i>	P	MP	WELCHOL TABS (<i>Use colesevelam hcl</i>)	NP	
NEXLIZET	NP		Fibric Acid Derivatives		
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NP	MP	<i>choline fenofibrate</i>	P	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	P	
<i>icosapent ethyl</i>	NP		<i>fenofibrate CAPS</i>	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
Bile Acid Sequestrants			<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light PACK</i>	P		<i>fenofibric acid</i>	NP	
<i>cholestyramine light PACK</i>	NP		FIBRICOR 105 MG (<i>Use fenofibric acid</i>)	NP	
<i>cholestyramine light POWD</i>	NP		<i>gemfibrozil TABS</i>	P	
<i>cholestyramine light POWD</i>	P		LIPOFEN CAPS (<i>Use fenofibrate</i>)	P	
<i>cholestyramine PACK</i>	P		LOPID TABS (<i>Use gemfibrozil</i>)	NP	
<i>cholestyramine POWD</i>	P		HMG CoA Reductase Inhibitors		
<i>colesevelam hcl PACK</i>	P		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
<i>colesevelam hcl TABS</i>	P		ATORVALIQ SUSP	NP	MP
COLESTID GRAN (<i>Use colestipol hcl</i>)	NP		<i>atorvastatin calcium TABS</i>	P	MP
COLESTID TABS (<i>Use colestipol hcl</i>)	NP		CRESTOR TABS 20 MG, 40 MG (<i>Use rosuvastatin calcium</i>)	NP	QL(1 EA daily); MP
<i>colestipol hcl GRAN</i>	P		CRESTOR TABS 10 MG (<i>Use rosuvastatin calcium</i>)	NP	QL(2 EA daily); MP
<i>colestipol hcl PACK</i>	P				

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

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
LEQVIO	NP	SP
LIPFENDRA TABS PO 20 MG	NP	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail)
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use <i>quinapril hcl</i>)	NP	MP
ALTACE CAPS 1.25 MG, 5 MG (Use <i>ramipril</i>)	NP	MP
<i>benazepril hcl</i>	P	MP
<i>captopril</i>	P	MP
<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP
<i>enalapril maleate TABS</i>	P	MP
EPANED SOLN (Use <i>enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP
<i>fosinopril sodium</i>	NP	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i>)	NP	MP
<i>moexipril hcl</i>	NP	MP
<i>perindopril erbumine</i>	NP	MP
QBRELIS SOLN	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl</i>	NP	MP	TEZRULY PO 1 MG/ML	NP	MP
<i>ramipril CAPS</i>	P	MP	Antihypertensive Combinations		
<i>trandolapril</i>	NP	MP	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	MP
ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP	<i>amlodipine besylate-benazepril hcl</i>	P	MP
Angiotensin II Receptor Antagonists			<i>amlodipine besylate-olmesartan medoxomil</i>	P	MP
ARB LI PO 10 MG/ML	NP	MP	<i>amlodipine besylate-valsartan</i>	P	MP
ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP	<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	MP
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	MP	ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP
<i>azilsartan medoxomil</i> 40 MG, 80 MG	NP	MP	<i>atenolol & chlorthalidone</i>	P	MP
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	MP	AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	MP
<i>candesartan cilexetil</i>	NP	MP	AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	MP
COZAAR (<i>Use losartan potassium</i>)	NP	MP	<i>benazepril & hydrochlorothiazide</i>	P	MP
DIOVAN TABS (<i>Use valsartan</i>)	NP	MP	BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP
EDARBI 40 MG, 80 MG (<i>Use azilsartan medoxomil</i>)	NP	MP	<i>bisoprolol & hydrochlorothiazide</i>	P	MP
<i>irbesartan</i>	NP	MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP
<i>losartan potassium</i>	P	MP	<i>captopril & hydrochlorothiazide</i>	P	MP
<i>olmesartan medoxomil</i>	P	MP	DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	NP	MP
<i>telmisartan</i>	NP	MP	EDARBYCLOR	NP	MP
<i>valsartan SOLN</i>	P	MP	<i>enalapril maleate & hydrochlorothiazide</i>	P	MP
<i>valsartan TABS</i>	P	MP			
Antiadrenergic Antihypertensives					
CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP			
<i>clonidine hcl</i> TABS	P				
<i>clonidine PTWK</i>	P				
<i>doxazosin mesylate</i>	P				
<i>guanfacine hcl</i>	P				
<i>methyldopa</i> TABS	P				
<i>prazosin hcl</i> CAPS	NP	MP			
<i>terazosin hcl</i>	P	MP			

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE (Use amlodipine besylate-valsartan)	NP	MP
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	MP
fosinopril sodium & hydrochlorothiazide	NP	MP
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	MP
irbesartan-hydrochlorothiazide	NP	MP
lisinopril & hydrochlorothiazide	P	MP
losartan potassium & hydrochlorothiazide	P	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NP	MP
LOTREL 10 MG-5 MG (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
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
trandolapril-verapamil hcl	NP	MP
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	MP
valsartan-hydrochlorothiazide	P	MP
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NP	MP
Direct Renin Inhibitors		
aliskiren fumarate	P	
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		
methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG	P	
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
URETRON D/S TABS 81.6 MG	P	
Glycopeptides		
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail; 14 per fill mail)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail)
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(100 ML per fill retail; 100 per fill mail)
Monobactams		
CAYSTON	PA	AL(At least 7 yrs old); SP; PA
Oxazolidinones		
<i>linezolid SOLN</i>	PA	PA
<i>linezolid SUSR</i>	PA	PA
<i>linezolid TABS</i>	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SUSR (<i>Use linezolid</i>)	PA	PA
ZYVOX TABS (<i>Use linezolid</i>)	PA	PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin 25 MG/5ML</i>	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 EA daily)
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
<i>mefloquine hcl</i>	P	
<i>primaquine phosphate TABS</i>	P	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<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 10 MG, 100 MG (<i>Use lomustine</i>)	PA	PA
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
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	PA	SP; PA
INLYTA	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
IRESSA (<i>Use gefitinib</i>)	PA	SP; PA
LAZCLUZE	PA	SP; PA
TAGRISSE	PA	SP; PA
VIZIMPRO	PA	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	SP; PA
ERIVEDGE	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ODOMZO	PA	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
Antineoplastic - Hormonal and Related Agents			EMCYT	P	SP
<i>abiraterone acetate</i>	PA	SP; PA	ERLEADA	PA	SP; PA
AKEEGA	PA	SP; PA	EULEXIN	P	
<i>anastrozole</i>	PA	PA	<i>exemestane</i>	PA	PA
ARIMIDEX (<i>Use anastrozole</i>)	PA	PA	FARESTON (<i>Use toremifene citrate</i>)	PA	MP; PA
AROMASIN (<i>Use exemestane</i>)	PA	PA	FEMARA (<i>Use letrozole</i>)	PA	PA
<i>bicalutamide</i>	PA	PA	INLURIYO TABS PO 200 MG	PA	SP; PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	<i>letrozole</i>	PA	PA
CASODEX (<i>Use bicalutamide</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
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	<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
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	LIFYORLI (125 MG DOSE) CPPK PO	PA	SP; PA
ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA	LIFYORLI (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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	VEPPANU TABS PO 100 MG, 200 MG	PA	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	XTANDI CAPS	PA	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	XTANDI TABS	PA	SP; PA
LUTRATE DEPOT INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	YONSA	PA	SP; PA
LYSODREN	PA	SP; PA	ZOLADEX	P	SP; PA
<i>megestrol acetate SUSP</i>	P		ZYTIGA (<i>Use abiraterone acetate</i>)	PA	SP; PA
<i>megestrol acetate TABS</i>	PA	PA	Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
<i>nilutamide</i>	PA	PA	WELIREG	PA	SP; PA
NUBEQA	PA	SP; PA	Antineoplastic - Immunomodulators		
ORGOVYX	PA	SP; PA	<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	PA	PA
ORSERDU	PA	SP; PA	POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	PA	SP; PA
SOLTAMOX SOLN	PA	MP; PA	ZENBEXUS CAPS PO 0.75 MG, 1 MG	PA	PA
<i>tamoxifen citrate TABS</i>	PA	MP; PA	Antineoplastic - Menin Inhibitors		
<i>toremifene citrate</i>	PA	MP; PA	KOMZIFTI CAPS PO 200 MG	PA	SP; PA
TRELSTAR MIXJECT 3.75 MG	PA	SP; PA	REVUFORJ	PA	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA	REVUFORJ 25 MG	PA	PA
			Antineoplastic - PDGFR-alpha Inhibitors		
			AYVAKIT	PA	SP; PA
			Antineoplastic - Protease Activators		
			MODEYSO CAPS PO 125 MG	PA	SP; PA
			Antineoplastic - XPO1 Inhibitors		
			XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA
			XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA
			XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	PA	SP; PA
XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	PA	SP; PA
XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA	COPIKTRA	PA	SP; PA
XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA	COTELLIC	PA	SP; PA
Antineoplastic Combinations			DANZITEN	PA	SP; PA
AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA	<i>dasatinib</i>	PA	SP; PA
INQOVI	PA	SP; PA	ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA
LONSURF	PA	SP; PA	<i>everolimus TABS</i>	PA	SP; PA
Antineoplastic Enzyme Inhibitors			<i>everolimus TBSO</i>	PA	SP; PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	PA	SP; PA	FOTIVDA	PA	SP; PA
AFINITOR TABS (<i>Use everolimus</i>)	PA	SP; PA	GAVRETO	PA	SP; PA
ALECENSA	PA	SP; PA	GAVRETO	PA	SP; PA
ALUNBRIG TABS	PA	SP; PA	GLEEVEC TABS (<i>Use imatinib mesylate</i>)	PA	SP; PA
ALUNBRIG TBPk	PA	SP; PA	GOMEKLI CAPS PO 1 MG, 2 MG	PA	SP; PA
AUGTYRO	PA	SP; PA	GOMEKLI TBSO PO 1 MG	PA	SP; PA
BALVERSA	PA	SP; PA	HYRNUO TABS PO 10 MG	PA	SP; PA
BOSULIF CAPS	PA	SP; PA	IBRANCE CAPS 100 MG, 125 MG	PA	SP; PA
BOSULIF TABS 100 MG, 400 MG, 500 MG (<i>Use bosutinib</i>)	PA	SP; PA	IBRANCE TABS	PA	SP; PA
<i>bosutinib TABS 100 MG, 400 MG, 500 MG</i>	PA	SP; PA	IBTROZI CAPS PO 200 MG	PA	SP; PA
BRAFTOVI 75 MG	PA	SP; PA	ICLUSIG	PA	SP; PA
BRUKINSA PO 160 MG	PA	SP; PA	IDHIFA	PA	SP; PA
BRUKINSA	PA	SP; PA	<i>imatinib mesylate TABS</i>	PA	SP; PA
CABOMETYX TABS	PA	SP; PA	IMBRUVICA CAPS	PA	SP; PA
CALQUENCE	PA	SP; PA	IMBRUVICA SUSP	PA	SP; PA
CAPRELSA	PA	SP; PA	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	SP; PA
CAVHANZA TBDP PO 60 MG, 80 MG	PA	SP; PA	IMKELDI SOLN	PA	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	SP; PA	INREBIC	PA	SP; PA
			ITOVEBI	PA	SP; PA
			JAKAFI	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	PA	SP; PA	OJEMDA SUSR	PA	SP; PA
JAYPIRCA	PA	SP; PA	OJEMDA TABS	PA	SP; PA
JIDEYTRO TABS PO 25 MG, 100 MG	PA	SP; PA	OJJAARA	PA	SP; PA
KISQALI (200 MG DOSE)	PA	SP; PA	<i>pazopanib hcl</i>	PA	SP; PA
KISQALI (400 MG DOSE)	PA	SP; PA	PEMAZYRE	PA	SP; PA
KISQALI (600 MG DOSE)	PA	SP; PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	SP; PA
KOSELUGO	PA	SP; PA	PIQRAY (200 MG DAILY DOSE)	PA	SP; PA
KOSELUGO PO 5 MG, 7.5 MG	PA	SP; PA	PIQRAY (250 MG DAILY DOSE)	PA	SP; PA
KRAZATI	PA	SP; PA	PIQRAY (300 MG DAILY DOSE)	PA	SP; PA
<i>lapatinib ditosylate</i>	PA	SP; PA	QINLOCK	PA	SP; PA
LORBRENA	PA	SP; PA	RASONQUE TABS PO 100 MG, 150 MG	PA	PA
LUMAKRAS	PA	SP; PA	RETEVMO CAPS	PA	SP; PA
LYNPARZA TABS	PA	SP; PA	RETEVMO TABS	PA	SP; PA
LYTGOBI (12 MG DAILY DOSE)	PA	SP; PA	REZLIDHIA	PA	SP; PA
LYTGOBI (16 MG DAILY DOSE)	PA	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
LYTGOBI (20 MG DAILY DOSE)	PA	SP; PA	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	SP; PA
MEKINIST SOLR	PA	SP; PA	ROZLYTREK CAPS	PA	SP; PA
MEKINIST TABS	PA	SP; PA	ROZLYTREK PACK	PA	SP; PA
MEKTOVI	PA	SP; PA	RUBRACA	PA	SP; PA
NERLYNX	PA	SP; PA	RYDAPT	PA	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	PA	SP; PA	SCEMBLIX	PA	SP; PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA	<i>sorafenib tosylate</i>	PA	SP; PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA	SPRYCEL (<i>Use dasatinib</i>)	PA	SP; PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	PA	SP; PA	STIVARGA	PA	SP; PA
NINLARO	PA	SP; PA	<i>sunitinib malate</i>	PA	SP; PA
OGSIVEO 100 MG, 150 MG	PA	SP; PA	SUTENT (<i>Use sunitinib malate</i>)	PA	SP; PA
			TABRECTA	PA	SP; PA
			TAFINLAR CAPS	PA	SP; PA
			TAFINLAR TBSO	PA	SP; PA
			TALZENNA	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	PA	SP; PA	MESNEX TABS	P	SP
TEPMETKO	PA	SP; PA	Mitotic Inhibitors		
TIBSOVO	PA	SP; PA	<i>etoposide CAPS</i>	PA	SP; PA
TRUQAP TABS	PA	SP; PA	Topoisomerase I Inhibitors		
TRUQAP TBPk	PA	SP; PA	HYCANTIN CAPS	PA	SP; PA
TURALIO 125 MG	PA	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
TYKERB (<i>Use lapatinib ditosylate</i>)	PA	SP; PA	Antiparkinson Adjunctive Therapy		
VANFLYTA	PA	SP; PA	<i>carbidopa</i>	NP	
VERZENIO	PA	SP; PA	NOURIANZ	NP	
VITRAKVI CAPS	PA	SP; PA	Antiparkinson Anticholinergics		
VITRAKVI SOLN	PA	SP; PA	<i>benztropine mesylate SOLN</i>	P	
VONJO	PA	SP; PA	<i>benztropine mesylate TABS</i>	P	
VORANIGO	PA	SP; PA	<i>trihexyphenidyl hcl SOLN</i>	NP	
VOTRIENT (<i>Use pazopanib hcl</i>)	PA	SP; PA	<i>trihexyphenidyl hcl TABS</i>	P	
XALKORI CAPS	PA	SP; PA	Antiparkinson COMT Inhibitors		
XALKORI CPSP	PA	SP; PA	<i>entacapone</i>	P	
XOSPATA	PA	SP; PA	ONGENTYS	NP	
ZEJULA TABS	PA	SP; PA	Antiparkinson Dopaminergics		
ZELBORAF	PA	SP; PA	<i>amantadine hcl CAPS</i>	P	
ZOLINZA	PA	SP; PA	<i>amantadine hcl SOLN</i>	P	
ZYDELIG	PA	SP; PA	<i>amantadine hcl TABS</i>	P	
ZYKADIA TABS	PA	SP; PA	APOKYN SOCT	NP	SP
Antineoplastics Misc.			<i>apomorphine hydrochloride SOCT</i>	NP	SP
<i>bexarotene</i>	PA	SP; PA	<i>bromocriptine mesylate CAPS</i>	NP	
HYDREA (<i>Use hydroxyurea</i>)	PA	PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	NP	
<i>hydroxyurea</i>	PA	PA	<i>carbidopa-levodopa CPCR</i>	NP	
MATULANE	PA	SP; PA	<i>carbidopa-levodopa-entacapone</i>	P	
<i>tretinoin (chemotherapy)</i>	PA	SP; PA	<i>carbidopa-levodopa TABS</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents					
IWILFIN	PA	SP; PA			
<i>leucovorin calcium TABS</i>	P				
<i>mesna TABS</i>	P	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa TBCR</i>	P		<i>lithium carbonate CAPS</i>	P	
<i>carbidopa-levodopa TBDP</i>	P		<i>lithium carbonate TABS</i>	P	
CREXONT CPR	NP		<i>lithium carbonate TBCR</i>	P	
DHIVY TABS	NP		Antipsychotics - Misc.		
DUOPA SUSP	NP		CAPLYTA	NP	AL(At least 18 yrs old)
GOCOVRI CP24	NP	SP	EQUETRO	NP	
INBRIJA CAPS	NP		GEODON 20 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
NEUPRO	NP		LATUDA (<i>Use lurasidone hcl</i>)	NP	AL(At least 18 yrs old)
ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old); SP	<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TABS</i>	P		NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
<i>pramipexole dihydrochloride TB24</i>	NP		NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
<i>ropinirole hydrochloride TABS</i>	P		VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ropinirole hydrochloride TB24</i>	NP		<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
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		Benzisoxazoles		
SINEMET TABS 100 MG-10 MG (<i>Use carbidopa-levodopa</i>)	NP		BYSANTI TITRATION PACK A TBPK PO	NP	AL(At least 18 yrs old)
VYALEV SOLN SC	NP	SP	BYSANTI TITRATION PACK B TBPK PO	NP	AL(At least 18 yrs old)
Antiparkinson Monoamine Oxidase Inhibitors			BYSANTI TITRATION PACK C TBPK PO	NP	AL(At least 18 yrs old)
<i>AZILECT (Use rasagiline mesylate)</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)
<i>rasagiline mesylate</i>	NP		ERZOFRI	PA	AL(At least 18 yrs old); SP; PA
<i>selegiline hcl CAPS</i>	NP		FANAPT	NP	AL(At least 18 yrs old)
<i>selegiline hcl TABS</i>	NP		FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
XADAGO	NP		FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
Antimanic Agents					
<i>lithium</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
INVEGA 3 MG, 6 MG, 9 MG (<i>Use paliperidone</i>)	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA
<i>paliperidone</i>	P	AL(At least 18 yrs old)
PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA
RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	PA	AL(At least 18 yrs old); SP; PA
RISPERDAL SOLN (<i>Use risperidone</i>)	NP	AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	AL(At least 18 yrs old)
<i>risperidone microspheres</i>	NP	AL(At least 18 yrs old); SP
<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA
Butyrophenones		
<i>haloperidol decanoate</i>	P	
<i>haloperidol lactate CONC</i>	P	
<i>haloperidol lactate SOLN</i>	P	
<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P	
<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily)
Dibenzapines		
<i>asenapine maleate</i>	P	AL(At least 18 yrs old)
<i>clozapine TABS</i>	P	AL(At least 18 yrs old)
<i>clozapine TBDP</i>	P	AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 100 MG (<i>Use clozapine</i>)	NP	AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	QL(4 EA daily)
<i>olanzapine TABS</i>	P	AL(At least 18 yrs old)
<i>olanzapine TBDP</i>	P	AL(At least 18 yrs old)
<i>quetiapine fumarate TABS</i>	P	AL(At least 18 yrs old)
<i>quetiapine fumarate TB24</i>	P	AL(At least 18 yrs old)
SAPHRIS (<i>Use asenapine maleate</i>)	NP	AL(At least 18 yrs old)
SECUADO	NP	AL(At least 18 yrs old)
SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
SEROQUEL TABS (<i>Use quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium hypochlorite SOLN EX</i>	P	
Iodine Antiseptics		
<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)
BIXLENVO TABS PO	P	
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA
CIMDUO	P	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 PED PO 2.5 MG	P	
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 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)
<i>efavirenz TABS</i>	P	QL(1 EA daily)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 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)
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)
<i>lamivudine SOLN</i>	P	QL(30 ML daily)
<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
<i>lamivudine-zidovudine</i>	P	QL(2 EA daily)
<i>lopinavir-ritonavir SOLN</i>	P	QL(160 ML per fill retail; 160 per fill mail)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine SUSP</i>	P	QL(40 ML daily)
<i>nevirapine TABS</i>	P	QL(2 EA daily)
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
NORVIR PACK	P	QL(12 EA daily)
ODEFSEY	P	QL(1 EA daily)
PIFELTRO	P	QL(1 EA daily)
PREZCOBIX	P	
PREZISTA SUSP	P	QL(12 ML daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily)
RETROVIR SOLN	P	
REYATAZ PACK	P	QL(6 EA daily)
<i>rilpivirine hcl 25 MG</i>	P	QL(1 EA daily)
<i>ritonavir TABS</i>	P	QL(12 EA daily)
RUKOBIA	P	
SELZENTRY SOLN	P	
STRIBILD	P	QL(1 EA daily)
SUNLENCA SOLN	P	SP
SUNLENCA TABS PO 300 MG	P	SP
SUNLENCA TBPk 300 MG	P	SP
SYMTUZA	P	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily)
TROGARZO	P	SP
TYBOST	P	QL(1 EA daily)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
<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
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	P	
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP	<i>oseltamivir phosphate SUSR</i>	P	
LEDIPASVIR-SOFOSBUVIR TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP	RAPIVAB	NP	
MAVYRET PACK	PA	SP; PA	RELENZA DISKHALER	P	
MAVYRET TABS	PA	SP; PA	<i>rimantadine hydrochloride TABS</i>	P	
PEGASYS SOLN	P	SP	TAMIFLU CAPS 75 MG (Use <i>oseltamivir phosphate</i>)	NP	
PEGASYS SOSY	P	SP	TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	
<i>ribavirin (hepatitis c) CAPS</i>	P	SP	XOFLUZA (40 MG DOSE) 40 MG	NP	
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP	XOFLUZA (80 MG DOSE) 80 MG	NP	
SOFOSBUVIR-VELPATASVIR TABS	PA	SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
SOVALDI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP	Alpha-Beta Blockers		
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	<i>carvedilol</i>	P	MP
VOSEVI	NP	SP	<i>carvedilol phosphate</i>	NP	MP
ZEPATIER	NP	SP	<i>labetalol hcl TABS</i>	P	MP
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 (Use <i>nebivolol hcl</i>)	NP	MP
VALTREX (Use <i>valacyclovir hcl</i>)	NP		KAPSPARGO SPRINKLE CS24	NP	MP
Influenza Agents			LOPRESSOR SOLN PO 10 MG/ML	NP	MP
<i>oseltamivir phosphate CAPS</i>	P		LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NP	MP
			<i>metoprolol succinate TB24</i>	P	MP
			<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	P	MP
			<i>metoprolol tartrate TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nebivolol hcl</i>	P	MP	<i>diltiazem hcl TABS</i>	P	MP
TENORMIN TABS (<i>Use atenolol</i>)	NP	MP	<i>diltiazem hcl TB24</i>	P	MP
TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NP	MP	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP
Beta Blockers Non-Selective			<i>felodipine</i>	P	MP
BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NP	MP	<i>isradipine CAPS</i>	NP	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	MP	KATERZIA	NP	MP
HEMANGEOL SOLN PO	PA	SP; MP; PA	<i>nicardipine hcl CAPS</i>	P	MP
HEMANGEOL SOLN PO	PA	SP; MP; PA	<i>nifedipine CAPS</i>	P	MP
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	MP	<i>nifedipine TB24</i>	P	MP
INDERAL XL	NP	MP	<i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>	NP	MP
INNOPRAN XL	NP	MP	NORLIQVA SOLN	NP	MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	MP	NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	MP
<i>pindolol TABS</i>	NP	MP	NYMALIZE SOLN 6 MG/ML	NP	MP
<i>propranolol hcl CP24</i>	P	MP	PROCARDIA XL TB24 30 MG, 60 MG (<i>Use nifedipine</i>)	NP	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
<i>propranolol hcl TABS</i>	P	MP	SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP
<i>sotalol hcl (afib/afl)</i>	P	MP	VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	P	MP
<i>sotalol hcl TABS</i>	P	MP	<i>verapamil hcl CP24</i>	P	MP
SOTYLIZE SOLN PO	NP	MP	<i>verapamil hcl SOLN 2.5 MG/ML</i>	P	MP
<i>timolol maleate TABS</i>	NP	MP	<i>verapamil hcl TABS</i>	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>verapamil hcl TBCR</i>	P	MP
Calcium Channel Blockers			VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NP	MP
<i>amlodipine besylate TABS</i>	P	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl coated beads CP24</i>	P	MP	Cardiac Glycosides		
<i>diltiazem hcl extended release beads</i>	P	MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>diltiazem hcl CP12</i>	P	MP			
<i>diltiazem hcl CP24</i>	P	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin TABS 125 MCG, 250 MCG</i>	P		TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			TYVASO DPI MAINTENANCE KIT POWD	NP	SP
Cardiovascular Agents Misc. - Combinations			TYVASO DPI TITRATION KIT POWD	NP	SP
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP	TYVASO REFILL KIT SOLN IN	NP	SP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	MP	TYVASO STARTER KIT SOLN IN	NP	SP
ENTRESTO CPSP	NP	QL(2 EA daily); AL(At least 1 yrs old); MP	TYVASO SOLN IN	NP	SP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use <i>sacubitril-valsartan</i>)	NP	QL(2 EA daily); AL(At least 1 yrs old); MP	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	PA	AL(At least 18 yrs old); SP; PA
OPSYNVI	NP	SP	Pulmonary Hypertension - Activin Signaling Inhibitor		
<i>sacubitril-valsartan TABS</i>	PA	QL(2 EA daily); AL(At least 1 yrs old); MP; PA	WINREVAIR	PA	AL(At least 18 yrs old); SP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			Pulmonary Hypertension - Endothelin Receptor Antagonists		
INPEFA	NP	MP	<i>ambrisentan</i>	NP	SP
Impotence Agents			<i>bosentan TABS</i>	PA	SP; PA
CIALIS 5 MG (Use <i>tadalafil</i>)	PA	PA	<i>bosentan TBSO 32 MG</i>	NP	SP
<i>tadalafil 5 MG</i>	PA	PA	LETAIRIS (Use <i>ambrisentan</i>)	NP	SP
Prostaglandin Vasodilators			<i>macitentan 10 MG</i>	NP	SP
ORENITRAM MONTH 1 TEPK	PA	SP; PA	OPSUMIT 10 MG (Use <i>macitentan</i>)	NP	SP
ORENITRAM MONTH 2 TEPK	PA	SP; PA	TRACLEER TABS (Use <i>bosentan</i>)	NP	SP
ORENITRAM MONTH 3 TEPK	PA	SP; PA	TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	SP
ORENITRAM TBCR	PA	SP; PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
			ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	PA	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	NP	SP
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); SP; MP
CORLANOR TABS (<i>Use ivabradine hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>ivabradine hcl TABS</i>	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	PA	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 EA daily)
FEMLYV TBDP	P	
<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	QL(1 EA daily)
LO LOESTRIN FE TABS	P	QL(1 EA daily)
NATAZIA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CAPS</i>	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CHEW</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily)
<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily)
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)
TYBLUME CHEW	P	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
Copper Contraceptives - IUD		
MIUDELLA	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)

Drug Name	Drug Tier	Requirements/ Limits
<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-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
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)
OPILL	P	

Drug Name	Drug Tier	Requirements/ Limits
SLYND	P	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	PA	AL(At least 2 yrs old); SP; PA
<i>budesonide CPEP</i>	NP	
<i>budesonide TB24</i>	NP	
CORTISONE ACETATE TABS	P	
<i>deflazacort SUSP</i>	NP	SP
<i>deflazacort TABS</i>	NP	SP
DEXAMETHASONE INTENSOL CONC	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)
<i>dexamethasone ELIX</i>	P	
<i>dexamethasone SOLN</i>	P	
<i>dexamethasone TABS</i>	P	
EMFLAZA SUSP (Use <i>deflazacort</i>)	NP	SP
EMFLAZA TABS (Use <i>deflazacort</i>)	PA	SP; PA
EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
<i>hydrocortisone TABS</i>	P	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	
<i>methylprednisolone TBPk</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</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>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>cetirizine-pseudoephedrine</i>	NP	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)	CLARINEX-D 12 HOUR TB12	NP	
<i>prednisolone SOLN</i>	P		<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	
<i>prednisolone 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	
PREDNISON INTENSOL CONC	P		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
<i>prednisone SOLN</i>	P		<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
<i>prednisone TABS</i>	P		<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	
<i>prednisone TBEC 1 MG, 2 MG, 5 MG</i>	PA	PA	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	
<i>prednisone TBPk</i>	P		<i>fexofenadine-pseudoephedrine TB12</i>	NP	
Mineralocorticoids			<i>fexofenadine-pseudoephedrine TB24</i>	NP	
<i>fludrocortisone acetate TABS</i>	P		<i>guaifenesin-codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			LOHIST-D LIQD	P	
Antitussives			<i>loratadine & pseudoephedrine TB12</i>	P	
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)	<i>loratadine & pseudoephedrine TB24</i>	P	
<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)			
<i>dextromethorphan polistirex SUER</i>	P				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)			
Cough/Cold/Allergy Combinations					
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)			
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)			

Drug Name	Drug Tier	Requirements/ Limits
MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	P	QL(120 ML per fill retail; 120 per fill mail)
<i>phenylephrine-chlorphen- dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P	
<i>promethazine & phenylephrine SYRP</i>	P	
<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 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>promethazine-dm SYRP</i>	P	
<i>pseudoephed-bromphen- dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
<i>pseudoephedrine- guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	P	
<i>pseudoephedrine- ibuprofen TABS</i>	P	
Expectorants		
GERI-TUSSIN SYRP	P	
<i>guaifenesin LIQD</i>	P	
<i>guaifenesin TB12</i>	P	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Mucolytics		
<i>acetylcysteine SOLN</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)
<i>adapalene CREA</i>	NP	AL(Up to 20 yrs old)
<i>adapalene GEL</i>	NP	AL(Up to 20 yrs old)
<i>adapalene GEL</i>	P	AL(Up to 20 yrs old); RX/OTC
AKLIEF	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide BAR</i>	P	
<i>benzoyl peroxide CREA 10 %</i>	P	
<i>benzoyl peroxide- erythromycin GEL</i>	P	AL(Up to 20 yrs old)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
<i>benzoyl peroxide LIQD 4 %</i>	P	
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	P	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) SWAB</i>	P	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	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)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)
<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
DIFFERIN CREA (Use adapalene)	NP	AL(Up to 20 yrs old)	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
DIFFERIN GEL (Use adapalene)	NP	AL(Up to 20 yrs old)	SUMADAN	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NP	AL(Up to 20 yrs old)	SUMAXIN CP	NP	
EPSOLAY CREA	NP	AL(Up to 20 yrs old)	SUMAXIN PADS	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) GEL</i>	NP	AL(Up to 20 yrs old)	TAZAROTENE FOAM	NP	
<i>erythromycin (acne aid) PADS</i>	NP	AL(Up to 20 yrs old)	<i>tretinoin microsphere 0.08 %</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) SOLN</i>	NP	AL(Up to 20 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)
SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)
SSS 10-5 FOAM 10 %-5 %	NP	AL(Up to 20 yrs old)	TWYNEO	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)	WINLEVI	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	AL(Up to 20 yrs old)	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</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>bacitracin zinc OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
			<i>bacitracin-polymyxin b OINT</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>mupirocin calcium (topical)</i>	NP	
<i>mupirocin OINT</i>	P	
<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
XEPI	NP	
Antifungals - Topical		
<i>clotrimazole (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>econazole nitrate 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)
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>nystatin (topical) POWD EX</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>nystatin-triamcinolone CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>nystatin-triamcinolone OINT</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>tolnaftate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	
<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	NP	
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	QL(112 GM per fill retail; 112 per fill mail)
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>diclofenac sodium (actinic keratoses) EX</i>	P	
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tazarotene CREA</i>	NP	AL(Up to 20 yrs old)
<i>tazarotene GEL</i>	NP	AL(Up to 20 yrs old)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	QL(0.018 ML daily); SP
USTEKINUMAB-TTWE	NP	SP
USTEKINUMAB-TTWE SC	NP	SP
VECTICAL (<i>Use calcitriol (topical)</i>)	NP	
VTAMA	NP	
YESINTEK SOLN 45 MG/0.5ML	NP	SP
YESINTEK SOSY	NP	SP
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>selenium sulfide LOTN 1 %</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>selenium sulfide SHAM 1 %</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>sulfacetamide sodium GEL</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP	AL(Up to 20 yrs old)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NP	
<i>acyclovir topical OINT</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>docosanol</i>	P	
<i>penciclovir</i>	NP	
Burn Products		
<i>silver sulfadiazine</i>	P	QL(50 GM per fill retail; 50 per fill mail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	NP	
<i>alclometasone dipropionate OINT</i>	NP	
APEXICON E CREA	NP	
<i>betamethasone dipropionate (topical) CREA</i>	P	
<i>betamethasone dipropionate (topical) LOTN</i>	P	
<i>betamethasone dipropionate (topical) OINT</i>	P	
<i>betamethasone dipropionate augmented CREA</i>	P	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>betamethasone valerate CREA</i>	NP	
<i>betamethasone valerate FOAM</i>	NP	
<i>betamethasone valerate LOTN</i>	NP	
<i>betamethasone valerate OINT</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		<i>desoximetasone GEL</i>	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	NP		<i>desoximetasone OINT</i>	NP	
<i>clobetasol propionate emulsion</i>	NP		<i>diflorasone diacetate CREA</i>	NP	QL(30 GM per fill retail; 30 per fill mail)
<i>clobetasol propionate CREA 0.05 %</i>	P		<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail; 60 per fill mail)
<i>clobetasol propionate FOAM</i>	NP		<i>diflorasone diacetate OINT</i>	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P		DIPROLENE OINT (Use betamethasone dipropionate augmented)	NP	
<i>clobetasol propionate LIQD</i>	NP		ENSTILAR FOAM	NP	
<i>clobetasol propionate LOTN</i>	NP		EPIFOAM FOAM	P	
<i>clobetasol propionate OINT 0.05 %</i>	P		<i>fluocinolone acetonide CREA</i>	NP	
<i>clobetasol propionate SHAM</i>	NP		<i>fluocinolone acetonide OIL</i>	NP	
<i>clobetasol propionate SOLN 0.05 %</i>	P		<i>fluocinolone acetonide OINT</i>	NP	
CLOBEX SPRAY LIQD (Use clobetasol propionate)	NP		<i>fluocinolone acetonide SOLN</i>	P	
CLOBEX SHAM (Use clobetasol propionate)	NP		<i>fluocinonide emulsified base</i>	NP	
<i>clocortolone pivalate</i>	NP		<i>fluocinonide CREA</i>	P	
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	NP		<i>fluocinonide GEL</i>	NP	
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	NP		<i>fluocinonide OINT</i>	P	
<i>desonide CREA</i>	NP		<i>fluocinonide SOLN</i>	P	
<i>desonide LOTN</i>	NP		<i>flurandrenolide LOTN</i>	NP	
<i>desonide OINT</i>	NP		<i>fluticasone propionate CREA 0.05 %</i>	P	
<i>desoximetasone CREA</i>	NP		<i>fluticasone propionate LOTN</i>	NP	
			<i>fluticasone propionate OINT</i>	P	
			<i>halcinonide CREA</i>	NP	
			<i>halcinonide SOLN 0.1 %</i>	NP	
			<i>halobetasol propionate CREA</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate</i> FOAM	NP		<i>mometasone furoate</i> CREA	P	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP		<i>mometasone furoate</i> OINT	P	
<i>halobetasol propionate</i> OINT	P		<i>mometasone furoate</i> SOLN	P	
HALOG CREA (Use <i>halcinonide</i>)	NP		PANDEL	NP	
HALOG SOLN 0.1 % (Use <i>halcinonide</i>)	NP		SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical)</i> CREA	P		SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical)</i> LOTN 2.5 %	NP		TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	P	
<i>hydrocortisone (topical)</i> LOTN 1 %	P	QL(60 GM per fill retail; 60 per fill mail)	TOPICORT SPRAY LIQD (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical)</i> OINT	P	RX/OTC	TOPICORT CREA (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical)</i> OINT	P		TOPICORT GEL (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone acetate (topical)</i> OINT	P		TOPICORT OINT (Use <i>desoximetasone</i>)	NP	
HYDROCORTISONE ACETATE CREA	P		<i>triamcinolone acetonide (topical)</i> CREA	P	
<i>hydrocortisone butyrate</i> CREA	NP		<i>triamcinolone acetonide (topical)</i> LOTN	P	
<i>hydrocortisone butyrate</i> OINT	NP		<i>triamcinolone acetonide (topical)</i> OINT	P	
<i>hydrocortisone butyrate</i> SOLN	NP		ULTRAVATE LOTN	NP	
HYDROCORTISONE COMPLETE KIT THPK	NP		ULTRAVATE LOTN	NP	
<i>hydrocortisone valerate</i> CREA	P		Diaper Rash Products		
<i>hydrocortisone valerate</i> OINT	NP		<i>diaper rash products</i> OINT	P	
HYDROCORTISONE GEL 2 %	NP		Eczema Agents		
LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NP		ADBRY SOAJ	PA	AL(At least 18 yrs old); SP; PA
			ADBRY SOSY	PA	AL(At least 12 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
EBGLYSS SOAJ	PA	AL(At least 12 yrs old); SP; PA
EBGLYSS SOSY	PA	AL(At least 12 yrs old); SP; PA
OPZELURA	NP	
Emollient/Keratolytic Agents		
GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
urea CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
urea LOTN 40 %	P	QL(240 GM per fill retail; 240 per fill mail)
Emollients		
emollient OINT	P	
EUCERIN INTENSIVE REPAIR OINT	P	
GOLD BOND ULTIMATE HEALING OINT	P	
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC
Immunomodulating Agents - Systemic		

Drug Name	Drug Tier	Requirements/ Limits
NEMLUVIO	PA	AL(At least 18 yrs old); SP; PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)
RAYASAL CREA	NP	
Liniments		
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)
<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %</i> -10 %-6 %	NP	QL(4 EA daily)
<i>trolamine salicylate CREA</i>	NP	QL(85 GM per fill retail; 85 per fill mail)
Local Anesthetics - Topical		
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)
<i>capsaicin CREA 0.075 %</i>	P	QL(57 GM per fill retail; 57 per fill mail)
<i>capsaicin CREA 0.1 %</i>	P	QL(127.5 GM per fill retail; 127.5 per fill mail)
<i>capsaicin CREA 0.025 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>capsaicin PTCH</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>capsaicin PTCH</i>	NP	QL(30 EA per fill retail; 30 per fill mail)
COLLAVERA GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl CREA 4 %</i>	NP	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine hcl CREA 4 %</i>	NP	QL(30 GM per fill retail; 30 per fill mail)
<i>lidocaine hcl GEL 2 %</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>lidocaine hcl LIQD</i>	NP	QL(30 ML per fill retail; 30 per fill mail)
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>lidocaine CREA 4 %</i>	NP	QL(2 GM per fill retail; 2 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 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)

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)	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 OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)	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 OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC
<i>lidocaine-prilocaine CREA</i>	P		ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine-prilocaine KIT</i>	P		Misc. Topical		
<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA	CERAVE THERAPEUTIC HAND CREAM CREA	P	
<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)	<i>dimethicone (topical) CREA 1 %</i>	P	
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
PLIAGLIS CREA	NP		ADQUEY OINT EX 1 %	NP	AL(At least 2 yrs old)
PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	EUCRISA	PA	PA
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)	ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
			ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)
			ZORYVE CREA EX 0.3 %	NP	
			ZORYVE FOAM EX	NP	
			Protectives Against UV Radiation		
			AVEENO PROTECT+HYDRATE SPF60 LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL DAILY FACIAL SPF 50 LOTN	P		Rosacea Agents		
COPPERTONE BABY PURE & SIMPLE LOTN	P		<i>metronidazole (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE COMPLETE SPF30 LOTN	P		<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
COPPERTONE GLOW PROTECT & TAN LOTN	P		<i>metronidazole (topical) LOTN</i>	P	
COPPERTONE GLOW SHIMMER SPF15 LOTN	P		Scabicides & Pediculicides		
COPPERTONE GLOW SHIMMER SPF30 LOTN	P		<i>crotamiton LOTN</i>	NP	
COPPERTONE GLOW SHIMMER SPF50 LOTN	P		<i>ivermectin (pediculicide)</i>	NP	
COPPERTONE KIDS PURE & SIMPLE LOTN	P		<i>malathion</i>	NP	
COPPERTONE LIMITED EDITION LOTN	P		NATROBA (Use <i>spinosad</i>)	P	
COPPERTONE OIL FREE FACE SPF30 LOTN	P		OVIDE (Use <i>malathion</i>)	NP	
COPPERTONE OIL FREE FACE SPF50 LOTN	P		<i>permethrin CREA</i>	P	
COPPERTONE PURE & SIMPLE FACE LOTN	P		PERMETHRIN CREA 5 % (Use <i>permethrin</i>)	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P		<i>permethrin LIQD EX</i>	P	
COPPERTONE SPORT CLEAR LOTN	P		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
COPPERTONE TANNING SPF 8 LOTN	P		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	QL(60 ML per fill retail; 60 per fill mail)
COPPERTONE TANNING SPF15 LOTN	P		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	
COPPERTONE ULTRAGUARD SPF70+ LOTN	P		<i>spinosad</i>	P	
COPPERTONE WATERBABIES SPF50 LOTN	P		STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
EUCERIN REDNESS RELIEF DAY LOTN	P		VANALICE GEL	NP	
SPORT SUNSCREEN SPF50 LOTN	P		Tar Products		
<i>sunscreens LOTN</i>	P		<i>coal tar extract SHAM 0.5 %</i>	P	
			Wound Care Products		
			FILSUVEZ	PA	QL(23.4 GM daily); PA

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IHEALTH 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	MOBI CONNECT 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
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	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
KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	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
KETOSTIX 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
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	NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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	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
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	ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUGH 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
ONETOUGH 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)
ONETOUGH 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
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	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
PHARMACIST CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	QUINTET BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	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	P	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		
TRUENESS BLOOD GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ELFOLATE TABS	P	
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	<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
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	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
UNISTRIP1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	Digestive Enzymes		
			CREON CPEP	P	
			PERTZYE CPEP	NP	
			VIOKACE TABS	NP	
			ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT, 3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
			Carbonic Anhydrase Inhibitors		
			<i>acetazolamide CP12</i>	P	
			<i>acetazolamide TABS</i>	P	
			<i>methazolamide TABS</i>	P	
			Diuretic Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
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
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 MINQUICK 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 FLEXPON 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

Drug Name	Drug Tier	Requirements/ Limits
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
LUPRON DEPOT-PED (1-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA
LUPRON DEPOT-PED (3-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
SUPPRELIN LA	PA	SP; PA
SYNAREL	PA	SP; PA
TRIPTODUR	PA	SP; PA
Menopausal Symptoms Suppressants		
LYNKUET CAPS PO 60 MG	PA	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/Limits
VEOZAH	PA	QL(1 EA daily); PA
Metabolic Modifiers		
BRINEURA	PA	AL(At least 3 yrs old); SP; PA
<i>calcitriol CAPS</i>	P	
ELFABRIO	PA	AL(At least 18 yrs old); SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)
RAYALDEE	PA	AL(At least 18 yrs old); PA
STRENSIQ	PA	SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA
XPHOZAH	NP	SP
YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
Natriuretic Peptides		
VOXZOGO	PA	AL(Up to 17 yrs old); SP; PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail; 5 per fill mail); PA

Drug Name	Drug Tier	Requirements/Limits
<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
Vasopressin Receptor Antagonists		
<i>tolvaptan TBPk 15 MG</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
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)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
<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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
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
<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		
MOTEGRITY (<i>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		
CHOLBAM	PA	SP; PA
CTEXLI TABS PO 250 MG	PA	QL(3 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)

Drug Name	Drug Tier	Requirements/ Limits
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NP	QL(2 EA daily)
<i>lubiprostone</i>	PA	QL(2 EA daily); PA
Gastrointestinal Stimulants		
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	
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		
AVSOLA	PA	SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	NP	
CANASA SUPP (<i>Use mesalamine</i>)	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	SP; PA
CIMZIA (2 SYRINGE) PSKT	PA	SP; PA
CIMZIA KIT	PA	SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Phosphate Binder Agents		
AURYXIA 210 MG (<i>Use ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>ferric citrate</i>	NP	
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
REVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
REVELA TABS (<i>Use sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	P	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	P	
<i>potassium citrate (alkalinizer) TBCR</i>	P	
<i>sodium citrate & citric acid</i>	P	RX/OTC
Genitourinary Irrigants		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Hyperoxaluria Agents		
OXLUMO	PA	SP; PA
RIVFLOZA SOLN	PA	AL(At least 9 yrs old); SP; PA
RIVFLOZA SOSY	PA	AL(At least 9 yrs old); SP; PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	NP	SP; MP
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
CARDURA XL	NP	MP
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	
<i>finasteride</i>	P	
PROSCAR (<i>Use finasteride</i>)	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG</i>	P	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 200 MG</i>	NP	
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>colchicine CAPS</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)
<i>colchicine TABS</i>	PA	PA
<i>febuxostat</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits
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 SOSY</i>	PA	SP; PA
Complement Inhibitors		
BERINERT KIT	PA	SP; PA
CINRYZE SOLR IV	NP	SP
HAEGARDA SOLR SC	PA	SP; PA
RUCONEST	NP	SP
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA 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 SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miglustat</i>	P	SP; PA	ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
VPRIV	P	SP; PA	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA
Agents for Sickle Cell Disease			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
CASGEVY	PA	AL(At least 12 yrs old); SP; PA	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	PA	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); SP; PA
DROXIA CAPS	P		ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
LYFGENIA	PA	AL(At least 12 yrs old); SP; PA	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA
Cobalamins			ARMLUPEG SOSY SC 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P		EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP
Folic Acid/Folates			EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)	EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
<i>folic acid TABS 1 MG</i>	P	RX/OTC			
Hematopoietic Gene Therapy					
ZYNTEGLO	PA	AL(At least 4 yrs old); SP; PA			
Hematopoietic Growth Factors					
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP	PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP
EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 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
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	QL(8.5 ML daily); SP	PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
FULPHILA	NP	SP	PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP
FYLNETRA	NP	SP	PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP
GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP	PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail); SP
GRANIX SOSY	NP	QL(0.8 ML daily); SP	REBLOZYL	NP	AL(At least 18 yrs old); SP
LEUKINE SOLR IJ	NP	SP	RELEUKO SOSY	NP	QL(8.5 ML daily); SP
MIRCERA	NP	SP	RETACRIT	PA	SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	ROLVEDON	NP	SP
NEULASTA SOLN SC 4 MG/0.4ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	STIMUFEND	NP	SP
NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA	UDENYCA ONBODY SOSY	NP	SP
NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA	UDENYCA SOAJ	NP	SP
NIVESTYM SOLN	NP	QL(8.5 ML daily); SP	UDENYCA SOSY	NP	SP
NIVESTYM SOSY	NP	QL(8.5 ML daily); SP	VAFSEO 150 MG	NP	QL(4 EA daily); SP
NYPOZI	NP	QL(8.5 ML daily); SP	VAFSEO 300 MG	NP	QL(2 EA daily); SP
NYVEPRIA	PA	SP; PA	ZARXIO	NP	QL(8.5 ML daily); SP
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	ZIEXTENZO	NP	SP
			Hematopoietic Mixtures		

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FERRETT'S TABS	P	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	P	
<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
<i>ferrous gluconate TABS</i>	P	
<i>ferrous sulfate dried TBCR</i>	P	
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
<i>ferrous sulfate TABS</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)
Stem Cell Mobilizers		
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	P	
<i>diphenhydramine hcl (sleep) LIQD</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	
<i>doxylamine succinate (sleep)</i>	P	
Barbiturate Hypnotics		
<i>phenobarbital sodium SOLN</i>	P	
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
DORAL (<i>Use quazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>estazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	DAYVIGO	NP	AL(At least 18 yrs old)
<i>eszopiclone</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	QUVIVIQ	NP	AL(At least 18 yrs old)
<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	Selective Melatonin Receptor Agonists		
<i>midazolam hcl SOLN IJ</i>	P		HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP
MIDAZOLAM HCL SOLN IJ	P		HETLIOZ CAPS (Use <i>tasimelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>midazolam hcl SYRP</i>	P		<i>ramelteon</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	ROZEREM (Use <i>ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL (Use <i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>tasimelteon</i> CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	LAXATIVES - Bowel Treatment Drugs		
<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	Bulk Laxatives		
<i>triazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)
<i>zaleplon</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	KONSYL DAILY FIBER PACK 100 %	P	
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium</i> CAPS 0.52 GM	P	
<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium</i> POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	P	
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	SB FIB LAX ORANGE POWD 30 %, 33 %	P	
<i>zolpidem tartrate TBCR</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	Electrolyte-based Osmotic Laxatives		
Orexin Receptor Antagonists			<i>magnesium citrate 1.745 GM/30ML</i>	P	
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)	<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	Drug Name	Drug Tier	Requirements/ Limits
<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		<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P	
Laxative Combinations			Surfactant Laxatives		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)	<i>docusate calcium</i>	P	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)	<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)	<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		DOCUSATE SODIUM SYRP	P	
Laxatives - Miscellaneous			<i>docusate sodium TABS</i>	P	
<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P		MACROLIDES - Drugs to Treat Bacterial Infections		
<i>lactulose SOLN</i>	P		Azithromycin		
PEDIA-LAX SUPP	P		<i>azithromycin SUSR</i>	P	
<i>polyethylene glycol 3350 PACK</i>	P		<i>azithromycin TABS</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)	ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	
SORBITOL PO 70 %	P		ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	
Stimulant Laxatives			ZITHROMAX SUSR (Use <i>azithromycin</i>)	NP	
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)	ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i>)	NP	
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)	Clarithromycin		
<i>senna SYRP 176 MG/5ML</i>	P		<i>clarithromycin SUSR</i>	P	
<i>sennosides LIQD</i>	P		<i>clarithromycin TABS</i>	P	
<i>sennosides SYRP</i>	P		<i>clarithromycin TB24</i>	P	
			Erythromycins		
			E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
			ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
			ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
			<i>erythromycin base CPEP</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMACEA IV SPONGES PADS	P		J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC
DERMACEA NON-WOVEN SPONGES PADS	P		J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE PADS	P		J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC
DERMACEA X-RAY SPONGES PADS	P	RX/OTC	J & J GAUZE PADS	P	
DRYMAX EXTRA PADS	P	RX/OTC	J & J NON-STICK LARGE PADS	P	
EQ GAUZE PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAM DRESS PADS	P	
EQL GAUZE STERILE PADS	P		KENDALL HYDROPHILIC FOAM PLUS PADS	P	
EQL GAUZE PADS	P		KERLIX SPONGES PADS	P	RX/OTC
EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC	MIRASORB SPONGES MISC	P	
EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC	MOLESKIN FOAM PADS	P	
EXCILON DRAIN SPONGES PADS	P	RX/OTC	NEXCARE ABSOLUTE WATERPROOF PADS	P	
EXCILON IV SPONGES PADS	P		NU GAUZE 4PLY PADS	P	RX/OTC
FT ADHESIVE PADS/SHEER PADS	P		NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
GAUZE DRESSING PADS	P	RX/OTC	OIL EMULSIONS DRESSING/NON-ADH PADS	P	
GAUZE PADS PADS	P		POLYMEM FILM DOT PADS	P	
GAUZE TYPE VII MEDI-PAK PADS	P		POLYMEM NON-ADHESIVE PADS	P	RX/OTC
GNP SHEER ADHESIVE PADS	P		QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC	KIMONO MICRO THIN PLUS MISC	P	
RESTORE TRIO ABSORBENT DRESS PADS	P		KIMONO PLUS MISC	P	
SILIGENTLE FOAM DRESSING PADS	P		KIMONO PS PLUS MISC	P	
SM ADHESIVE PADS 2"X3" PADS	P		KIMONO PS MISC	P	
SM STERILE PADS	P	RX/OTC	KIMONO SENSATION PLUS MISC	P	
SOF-WICK PADS	P	RX/OTC	KIMONO SENSATION MISC	P	
STERILE GAUZE PADS	P		KIMONO SPECIAL DEVI	P	
STERILE PADS	P		KIMONO MISC	P	
SURGICAL GAUZE SPONGE PADS	P		MAXX PLUS MISC	P	
THERAGAUZE PADS	P		MAXX MISC	P	
TOPPER DRESSING SPONGES MISC	P	RX/OTC	OMNIFLEX DIAPHRAGM	P	
Contraceptives			REALITY LATEX CONDOMS MISC	P	
AIMSCO LUBRICATED MISC	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
CAYA DPRH	P		REALITY LATEX/ULTRA THIN DEVI	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		TROJAN BARESKIN DEVI	P	
DUREX EXTRA SENSITIVE THIN MISC	P		TROJAN MAGNUM MISC	P	
DUREX TROPICAL MISC	P		TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P		TROJAN ULTRA THIN MISC	P	
FANTASY LUBRICATED MISC	P		TROJAN-ENZ LUBRICATED MISC	P	
FC2 FEMALE CONDOM	P		TROJAN-ENZ/SPERMICIDAL MISC	P	
FEMCAP DEVI	P		TRUE COVER DEVI	P	
KAMELEON LUBRICATED MISC	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
KIMONO COLORS DEVI	P		TRUSTEX LUB/RIBBED/STUDDED MISC	P	
KIMONO MAXX-LARGE FLARE MISC	P		TRUSTEX LUB/SPERMICIDE EX ST MISC	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/SPERMICIDE XL MISC	P		ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUSTEX LUBRICATED EX LARGE MISC	P		ACCU-CHEK FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUSTEX LUBRICATED EXTRA ST MISC	P		ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	P		ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUSTEX LUBRICATED MISC	P		ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	P		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
TRUSTEX RIA LUB/SPERMICIDE MISC	P		ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRUSTEX RIA LUBRICATED MISC	P		ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	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
WIDE-SEAL DIAPHRAGM 60	P				
WIDE-SEAL DIAPHRAGM 65	P				
WIDE-SEAL DIAPHRAGM 70	P				
WIDE-SEAL DIAPHRAGM 75	P				
WIDE-SEAL DIAPHRAGM 80	P				
WIDE-SEAL DIAPHRAGM 85	P				
WIDE-SEAL DIAPHRAGM 90	P				
WIDE-SEAL DIAPHRAGM 95	P				
Diabetic Supplies					
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/ Limits
ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVANCED MOBILE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVANTAGE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARESENS S FIT BLOOD GLUC MON DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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
CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH MONITOR SYSTEM KIT	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
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	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
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	CLEVER CHEK AUTO-CODE SYSTEM 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	CLEVER CHEK AUTO-CODE VOICE 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
CLEVER CHEK AUTO-CODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CLEVER CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHEK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CLEVER CHOICE TALK SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	COAGUCHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	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
CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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
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	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
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	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

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CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CONTOUR PLUS CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; 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
CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 TRANSMITTER	PA	MP; PA
CONTOUR NEXT ONE KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA

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DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 3 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
DIATRUE PLUS BLOOD GLUCOSE 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
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
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	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
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			

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EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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)	EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY 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 STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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 STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY 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 LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY 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 TRAK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY 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 TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRESSURE ACTIVATED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE WAVE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE 365 SMART TRANSMIT	NP	MP

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
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EXTENDED INFUSION SET 23"/6MM MISC	NP	MP
EXTENDED INFUSION SET 23"/9MM MISC	NP	MP
EXTENDED INFUSION SET 32"/6MM MISC	NP	MP
EXTENDED INFUSION SET 32"/9MM MISC	NP	MP
EXTENDED INFUSION SET 43"/6MM MISC	NP	MP
EXTENDED INFUSION SET 43"/9MM MISC	NP	MP
EXTENDED RESERVOIR 3ML MISC	NP	MP
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FORA TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA TN'G VOICE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V10/V12/D10/D20 TEST KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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

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

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

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

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

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LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LANCETS 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	MEDISENSE GLUCOSE KETONE CONTR 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	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
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	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
LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDLANCE PLUS 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
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
LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); 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
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MICRODOT 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
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
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	MOBI 2ML CARTRIDGE MISC	NP	MP
MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MOBI CONNECT GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	MOBI CONNECT GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
MINIMED 630G INSULIN PUMP KIT	NP	MP	MOBI CONNECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED 780G INSULIN PUMP KIT	NP	MP	MOBI CONNECT TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 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	MODD1 PATIENT WELCOME KIT KIT	NP	MP
MINIMED FLEX STARTER KIT KIT	NP	MP	MODD1 SUPPLY KIT KIT	NP	
MINIMED INSTINCT GLUC SENSOR	NP	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
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

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MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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 INTRO GEN 5 KIT	PA	MP; PA
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
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	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
NEUTEK 2TEK 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
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	OMNIPOD 5 LIBRE PODS MISC	PA	MP; PA
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	OMNIPOD CLASSIC PODS (GEN 3) MISC	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	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

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ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	PHARMACIST CHOICE AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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	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
ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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	PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO REFLECT KIT	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
ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PIVOT INSULIN PUMP STARTER KIT KIT	NP	MP
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	PIVOT SUPPLY KIT KIT	NP	
			PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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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
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	PRODIGY POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY TWIST TOP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY VOICE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

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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)
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	REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	REFUAH PLUS MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	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
QUINTET AC BLOOD GLUCOSE 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 LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION MICRO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER CLASSIC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER COMPACT SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 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
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	SIMPLERA SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	SIMPLERA SYSTEM	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			SMARTEST EJECT STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SMARTEST EJECT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SMARTEST PERSONA STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
SMARTEST PRONTO STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST PROTEGE STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST PROTEGE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			
SOLUS V2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	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	TANDEM MOBI AUTOSOFTXC 10PK23" MISC	NP	MP
SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	TANDEM MOBI AUTOSOFTXC 10PK5" MISC	NP	MP
T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP	TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP
T:SLIM X2 3ML CARTRIDGE MISC	NP	MP	TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP
T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP	TANDEM MOBI SYSTEM STARTER KIT	NP	MP
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP	TANDEM MOBI TRUSTEEL 10PK23" MISC	NP	MP
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP	TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP
T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP	TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP
T:SLIM X2 INSULIN PUMP DEVI	NP	MP	TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP
T:SLIM X2 STARTER 7.10 KIT	NP	MP	TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP
TAI DOC CONTROL 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
TANDEM MOBI AUTOSOFT XC KIT 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
TANDEM MOBI AUTOSOFT30 10PK23" MISC	NP	MP	TECHLITE LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TRAVEL LANCETS ADVANCED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); 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	TRUENESS BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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
TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	TRUEPLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	TRUEPLUS LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ULTILET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUERESULT BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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
TRUETRACK BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
TWIST REFILL KIT/INFUSION SET KIT	NP	MP	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
TWIST REFILL KIT KIT	NP	MP	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
TWIST STARTER KIT KIT	NP	MP	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
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
UNILET GP 28 ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	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
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	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
UNILET ULTRA-THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 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 2	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 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 3 NEONATAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 3 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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 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
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	UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	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
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	VERIFINE SAFE LANCET MINI 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERIFINE SAFE LANCET MINI 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	VIVAGUARD INO GLUCOSE METER KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VERIFINE 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	VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
V-GO 20 KIT	NP	MP	VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
V-GO 30 KIT	NP	MP	VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
V-GO 40 KIT	NP	MP	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
VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)	Parenteral Therapy Supplies		
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
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CEQUR SIMPL EXT WEAR INSERTER MISC	P	MP
BD AUTOSHIELD DUO	P	MP; RX/OTC	CEQUR SIMPLICITY 1U EXTND WEAR DEVI	NP	MP; RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U EXTND WEAR DEVI	NP	MP; RX/OTC
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	NP	MP; RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY INSERTER MISC	P	MP
BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)	DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	P	MP	EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC	EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	P	MP	EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC	EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)
CAREONE INSULIN SYRINGE	P	QL(5 EA daily)	EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily); RX/OTC
			EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NAVAGE NASAL ASPIRATOR BABY 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
NEBULIZER CUP/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
OMBRA TABLE TOP COMPRESSOR 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
ONE FLOW SPIROMETER DEVI	P	RX/OTC	PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG 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
OPTICHAMBER DIAMOND-MD MASK MISC	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
OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PURE COMFORT SPACER CHAMBER 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	QUAKE DEVI	P	RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC			
PARI TREK S COMBO PACK DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SPIRO PD DEVI	P	RX/OTC
THRESHOLD PEP DEVI	P	RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC
VERSAPAP DEVI	P	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	PA	SP; PA
AJOVY SOAJ	PA	SP; PA
AJOVY SOSY	PA	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP
EMGALITY SOAJ	PA	SP; PA
EMGALITY SOSY	PA	SP; PA
NURTEC	PA	QL(0.54 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
QULIPTA	PA	QL(1 EA daily); PA
UBRELVY	PA	QL(0.534 EA daily); PA
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
<i>sumatriptan-naproxen sodium</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA
Migraine Products - NSAIDs		
ELYXYB	NP	
Serotonin Agonists		
<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 (<i>Use 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
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>sumatriptan 5 MG/ACT</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX TABS 25 MG (<i>Use sumatriptan succinate</i>)	NP	QL(18 EA per 30 day(s) retail; 18 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)
IMITREX TABS 50 MG, 100 MG (<i>Use sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
RELPAX (<i>Use eletriptan hydrobromide</i>)	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 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 TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
ZOMIG SOLN	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
MINERALS & ELECTROLYTES			Magnesium		
Calcium			<i>magnesium oxide (mg supplement) TABS</i>	P	
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)	Phosphate		
CALCIUM CARB-CHOLECALCIFEROL CHEW	P		PHOSPHA 250 NEUTRAL	P	QL(8 EA daily); RX/OTC
CALCIUM CARBONATE CHEW	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC
<i>calcium carbonate-cholecalciferol TABS</i>	P		WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P		Potassium		
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)	EFFER-K TBEF 25 MEQ	P	
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P		<i>potassium bicarbonate TBEF</i>	P	
<i>calcium citrate TABS</i>	P		<i>potassium chloride microencapsulated crystals er</i>	P	
CALCIUM CHEW	P		<i>potassium chloride CPCR 10 MEQ</i>	P	
<i>oyster shell</i>	P		<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P		<i>potassium chloride PACK PO 20 MEQ</i>	P	
PARVA-CAL 200 UNIT-500 MG	P		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
Electrolyte Mixtures			<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	P	
<i>oral electrolytes SOLN</i>	P		Sodium		
Fluoride			<i>sodium chloride SOLN IV 0.9 %</i>	P	
			SODIUM CHLORIDE SOLN IJ 0.9 %	P	
			Zinc		

Drug Name	Drug Tier	Requirements/ Limits
<i>zinc sulfate CAPS</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
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		
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); SP; PA
Immunomodulators		
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); SP; PA
<i>lenalidomide</i>	PA	SP; PA
REVLIMID (<i>Use lenalidomide</i>)	PA	SP; PA
RHAPSIDO TABS PO 25 MG	PA	AL(At least 18 yrs old); SP; PA
RYSTIGGO	NP	SP
THALOMID 50 MG, 100 MG	PA	SP; PA
VYVGART	NP	SP
VYVGART HYTRULO SC	NP	SP
VYVGART HYTRULO	NP	SP
Immunosuppressive Agents		
<i>azathioprine TABS 75 MG, 100 MG</i>	P	QL(3 EA daily)
<i>azathioprine TABS 50 MG</i>	P	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	QL(4 EA daily)
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	QL(8 ML daily)
<i>cyclosporine CAPS</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ENSPRYNG	NP	SP
<i>everolimus (immunosuppressant)</i>	P	
<i>mycophenolate mofetil hcl</i>	P	
<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)
<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)
PROGRAF PACK	P	
SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	QL(3 EA daily)
<i>tacrolimus SOLN 5 MG/ML</i>	P	
UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	PA	SP; PA
Potassium Removing Agents		
LOKELMA	P	
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
VELTASSA	NP	

Drug Name	Drug Tier	Requirements/ Limits
Sclerosing Agents		
<i>sodium tetradecyl sulfate</i>	PA	PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOLR	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOSY	PA	AL(At least 18 yrs old); SP; PA
SAPHNELO SC 120 MG/0.8ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA
SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA
SAPHNELO PEN SC 120 MG/0.8ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(4 ML per fill retail; 4 per fill mail)
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>sodium fluoride (dental) GEL</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
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
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	P	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 20 MG-5000 UNIT-10 MG- 18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG- 400 UNIT-6 MCG-10 MG- 1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
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	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
DERMACINRX BOOSTERVITE TABS	P	QL(1 EA daily); RX/OTC			
DESTRESS-IRON TABS	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
DUOVANCE 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			
MIREXA TABS	P	QL(1 EA daily); RX/OTC			
multiple vitamins w/ iron TABS	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
			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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC	B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS TABS	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 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML	P	RX/OTC
BASIC AM TABS	P	QL(1 EA daily); RX/OTC	BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC
BASIC PM TABS	P	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC
BIOCAL CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC
BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC	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
BIOTECT PLUS CAPS	P	RX/OTC	CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC	CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC
BODY/HAIR/SKIN/NAIls CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	P	RX/OTC			
BONEUP 3 PER DAY CAPS	P	RX/OTC			
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC			
BONEUP CAPS	P	RX/OTC			
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC			

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS WOMENS ACTIVE DAILY TABS 60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-2.4 MG-50 MG-15 MG-2 MG-300 MG-30 UNIT-2 MG-120 MCG-20 MCG-180 MG	P	QL(1 EA daily); RX/OTC	DECUBI-VITE CAPS	P	RX/OTC
			DEKAS PLUS OCEAN CAPS	P	RX/OTC
			DEKAS PLUS CAPS	P	RX/OTC
			DEPLIN MA CAPS	P	RX/OTC
			DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC
			DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC
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	DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC
			DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC
			DERMAVITE TABS	P	QL(1 EA daily); RX/OTC
			DEXATRAN CAPS	P	RX/OTC
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	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
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	DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	P	RX/OTC			
DAYAVITE TABS	P	QL(1 EA daily); RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	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
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC	GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG	P	QL(1 EA daily); RX/OTC
FOLAREX TABS	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
FOLASYNC DHA CAPS	P	RX/OTC			
FOLATEN TABS	P	QL(1 EA daily); RX/OTC			
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC			
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC			
FOLIVRA 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
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-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 CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	P	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC			
GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	P	QL(1 EA daily); RX/OTC			
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC			
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC		GNP ONE DAILY MAXIMUM TABS	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG- 10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG	P	QL(1 EA daily); RX/OTC	I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC	JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC	KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC
HYVITE TABS	P	QL(1 EA daily); RX/OTC	KEYLOSA TABS	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC	KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG- 500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG- 300 MCG-1.5 MG-50 MG- 11 MG-80 MG-150 MCG- 220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG- 30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG- 2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG- 280 MG	P	RX/OTC			
ICAPS MV TABS 128 MG- 7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG- 2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG- 0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG- 30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC			
ICAPS CAPS 226 MG- 34.8 MG-0.8 MG-14320 UNIT-200 MG	P	RX/OTC			
IMMUNE 24 HOUR+ CAPS	P	RX/OTC			
IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC			
I-VITE W/LUTEIN TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
			KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG	P	QL(1 EA daily); RX/OTC	KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC
			KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	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
K-PAX IMMUNE PROFESSIONAL ST 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
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC	MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC
LIVITA ADULTS LIQD	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
LUMIVANCE CAPS	P	RX/OTC	MEDI TAB TABS	P	QL(1 EA daily); 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	MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
LYSIPLEX PLUS LIQD	P	RX/OTC	MEGA MULTI MEN TABS	P	QL(1 EA daily); 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
MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MEIJER ADVANCED FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-150 MCG-300 MCG-1.5 MG-15 MG-150 MCG-100 MG-162 MG-80 MG-75 MCG-30 UNIT-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	MOOD FOOD ES CAPS	P	RX/OTC
			MOOD FOOD CAPS	P	RX/OTC
			MULTI COMPLETE/IRON TABS 180 MG-2 MG-30 MG-400 MCG-1000 UNIT-6 MCG-1.7 MG-80 MCG-20 MG-2500 UNIT-10 MG-18 MG-162 MG-1.5 MG-15 MG-100 MG-75 MCG-150 MCG-50 UNIT-2 MG-4 MG-120 MCG-70 MCG	P	QL(1 EA daily); RX/OTC
			MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC
			MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	P	RX/OTC
MENATROL CAPS	P	RX/OTC			
MENS 50+ ADVANCED CAPS	P	RX/OTC			
MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC			
MENS LIFE PACK TABS 300 MCG-200 UNIT-10 MG-10 MG-9 MG-10 MG-2.5 MG-15 MG-1 MG-50 MG-11.25 MG-1 MG-2500 UNIT-15 UNIT-75 MG-37.5 MCG-2.5 MG-2.5 MG-12.5 MCG, 400 UNIT-10 MG-10 MG-5000 UNIT-18 MG-10 MG-5 MG-30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG	P	QL(1 EA daily); RX/OTC			
MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG	P	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals CAPS	P	RX/OTC
multiple vitamins w/ minerals LIQD	P	RX/OTC
multiple vitamins w/ minerals TABS	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS/WOMENS TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC
MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG	P	RX/OTC
MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	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
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC	OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	OCULYRA 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	OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	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
NATRUL-VITES 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
NEOVITE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
NICAZEL 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
NO IRON MULT VITAMIN-MINERALS 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
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
OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC	ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	P	RX/OTC			
OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ONE 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 A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY POSTNATAL CAPS	P	RX/OTC			
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	ONE 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 A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC			
ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG	P	QL(1 EA daily); RX/OTC			
ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			
			ONE DAILY 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 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 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 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 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 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 MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
			ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
			ONE DAILY MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY 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 WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY 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 WOMENS 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/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 DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	ONE VITE M HIGH POTENCY TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC	OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC	OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 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	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	OSTEOPRIME PLUS 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	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-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG	P	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC OCUHEALTH VISION SUPPORT 2 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
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	SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC	SENTRY TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC	SIDEROL TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	SOLO TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC	SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX TABS 60 MG-10 MG-300 MCG-800 MCG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG-12.5 MG	P	QL(1 EA daily); RX/OTC	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
REVYRA 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
			STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
			SUPER ANTIOXIDANT CAPS	P	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERATRUM COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG- 1.7 MG-20 MG-250 MCG- 5000 UNIT-10 MG-18 MG- 1.5 MG-100 MG-15 MG-80 MG-2 MG-150 MCG-162 MG-150 MCG-75 MCG-30 UNIT-108 MG-2 MG-72 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG, 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-250 MCG-3500 UNIT-10 MG- 18 MG-300 MCG-1.5 MG- 100 MG-15 MG-80 MG- 150 MCG-162 MG-72 MG- 75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-2 MG	P	QL(1 EA daily); RX/OTC	TROPICAL LIQUID NUTRITION LIQD 90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300 MCG/15ML-2.25 MG/15ML-600 UNIT/15ML-18 MCG/15ML-5250 UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML-37 MG/15ML	P	RX/OTC
			TRUEVITE TABS	P	QL(1 EA daily); RX/OTC
			T-VITES TABS	P	QL(1 EA daily); RX/OTC
			UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG- 2.5 MG-17 MG-7.5 MG- 100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC
			ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M 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
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
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	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
ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG- 3333.333 UNIT-6.667 MG- 15 MG-33.333 MG-10 MG- 10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG- 10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG	P	RX/OTC	VENEXA FE TABS	P	QL(1 EA daily); RX/OTC
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	VENEXA TABS	P	QL(1 EA daily); RX/OTC
			VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC
			VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC
			VIC-FORTE CAPS 150 MG-2 MG-1 MG-10 MCG- 8000 UNIT-5 MG-25 MG- 10 MG-10 MG-50 UNIT-80 MG-70 MG-4 MG	P	RX/OTC
			VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC
			VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT- 55 MCG	P	QL(1 EA daily); RX/OTC
			VISION HEALTH CAPS	P	RX/OTC
			VISION OPTIMIZER CAPS	P	RX/OTC
			VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
			VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC	VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC
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	VITASANA TABS	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	VITASCRIPIT TABS	P	QL(1 EA daily); RX/OTC
VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC
VITABEX CAPS	P	RX/OTC	VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC
VITACEL TABS 500 MG-300 MCG-100 UNIT-1 MG-25 MG-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-200 UNIT-125 MG-80 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VITALUX TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	RX/OTC	VITEYES CLASSIC+OMEGA-3 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	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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
TRI-VI-FLOR SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	CLASSIC PRENATAL TABS	P	QL(1 EA daily)
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	COMPLETE NATAL DHA	P	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	COMPLETENATE CHEW	P	
Ped MV w/ Iron			CONCEPT DHA	P	
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		CONCEPT OB	P	
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	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	
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P		CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 EA daily)
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	AL(Up to 20 yrs old)	ENBRACE HR	P	
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	FOLIVANE-OB	P	
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	FT PRENATAL TABS	P	QL(1 EA daily)
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P		GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)
Pediatric Multiple Vitamins			GNP PRENATAL TABS	P	QL(1 EA daily)
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P		JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
Prenatal Vitamins			KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)
			KPN PRENATAL TABS	P	QL(1 EA daily)
			MASONATAL TABS	P	QL(1 EA daily)
			M-NATAL PLUS TABS	P	RX/OTC
			MULTI PRENATAL TABS	P	QL(1 EA daily)
			NEONATAL PRENATAL TABS	P	QL(1 EA daily)
			NEONATAL VITAMIN TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEO-VITAL RX TABS	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)
NESTABS	P				
NESTABS DHA	P				
NESTABS ONE	P				
OB COMPLETE ONE	P				
OB COMPLETE PETITE	P				
OB COMPLETE PREMIER	P				
OB COMPLETE/DHA	P				
OB COMPLETE TABS	P		<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	P	
ONE VITE WOMENS TABS	P	QL(1 EA daily)	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
PNV-OMEGA	P				
PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC	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
PRENATAL FORMULA CAPS	P				
PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC	PRENATAL TABS	P	QL(1 EA daily)
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC	PRENATE	P	
PRENATAL ONE DAILY TABS	P	QL(1 EA daily)	PRENATE AM	P	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	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	
<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	P		WESTGEL DHA	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		Vitamins w/ Lipotropics		
PRENATE PIXIE	P		<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
PRENATE RESTORE	P		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENOVA TABS 0.8 MG	P	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
PRIMACARE	P		AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
PROVIDA OB	P		ATMEKSI SUSP PO 750 MG/5ML	NP	AL(At least 16 yrs old)
QC PRENATAL TABS	P	QL(1 EA daily)	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML	NP	
SELECT-OB+DHA MISC	P		<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
SELECT-OB CHEW	P		<i>baclofen SUSP</i>	NP	
SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)	<i>baclofen TABS</i>	P	
TARON-C DHA	P		<i>carisoprodol TABS 250 MG</i>	NP	
THRIVITE RX TABS	P	RX/OTC	<i>carisoprodol TABS 350 MG</i>	P	
TRICARE TABS	P	RX/OTC	<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
TRINATAL RX 1 TABS	P		<i>chlorzoxazone TABS 500 MG</i>	P	
TRISTART DHA	P		<i>cyclobenzaprine hcl CP24</i>	P	
VITAFOL FE+	P		<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
VITAFOL GUMMIES	P		<i>cyclobenzaprine hcl TABS</i>	P	
VITAFOL ULTRA	P		FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	
VITAFOL-OB+DHA MISC	P		LYVISPAH PACK 5 MG	NP	
VITAFOL-OB TABS	P		<i>metaxalone</i>	NP	
VITAFOL-ONE CAPS	P		<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
WESCAP-C DHA	P		ONTRALFY SOLN PO 2 MG/5ML	NP	
WESCAP-PN DHA	P		<i>orphenadrine citrate TB12</i>	P	
WESNATAL DHA COMPLETE	P				
WESNATE DHA CAPS	P				
WESTAB PLUS TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OZOBAX DS SOLN PO (Use baclofen)	NP		fluticasone propionate (nasal) SUSP	P	RX/OTC
SOMA TABS (Use carisoprodol)	NP		mometasone furoate (nasal) SUSP	NP	RX/OTC
tizanidine hcl CAPS	P		OMNARIS SUSP	NP	
tizanidine hcl TABS	P		QNASL	NP	
ZANAFLEX CAPS (Use tizanidine hcl)	NP		QNASL CHILDRENS	NP	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		triamcinolone acetonide (nasal) AERO	P	
Direct Muscle Relaxants			XHANCE EXHU	NP	
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP		Sympathomimetic Decongestants		
dantrolene sodium CAPS	P		ADRENALIN 0.1 %	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			epinephrine hcl (nasal)	P	
Nasal Agent Combinations			phenylephrine hcl (oral) TABS	P	QL(24 EA per fill retail; 24 per fill mail)
azelastine hcl-fluticasone propionate SUSP	P		pseudoephedrine hcl TABS	P	
DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	P		pseudoephedrine hcl TB12	P	QL(2 EA daily)
RYALTRIS	NP		SUDAFED CHILDRENS LIQD	P	
Nasal Agents - Misc.			NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
saline SOLN 0.65 %	P	QL(90 ML per fill retail; 90 per fill mail)	ALS Agents		
Nasal Antiallergy			QALSODY	PA	AL(At least 18 yrs old); SP; PA
azelastine hcl 0.1 %, 137 MCG/SPRAY	P		Friedrich's Ataxia Agents		
cromolyn sodium (nasal) 5.2 MG/ACT	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
olopatadine hcl (nasal)	P		Muscular Dystrophy Agents		
Nasal Steroids			AMONDYS 45	PA	SP; PA
budesonide (nasal)	NP		DUVYZAT	PA	AL(At least 6 yrs old); SP; PA
flunisolide (nasal)	NP		ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA
fluticasone propionate (nasal) SUSP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 10.5-11.4 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 11.5-12.4 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 12.5-13.4 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 13.5-14.4 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 14.5-15.4 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 15.5-16.4 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 16.5-17.4 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 17.5-18.4 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 18.5-19.4 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 19.5-20.4 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 20.5-21.4 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 21.5-22.4 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 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 48.5-49.4 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 49.5-50.4 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 50.5-51.4 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 51.5-52.4 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 52.5-53.4 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 53.5-54.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); SP; PA	EXONDYS 51	PA	SP; PA
ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); SP; PA	VILTEPSO	PA	SP; PA
ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); SP; PA	VYONDYS 53	PA	SP; PA
ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DYSPO	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA	ZOLGENSMA 11.1-11.5 KG	CO	
MYOBLOC	PA	Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); SP; PA	ZOLGENSMA 11.6-12.0 KG	CO	
XEOMIN	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA	ZOLGENSMA 12.1-12.5 KG	CO	
Rett Syndrome Agents			ZOLGENSMA 12.6-13.0 KG	CO	
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); SP; PA	ZOLGENSMA 13.1-13.5 KG	CO	
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	PA	AL(At least 2 yrs old); SP; PA	ZOLGENSMA 13.6-14.0 KG	CO	
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 14.1-14.5 KG	CO	
EVRYSDI	PA	SP; PA	ZOLGENSMA 14.6-15.0 KG	CO	
EVRYSDI PO 5 MG	PA	SP; PA	ZOLGENSMA 15.1-15.5 KG	CO	
ITVISMASUSPIT	PA	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); AL(At least 2 yrs old); SP; PA	ZOLGENSMA 15.6-16.0 KG	CO	
SPINRAZA	PA	SP; PA	ZOLGENSMA 16.1-16.5 KG	CO	
ZOLGENSMA 20.6-21.0 KG	CO		ZOLGENSMA 16.6-17.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 17.1-17.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO		ZOLGENSMA 17.6-18.0 KG	CO	
			ZOLGENSMA 18.1-18.5 KG	CO	
			ZOLGENSMA 18.6-19.0 KG	CO	
			ZOLGENSMA 19.1-19.5 KG	CO	
			ZOLGENSMA 19.6-20.0 KG	CO	
			ZOLGENSMA 2.6-3.0 KG	CO	
			ZOLGENSMA 20.1-20.5 KG	CO	
			ZOLGENSMA 3.1-3.5 KG	CO	
			ZOLGENSMA 3.6-4.0 KG	CO	
			ZOLGENSMA 4.1-4.5 KG	CO	

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

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 GM per fill retail; 4 per fill mail)
<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
CYCLOGYL 2 %	P	
CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
<i>cyclopentolate hcl 1 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>tropicamide SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
<i>pilocarpine hcl SOLN 1.25 %</i>	PA	PA
VUITY SOLN 1.25 % (<i>Use pilocarpine hcl</i>)	PA	PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>Use brimonidine tartrate</i>)	P	
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate</i>	NP	
IOPIDINE	NP	
SIMBRINZA	P	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per fill retail; 4 per fill mail)
<i>besifloxacin hcl 0.6 %</i>	NP	
BESIVANCE 0.6 % (<i>Use besifloxacin hcl</i>)	P	
CILOXAN OINT	NP	
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
<i>erythromycin (ophth)</i>	P	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>levofloxacin (ophth) 0.5 %</i>	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per fill retail; 4 per fill mail)
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ML per fill retail; 10 per fill mail)
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	
<i>ofloxacin (ophth)</i>	P	
<i>polymyxin b-trimethoprim</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ML per fill retail; 5 per fill mail)
TOBREX OINT	P	QL(4 GM per fill retail; 4 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits
OXERVATE	PA	Maximum 56 day supply allowed; QL(1 ML daily; 112 ML per 999 day(s) retail; 112 ML per 999 days mail); AL(At least 2 yrs old); SP; PA
Ophthalmic Steroids		
ALREX SUSP (Use <i>loteprednol etabonate</i>)	P	
<i>bacitracin-poly-neomycin-hc</i>	NP	
BYQLOVI 0.05 %	NP	
<i>dexamethasone sodium phosphate</i> (ophth)	NP	
DEXTENZA INST	NP	SP
<i>difluprednate</i>	P	
DUREZOL (Use <i>difluprednate</i>)	NP	
EYSUVIS SUSP	P	QL(8.3 ML per fill retail; 8.3 per fill mail)
FLAREX	P	
<i>fluorometholone</i> (ophth) SUSP	NP	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP (Use <i>fluorometholone</i> (ophth))	P	
ILUVIEN	NP	SP
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL (Use <i>loteprednol etabonate</i>)	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NP	
<i>loteprednol etabonate</i> GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate SUSP</i>	NP		ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	
<i>loteprednol etabonate-tobramycin</i>	NP		ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	
MAXIDEX SUSP OP	P		ACUVAIL	NP	
MAXITROL OINT (<i>Use neomycin-polymyx-dexameth</i>)	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)	ALOCRI	P	QL(5 ML per fill retail; 5 per fill mail)
MAXITROL SUSP (<i>Use neomycin-polymyx-dexameth</i>)	NP		<i>azelastine hcl (ophth)</i>	P	
<i>neomycin-polymyx-dexameth OINT</i>	P	QL(17.5 GM per fill retail; 17.5 per fill mail)	AZOPT (<i>Use brinzolamide</i>)	P	
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P		<i>bepotastine besilate</i>	NP	
<i>neomycin-polymyxin-hc (ophth)</i>	NP		BEPREVE (<i>Use bepotastine besilate</i>)	P	
PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	P		<i>brinzolamide</i>	NP	
PRED MILD	NP		<i>bromfenac sodium (ophth)</i>	NP	
<i>prednisolone acetate (ophth)</i>	P		BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	NP	
PREDNISOLONE SODIUM PHOSPHATE	NP		<i>cromolyn sodium (ophth)</i>	NP	
RETISERT	NP	SP	<i>diclofenac sodium (ophth)</i>	P	
<i>sulfacetamide sod-prednisolone SOLN</i>	P		<i>dorzolamide hcl</i>	P	
TOBRADEX ST SUSP	NP		<i>epinastine hcl (ophth)</i>	NP	
TOBRADEX OINT	P		<i>flurbiprofen sodium</i>	P	
<i>tobramycin-dexamethasone SUSP</i>	P		ILEVRO	P	
TRIESENCE	NP	SP	<i>ketorolac tromethamine (ophth)</i>	P	
XIPERE	NP	SP	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
ZYLET 0.3 %-0.5 % (<i>Use loteprednol etabonate-tobramycin</i>)	NP		<i>ketotifen fumarate (ophth) 0.035 %</i>	NP	
Ophthalmics - Misc.			LASTACFT	NP	
			MIEBO	NP	
			NEVANAC	P	
			<i>olopatadine hcl</i>	NP	
			<i>olopatadine hcl</i>	P	RX/OTC
			PROLENSA (<i>Use bromfenac sodium (ophth)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	
DURYSTA IMPL	NP	
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>)	P	
<i>travoprost SOLN</i>	NP	
VYZULTA	NP	
XALATAN SOLN (Use <i>latanoprost</i>)	NP	
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		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	P	
<i>ciprofloxacin-dexamethasone</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<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		
<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
GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD ERC 10 GM/100ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD S/D LESS IGA SOLR	NP	SP
GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	SP
GAMMAPLEX SOLN	NP	SP
GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP
HEPAGAM B SOLN IJ	NP	SP
HIZENTRA SOLN	P	SP
HIZENTRA SOSY	P	SP
HYPERHEP B SOLN IM	NP	SP
HYPERHEP B SOSY 110 UNIT/0.5ML	NP	SP
HYPERRAB SOLN	NP	
KEDRAB SOLN	NP	
NABI-HB SOLN IM	NP	SP
OCTAGAM SOLN	NP	SP
PANZYGA	NP	SP
PRIVIGEN SOLN	P	SP
QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	SP
VARIZIG SOLN	NP	
XEMBIFY	NP	SP
Monoclonal Antibodies		
SYNAGIS SOLN 50 MG/0.5ML	PA	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	SP
PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
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 57 MG-400 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMOXICILLIN-POT CLAVULANATE CHEW	P	QL(20 EA per fill retail; 20 per fill mail)	ARICEPT TABS (Use donepezil hydrochloride)	NP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P		donepezil hydrochloride TABS	P	
Penicillinase-Resistant Penicillins			donepezil hydrochloride TBDP	P	
dicloxacillin sodium	P		EXELON (Use rivastigmine)	NP	
PROGESTINS - Hormone Replacement/Modifying Drugs			galantamine hydrobromide CP24	NP	
Progestins			galantamine hydrobromide SOLN	NP	
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P		galantamine hydrobromide TABS	NP	
megestrol acetate (appetite)	NP		KISUNLA	PA	SP; PA
norethindrone acetate TABS	P		LEQEMBI	PA	SP; PA
progesterone CAPS	P	QL(1 EA daily)	LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			LEQEMBI IQLIK (500 MG DOSE) SC	PA	SP; PA
Agents for Chemical Dependency			memantine hcl CP24	NP	
disulfiram 250 MG	P		memantine hcl-donepezil hcl CP24	NP	
lofexidine hcl	NP	QL(16 EA daily)	memantine hcl SOLN	NP	
LUCEMYRA (Use lofexidine hcl)	NP	QL(16 EA daily)	memantine hcl TABS	P	
Anti-Cataleptic Agents			NAMZARIC CP24	NP	
sodium oxybate SOLN	NP	QL(18 ML daily); AL(At least 7 yrs old); SP	NAMZARIC CP24 (Use memantine hcl-donepezil hcl)	NP	
XYREM SOLN (Use sodium oxybate)	NP	QL(18 ML daily); AL(At least 7 yrs old); SP	rivastigmine	P	
XYWAV	NP	AL(At least 7 yrs old); SP	rivastigmine tartrate CAPS	P	
Antidementia Agents			ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
ADUHELM 170 MG/1.7ML	PA	SP; PA	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)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
<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
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		

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine mesylate (vasomotor)</i>	P	AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	PA	AL(At least 6 yrs old); SP; PA
KALYDECO PACK	PA	QL(2 EA daily); SP; PA
KALYDECO TABS	PA	QL(2 EA daily); SP; PA
ORKAMBI PACK 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		
<i>pirfenidone CAPS</i>	P	SP; PA
<i>pirfenidone TABS</i>	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P	
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate TABS 100 MG</i>	P	
<i>minocycline hcl CAPS</i>	P	
<i>tetracycline hcl CAPS 500 MG</i>	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	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	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
<i>levothyroxine sodium TABS</i>	P	
<i>liothyronine sodium TABS</i>	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
<i>dicyclomine hcl TABS</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
<i>hyoscyamine sulfate ELIX</i>	P	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
H-2 Antagonists		
<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
<i>cimetidine TABS</i>	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine SOLN 20 MG/2ML</i>	P		<i>omeprazole CPDR</i>	P	
FAMOTIDINE SOLN	P		<i>omeprazole TBDD</i>	P	
<i>famotidine SUSR</i>	P		<i>omeprazole TBEC</i>	P	QL(1 EA daily)
<i>famotidine TABS</i>	P	RX/OTC	<i>omeprazole TBEC</i>	P	
<i>famotidine TABS 10 MG, 20 MG</i>	NP		<i>pantoprazole sodium PACK</i>	NP	
<i>nizatidine CAPS</i>	NP		<i>pantoprazole sodium SOLR</i>	P	QL(1 EA daily)
Misc. Anti-Ulcer			<i>pantoprazole sodium SOLR</i>	P	
<i>sucralfate SUSP</i>	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)	PANTOPRAZOLE SODIUM SOLR 40 MG (Use <i>pantoprazole sodium</i>)	P	
<i>sucralfate TABS</i>	P	QL(4 EA daily)	<i>pantoprazole sodium TBEC</i>	P	
Proton Pump Inhibitors			<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(1 EA daily)
DEXILANT (Use <i>dexlansoprazole</i>)	NP	QL(1 EA daily)	PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>dexlansoprazole</i>	NP	QL(1 EA daily)	PREVACID SOLUTAB TBDD (Use <i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 EA daily); RX/OTC	PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	QL(1 EA daily)
<i>esomeprazole magnesium PACK</i>	NP	QL(1 EA daily)	PRILOSEC PACK	NP	
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily); RX/OTC	PROTONIX PACK (Use <i>pantoprazole sodium</i>)	P	
<i>lansoprazole TBDD</i>	NP	QL(1 EA daily); RX/OTC	PROTONIX SOLR (Use <i>pantoprazole sodium</i>)	NP	
NEXIUM CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	PROTONIX TBEC (Use <i>pantoprazole sodium</i>)	NP	
NEXIUM PACK (Use <i>esomeprazole magnesium</i>)	NP	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	NP	QL(1 EA daily)
<i>omeprazole magnesium CPDR</i>	P		Ulcer Drugs - Prostaglandins		
<i>omeprazole magnesium CPDR</i>	P	QL(1 EA daily)	<i>misoprostol</i>	P	
<i>omeprazole magnesium TBEC</i>	P		Ulcer Therapy Combinations		
<i>omeprazole magnesium TBEC</i>	P	QL(1 EA daily)	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<i>omeprazole CPDR</i>	P	QL(1 EA daily)	<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KONVOMEK SUSR	NP		<i>mirabegron SRER 8 MG/ML</i>	NP	
VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA	<i>mirabegron TB24</i>	NP	
VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA	MYRBETRIQ SRER 8 MG/ML (<i>Use mirabegron</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			MYRBETRIQ TB24 (<i>Use mirabegron</i>)	P	
			Urinary Antispasmodics - Cholinergic Agonists		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>bethanechol chloride</i>	P	
<i>darifenacin hydrobromide</i>	NP		Urinary Antispasmodics - Direct Muscle Relaxants		
DETROL TABS (<i>Use tolterodine tartrate</i>)	P		<i>flavoxate hcl</i>	NP	
<i>fesoterodine fumarate</i>	P		VACCINES		
<i>oxybutynin chloride SOLN</i>	P		Bacterial Vaccines		
<i>oxybutynin chloride TABS 2.5 MG</i>	NP		ACTHIB SOLR IM	P	
<i>oxybutynin chloride TABS 5 MG</i>	P		BEXSERO 0.5 ML	P	
<i>oxybutynin chloride TB24</i>	P		CAPVAXIVE	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC	HIBERIX SOLR IJ	P	
OXYTROL PTTW	NP	RX/OTC	MENQUADFI 0.5 ML	P	
<i>solifenacin succinate TABS</i>	P		MENVEO SOLN	P	
<i>tolterodine tartrate CP24</i>	P		MENVEO SOLR	P	
<i>tolterodine tartrate TABS</i>	P		PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP		PENBRAYA	P	
<i>trospium chloride CP24</i>	NP		PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
<i>trospium chloride TABS</i>	NP		PNEUMOVAX 23 SOLN	P	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			PNEUMOVAX 23 SOSY	P	
GEMTESA	NP		PREVNAR 20	P	
			TRUMENBA 0.5 ML	P	
			VAXNEUVANCE	P	
			Viral Vaccines		
			ABRYSVO	P	AL(At least 60 yrs old)
			ACAM2000 SOLR IJ	P	
			AFLURIA PRESERVATIVE FREE SUSY	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT SUSY 0.5 ML	P		JYNNEOS	P	
AFLURIA SUSP	P		MFLUSIVA SUSY IM 0.38 ML	P	
AREXVY	P	AL(At least 60 yrs old)	M-M-R II SOLR	P	
AUDENZ EMUL	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
AUDENZ PRSY	P		MRESVIA	P	AL(At least 60 yrs old)
COMIRNATY SUSY	P		NOVAVAX COVID-19 VACCINE SUSY	P	
DENG VAXIA	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
ENGERIX-B SUSP 20 MCG/ML	P		PREHEVBRIO	P	
ENGERIX-B SUSY	P		PRIORIX SUSR	P	
FLUAD	P		PROQUAD SUSR	P	
FLUAD QUADRIVALENT	P		RECOMBIVAX HB SUSP	P	
FLUARIX QUADRIVALENT SUSY	P		RECOMBIVAX HB SUSY	P	
FLUARIX SUSY	P		ROTARIX SUSP	P	
FLUBLOK SOSY	P		ROTATEQ SOLN	P	
FLUCELVAX QUADRIVALENT SUSY	P		SHINGRIX	P	AL(At least 50 yrs old)
FLUCELVAX SUSP	P		SHINGRIX IM 50 MCG/0.5ML	P	AL(At least 50 yrs old)
FLUCELVAX SUSY	P		SPIKEVAX SUSY	P	
FLULAVAL SUSY	P		TWINRIX SUSY	P	
FLUMIST	P		VAQTA	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		VARIVAX SUSR	P	
FLUZONE HIGH-DOSE SUSY	P		VAGINAL AND RELATED PRODUCTS		
FLUZONE QUADRIVALENT SUSY	P		Vaginal Anti-infectives		
FLUZONE SUSP	P		CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P	
FLUZONE SUSY	P		CLEOCIN SUPP	P	
GARDASIL 9 SUSP 0.5 ML	P	AL(Up to 45 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	NP	
GARDASIL 9 SUSY 0.5 ML	P	AL(Up to 45 yrs old)	CLINDESSE	NP	
HAVRIX IM 720 EL U/0.5ML	P		<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)
HEPLISAV-B SOSY	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	
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	

Drug Name	Drug Tier	Requirements/ Limits
PHEXXI	P	
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>estradiol vaginal TABS</i>	P	
PREMARIN	P	QL(1.5 GM daily)
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 (Use epinephrine (anaphylaxis))	P	
EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	P	
NEFFY SOLN NA	NP	
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)
<i>cholecalciferol CAPS</i>	P	
<i>cholecalciferol CHEW 400 UNIT</i>	P	
<i>cholecalciferol LIQD PO</i>	P	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
<i>phytonadione TABS 5 MG</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits
<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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50+ ADULT EYE HEALTH CAPS 150	MG136	MCG-45 MCG-0.9 MG-10 MCG-11
MG-30 UNIT-5 MG-1 MG-1 MG-9	A THRU Z HIGH POTENCY TABS	MG-220 MG-150 MCG-110 MG-55
MG-90 MG-160 MG-250 MG135	60 MG-2 MG-30 MCG-400 MCG-400	MCG-50 UNIT-72 MG, 90 MG-3 MG-
A THRU Z ADVANCED ADULT	UNIT-6 MCG-1.7 MG-20 MG-250	30 MCG-500 MCG-500 UNIT-25
TABS 60 MG-2 MG-30 MCG-400	MCG-3500 UNIT-10 MG-18 MG-162	MCG-10 MG-1.7 MG-30 MCG-20
MCG-400 UNIT-6 MCG-1.7 MG-25	MG-300 MCG-1.5 MG-100 MG-15	MG-250 MCG-2500 UNIT-300 MCG-
MCG-20 MG-3500 UNIT-10 MG-18	MG-2 MG-80 MG-150 MCG-150	1.5 MG-11 MG-150 MCG-2 MG-50
MG-1.5 MG-11 MG-75 MCG-50 MG-	MCG-75 MCG-30 UNIT-109 MG-5	MG-45 MCG-80 MG-220 MG-150
2 MG-200 MG-80 MG-45 MCG-150	MCG-10 MCG-2 MG-120 MCG-25	MCG-50 UNIT-110 MG-0.9 MG-5
MCG-30 UNIT-20 MG-0.5 MG-5	MCG-20 MCG-10 MCG-72 MG-2 MG	MCG-2.3 MG-55 MCG-10 MCG-45
MCG-10 MCG-2.3 MG-55 MCG-10	136	MCG-72 MG137
MCG-35 MCG-72 MG135	A THRU Z SELECT 50+ ADVANCED	A THRU Z SELECT TABS 60 MG-3
A THRU Z ADVANCED TABS 60	TABS 60 MG-3 MG-30 MCG-400	MG-30 MCG-400 MCG-400 UNIT-25
MG-2 MG-30 MCG-400 MCG-400	MCG-500 UNIT-25 MCG-1.7 MG-30	MCG-1.7 MG-20 MG-250 MCG-3500
UNIT-6 MCG-1.7 MG-25 MCG-20	MCG-20 MG-250 MCG-2500 UNIT-	UNIT-10 MG-200 MG-300 MCG-1.5
MG-3500 UNIT-10 MG-18 MG-1.5	10 MG-300 MCG-1.5 MG-11 MG-150	MG-100 MG-15 MG-2 MG-80 MG-
MG-11 MG-75 MCG-50 MG-2 MG-	MCG-50 MG-2 MG-220 MG-80 MG-	150 MCG-150 MCG-75 MCG-45
200 MG-80 MG-45 MCG-150 MCG-	45 MCG-150 MCG-50 UNIT-20 MG-	UNIT-48 MG-5 MCG-2 MG-150
30 UNIT-20 MG-0.5 MG-5 MCG-10	0.5 MG-5 MCG-2.3 MG-55 MCG-10	MCG-10 MCG-20 MCG-10 MCG-72
MCG-2.3 MG-55 MCG-10 MCG-35	MCG-45 MCG-72 MG136	MG-2 MG, 60 MG-3 MG-30 MCG-
MCG-72 MG, 60 MG-2 MG-30 MCG-	A THRU Z SELECT 50+ MENS	400 MCG-500 UNIT-25 MCG-1.7
400 MCG-400 UNIT-6 MCG-1.7 MG-	TABS 120 MG-6 MG-30 MCG-300	MG-30 MCG-20 MG-250 MCG-2500
25 MCG-20 MG-3500 UNIT-10 MG-	MCG-600 UNIT-100 MCG-1.7 MG-60	UNIT-10 MG-220 MG-300 MCG-1.5
18 MG-1.5 MG-50 MG-11 MG-75	MCG-20 MG-300 MCG-3500 UNIT-	MG-50 MG-11 MG-150 MCG-2 MG-
MCG-2 MG-80 MG-200 MG-45	10 MG-600 MCG-1.5 MG-15 MG-150	80 MG-100 MCG-45 MCG-50 UNIT-
MCG-150 MCG-30 UNIT-20 MG-0.5	MCG-50 MG-2 MG-250 MG-80 MG-	20 MG-0.5 MG-5 MCG-2.3 MG-55
MG-5 MCG-10 MCG-2.3 MG-55	50 MCG-150 MCG-60 UNIT-20 MG-	MCG-10 MCG-45 MCG-72 MG, 90
MCG-10 MCG-35 MCG-72 MG, 90	0.7 MG-5 MCG-4 MG-100 MCG-10	MG-3 MG-30 MCG-500 MCG-500
MG-2 MG-30 MCG-500 MCG-400	MCG-60 MCG-72 MG136	UNIT-25 MCG-1.7 MG-30 MCG-20
UNIT-6 MCG-1.7 MG-20 MG-250	A THRU Z SELECT ADVANCED	MG-250 MCG-2500 UNIT-10 MG-
MCG-3500 UNIT-10 MG-18 MG-200	TABS 60 MG-3 MG-30 MCG-400	300 MCG-1.5 MG-50 MG-11 MG-150
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balsalazide disodium CAPS77	BD INS SYR ULTRAFINE 1/2UNIT 123	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...31
BALVERSA37	BD INSULIN SYR ULTRAFINE II 123	
BAND-AID ALL-IN-ONE GAUZE LG PADS87	BD INSULIN SYRINGE123	
BAND-AID GAUZE LARGE PADS 87	BD INSULIN SYRINGE HALF-UNIT .	

BENLYSTA SOAJ	133	betamethasone dipropionate augmented GEL 0.05 %	56	BIMZELX SOSY	55
BENLYSTA SOLR	133	betamethasone dipropionate augmented LOTN	56	BINOSTO TBEF	74
BENLYSTA SOSY	133	betamethasone dipropionate augmented OINT	56	BIO-35 GLUTEN-FREE CAPS ...	139
benzonatate 100 MG	51	betamethasone valerate CREA ...	56	BIO-35 IRON FREE CAPS	139
benzonatate 200 MG	51	betamethasone valerate FOAM ...	56	BIOCAL CAPS	139
benzoyl peroxide BAR	52	betamethasone valerate LOTN ...	56	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	139
benzoyl peroxide CREA 10 %	52	betamethasone valerate OINT	56	BIOTECT PLUS CAPS	139
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	52	BETAPACE AF (Use sotalol hcl (afib/afl))	46	BIOTEL CARE BLOOD GLUCOSE KIT	93
benzoyl peroxide LIQD 4 %	52	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	46	BIOTEL CARE TEST STRIPS STRP 64	
benzoyl peroxide LIQD 5 %, 10 %	52	BETASERON KIT	190	biotin CAPS 5 MG, 5000 MCG ...	198
benzoyl peroxide LOTN 5 %, 10 %	52	betaxolol hcl (ophth) SOLN	183	bisacodyl SUPP	86
benzoyl peroxide-erythromycin GEL .	52	betaxolol hcl	45	bisacodyl TBEC	86
benztropine mesylate SOLN	39	bethanechol chloride	195	bismuth subsalicylate CHEW 262 MG	26
benztropine mesylate TABS	39	BETHKIS NEBU (Use tobramycin) .	3	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	26
bepotastine besilate	186	BETIMOL (Use timolol)	183	bismuth subsalicylate TABS	26
BEPREVE (Use bepotastine besilate)	186	BETIMOL	183	bisoprolol & hydrochlorothiazide ..	31
BEQVEZ	80	BETOPTIC-S SUSP	183	bisoprolol fumarate	45
BERINERT KIT	81	BEVESPI AEROSPHERE	14	BIVIGAM SOLN	187
besifloxacin hcl 0.6 %	184	bexarotene	39	BIXLENVO TABS PO	43
BESIVANCE 0.6 % (Use besifloxacin hcl)	184	BEXSERO 0.5 ML	195	BLOOD GLUCOSE MONITOR SYSTEM KIT	93
betamethasone dipropionate (topical) CREA	56	bicalutamide	35	BLOOD GLUCOSE MONITORING 333 DEVI	93
betamethasone dipropionate (topical) LOTN	56	BIKTARVY	43	BLOOD GLUCOSE TEST STRIPS	
betamethasone dipropionate (topical) OINT	56	BILDYOS SOSY SC 60 MG/ML ...	74		
betamethasone dipropionate augmented CREA	56	BILPREVDA SOLN SC 120 MG/1.7ML	74		
		bimatoprost SOLN	187		
		BIMZELX SOAJ	55		

333 STRP	64	BOSULIF TABS 100 MG, 400 MG, 500 MG (Use bosutinib)	37	brimonidine tartrate	184
BLOOD GLUCOSE TEST STRP ..	64	bosutinib TABS 100 MG, 400 MG, 500 MG	37	brimonidine tartrate-timolol maleate .	183
BLOOD SUGAR MANAGER TABS 139		BOTOX IJ	181	BRINEURA	76
BLULINK CONTROL HIGH & LOW LIQD	93	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	139	brinzolamide	186
BLULINK GLUCOSE MONITORING SYS DEVI	93	BPO FOAMING CLOTHS MISC 6 % .	52	BRIUMVI	190
BLULINK GLUCOSE TEST STRP .	64	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	139	brivaracetam SOLN PO 10 MG/ML 16	
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	139	BRAFTOVI 75 MG	37	brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	16
BOMYNTRA SOLN SC 120 MG/1.7ML	74	BREATHE COMFORT CHAMBER/ADULT DEVI	126	BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)	16
BOMYNTRA SOSY SC 120 MG/1.7ML	74	BREATHE COMFORT CHAMBER/CHILD DEVI	126	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam)	16
BONEUP 3 PER DAY CAPS	139	BREATHE EASE LARGE DEVI ..	126	BRIXADI (WEEKLY) SOSY	9
BONEUP CAPS	139	BREATHE EASE MEDIUM DEVI	126	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	10
BONEUP VEGETARIAN TABS ..	139	BREATHE EASE SMALL DEVI ..	126	bromfenac sodium (ophth)	186
BONJESTA TBCR	27	BREATHERITE VALVED MDI CHAMBER DEVI	126	bromocriptine mesylate CAPS	39
BONSITY SOPN 560 MCG/2.24ML 74		BREKIYA SOAJ SC 1 MG/ML	129	bromocriptine mesylate TABS 2.5 MG	39
BOOSTNOW IMMUNE SUPPORT CAPS	139	BREO ELLIPTA (Use fluticasone furoate-vilanterol)	14	brompheniramine & phenyleph ELIX .	51
BOOSTRIX SUSP	193	BREO ELLIPTA	14	brompheniramine & pseudoeph ELIX	51
BOOSTRIX SUSY	193	BREZTRI AEROSPHERE	14	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	51
BOSAYA SOSY SC 60 MG/ML	74	BRILINTA 60 MG, 90 MG (Use ticagrelor)	81	BROMSITE (Use bromfenac sodium (ophth))	186
bosentan TABS	47			BROVANA (Use arformoterol tartrate)	14
bosentan TBSO 32 MG	47			BRUKINSA	37
BOSULIF CAPS	37			BRUKINSA PO 160 MG	37

BRYNOVIN SOLN PO 25 MG/ML .22	butalbital-acetaminophen TABS 50 MG, 10 MG-40 MG, 10 MG-80 MG, 5	
budesonide (inhalation) SUSP13	MG-325 MG7	MG-10 MG, 5 MG-20 MG, 5 MG-40
budesonide (intrarectal)10	butalbital-acetaminophen-caffeine	MG, 5 MG-80 MG (Use amlodipine
budesonide (nasal)179	CAPS 40 MG-50 MG-325 MG7	besylate-atorvastatin calcium)47
budesonide CPEP50	butalbital-acetaminophen-caffeine	caffeine citrate SOLN PO 60
budesonide TB2450	TABS 40 MG-50 MG-325 MG7	MG/3ML1
budesonide-formoterol fumarate	butalbital-acetaminophen-caffeine w/	calcipotriene CREA55
dihydrate14	codeine 30 MG-40 MG-50 MG-325	CALCIPOTRIENE FOAM55
bumetanide TABS74	MG9	calcipotriene OINT55
buprenorphine hcl SUBL10	butalbital-aspirin-caffeine CAPS7	calcipotriene SOLN55
buprenorphine hcl-naloxone hcl	butalbital-aspirin-caffeine w/cod9	calcipotriene-betamethasone
dihydrate FILM SL 0.5 MG-2 MG, 2	BUTRANS PTWK (Use	dipropionate OINT57
MG-8 MG10	buprenorphine)10	calcipotriene-betamethasone
buprenorphine hcl-naloxone hcl	BYETTA 10 MCG PEN SOPN 10	dipropionate SUSP57
dihydrate FILM SL 1 MG-4 MG, 3	MCG/0.04ML (Use exenatide)23	calcitonin (salmon) IJ74
MG-12 MG10	BYETTA 5 MCG PEN SOPN 5	calcitonin (salmon) NA74
buprenorphine hcl-naloxone hcl	MCG/0.02ML (Use exenatide)23	calcitriol (topical)55
dihydrate SUBL10	BYLVAY (PELLETS) CPSP77	calcitriol CAPS76
buprenorphine PTWK10	BYLVAY CAPS77	CALCIUM 600 +D HIGH POTENCY
bupropion hcl (smoking deterrent)	BYQLOVI 0.05 %185	TABS131
192	BYSANTI TABS PO 1 MG, 2 MG, 4	calcium acetate (phosphate binder)
bupropion hcl TABS19	MG, 6 MG, 8 MG, 10 MG, 12 MG .40	CAPS79
bupropion hcl TB1219	BYSANTI TITRATION PACK A TBPK	calcium acetate (phosphate binder)
bupropion hcl TB24 150 MG, 300 MG	PO40	TABS79
.....19	BYSANTI TITRATION PACK B TBPK	CALCIUM CARB-
bupropion hcl TB24 300 MG, 450 MG	PO40	CHOLECALCIFEROL CHEW131
.....19	BYSANTI TITRATION PACK C	calcium carbonate (antacid) CHEW
BURIED TREASURE ACTIVE 55	TBPK PO40	500 MG, 750 MG, 1000 MG11
PLUS LIQD139	BYSTOLIC (Use nebivolol hcl) ...45	CALCIUM CARBONATE CHEW .131
BURN RELIEF GEL60	CABENUVA 600 MG/2ML-400	calcium carbonate TABS 1250 MG,
bupirone hcl 15 MG11	MG/2ML43	500 MG131
bupirone hcl 5 MG, 10 MG11	CABENUVA 900 MG/3ML-600	calcium carbonate-cholecalciferol
bupirone hcl 7.5 MG, 30 MG11	MG/3ML43	TABS131
	CABOMETYX TABS37	calcium carbonate-vitamin d TABS
	CADUET 10 MG-10 MG, 10 MG-20	125 UNIT-250 MG, 250 MG-125

UNIT	131	carbamazepine CP12	16	MON DEVI	94
calcium carbonate-vitamin d TABS		carbamazepine SUSP	16	CARESENS S FIT BT BLOOD GLUC	
600 MG-200 UNIT	131	carbamazepine TABS	16	DEVI	94
CALCIUM CHEW	131	carbamazepine TB12	16	CARESENS S GLUCOSE TEST	
calcium citrate TABS	131	carbamide peroxide (otic) 6.5 % ..	187	STRP	64
calcium polycarbophil TABS	85	CARBATROL CP12 (Use		CARETOUCH CONTROL SOL	
CALQUENCE	37	carbamazepine)	16	LEVEL 2 LIQD	94
CAMCEVI	35	carbidopa	39	CARETOUCH HYPODERMIC	
camphor & menthol LOTN	55	carbidopa-levodopa CPCR	39	NEEDLE	123
camphor-menthol-methyl salicylate		carbidopa-levodopa TABS	39	CARETOUCH INSULIN SYRINGE	
CREA	59	carbidopa-levodopa TBCR	40	123	
camphor-menthol-methyl salicylate		carbidopa-levodopa TBDP	40	CARETOUCH LANCING/EJECTOR	
GEL	59	carbidopa-levodopa-entacapone ..	39	MISC	94
camphor-menthol-methyl salicylate		carboxymethylcellulose sodium		CARETOUCH MONITOR SYSTEM	
PTCH EX 3.1 %-10 %-6 %	60	(ophth) GEL	183	KIT	94
CANASA SUPP (Use mesalamine)		carboxymethylcellulose sodium		CARETOUCH SAFETY LANCETS	
77		(ophth) SOLN 0.5 %	183	94	
candesartan cilexetil	31	CARDURA (Use doxazosin		CARETOUCH SAFETY LANCETS	
candesartan cilexetil-		mesylate)	31	26G	94
hydrochlorothiazide	31	CARDURA XL	79	CARETOUCH TEST STRP	64
capecitabine	34	CAREONE ADVANCED LANCING		CARETOUCH TWIST LANCETS	
CAPHOSOL SOLN	133	DEV MISC	93	28G	94
CAPLYTA	40	CAREONE INSULIN SYRINGE ..	123	CARETOUCH TWIST LANCETS	
CAPRELSA	37	CAREONE LANCET SUPER THIN		30G	94
capsaicin CREA 0.025 %	60	30G	93	33G	94
capsaicin CREA 0.075 %	60	CARESENS CONTROL SOLUTION		CARETOUCH TWIST MC LANCETS	
capsaicin CREA 0.1 %	60	A/B SOLN	93	30G	94
capsaicin PTCH	60	CARESENS LANCETS 30G	93	carisoprodol TABS 250 MG	178
captopril & hydrochlorothiazide ...	31	CARESENS N FELIZ BT DEVI ...	93	carisoprodol TABS 350 MG	178
captopril	30	CARESENS N FELIZ DEVI	93	carteolol hcl (ophth)	183
CAPVAXIVE	195	CARESENS S CONTROL SOLN A/B		carvedilol	45
carbamazepine CHEW	16	LIQD	93	carvedilol phosphate	45
		CARESENS S FIT BLOOD GLUC		CASGEVY	82

CASODEX (Use bicalutamide)35	CELEBREX 200 MG (Use celecoxib) 6	MCG/15ML-6 MCG/15ML 140
CAVHANZA TBDP PO 60 MG, 80 MG 37	CELEBREX 400 MG (Use celecoxib) 6	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 140
CAYA DPRH89	CELEBREX 50 MG (Use celecoxib) 6	CENTRUM CARDIO TABS140
CAYSTON33	celecoxib 100 MG6	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 142
cefaclor CAPS 48	celecoxib 200 MG6	CENTRUM MEN TABS140
CEFACLOR ER TB1248	celecoxib 400 MG6	CENTRUM MENOPAUSE HOT FLASH TABS 140
cefadroxil CAPS48	celecoxib 50 MG6	CENTRUM MENOPAUSE MIND/MOOD TABS 173
cefadroxil SUSR48	CELEXA TABS (Use citalopram hydrobromide)19	CENTRUM MINIS ADULTS 50+ TABS140
cefdinir CAPS48	CELONTIN (Use methsuximide) ..18	CENTRUM MINIS MEN 50+ TABS
cefdinir SUSR48	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 ... 139	
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cefixime SUSR48	CENTRAVITES ADULTS TABS ..139	
cefixime TABS48	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 MG140	
cefpodoxime proxetil SUSR48		
cefpodoxime proxetil TABS48		
cefprozil SUSR48		
cefprozil TABS48		
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CELEBRATE MULTI-COMPLETE 36 CAPS 139		
CELEBRATE MULTI-COMPLETE 45 CAPS 139		
CELEBRATE MULTI-COMPLETE 60 CAPS 139		
CELEBREX 100 MG (Use celecoxib) 6		

140	MG-11 MG-220 MG-150 MCG-20	TABS141
CENTRUM MINIS WOMEN 50+	MG-19 MCG-750 MCG-30 MCG-25	CENTRUM ULTRA WOMENS TABS
TABS140	MCG-72 MG 141	141
CENTRUM MINIS WOMEN IMMUNE	CENTRUM SILVER MEN 50+ TABS	CENTRUM WOMEN TABS 75 MG-2
SUP TABS140	120 MG-30 MCG-300 MCG-1.5 MG-	MG-40 MCG-400 MCG-1000 UNIT-6
CENTRUM SILVER 50+MEN TABS	20 MG-6 MG-100 MCG-10 MG-1.7	MCG-1.1 MG-50 MCG-14 MG-3500
120 MG-6 MG-30 MCG-300 MCG-	MG-300 MCG-600 MCG-1000 UNIT-	UNIT-15 MG-18 MG-200 MG-1.1
1000 UNIT-100 MCG-1.7 MG-60	27 MG-75 MG-4 MG-50 MCG-80	MG-8 MG-100 MG-80 MG-50 MCG-
MCG-20 MG-30 MCG-3500 UNIT-10	MG-60 MCG-0.5 MG-15 MG-210	150 MCG-35 UNIT-20 MG-0.5 MG-5
MG-210 MG-600 MCG-1.5 MG-15	MG-150 MCG-20 MG-21 MCG-1050	MCG-10 MCG-1.8 MG-18 MCG-10
MG-75 MG-80 MG-72 MG-50 MCG-	MCG-60 MCG-72 MG 141	MCG-32 MCG-72 MG-2 MG, 75 MG-
150 MCG-60 UNIT-20 MG-0.5 MG-5	CENTRUM SILVER TABS 400 UNIT-	40 MCG-400 MCG-1.1 MG-14 MG-2
MCG-4 MG-21 MCG-10 MCG-60	60 MG-3 MG-30 MCG-400 MCG-25	MG-15 MG-1.1 MG-25 MCG-15.8
MCG-72 MG-2 MG, 120 MG-6 MG-	MCG-1.7 MG-10 MCG-20 MG-250	MG-18 MG-100 MG-1.8 MG-50
30 MCG-300 MCG-1000 UNIT-100	MCG-3500 UNIT-10 MG-300 MCG-	MCG-80 MG-32 MCG-0.5 MG-8 MG-
MCG-1.7 MG-60 MCG-20 MG-300	1.5 MG-15 MG-2 MG-45 UNIT-100	200 MG-150 MCG-20 MG-18 MCG-
MCG-1050 MCG-10 MG-600 MCG-	MG-80 MG-150 MCG-200 MG-75	1050 MCG-50 MCG-6 MCG-72 MG
1.5 MG-15 MG-75 MG-80 MG-210	MCG-150 MCG-48 MG-5 MCG-2	142
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MG-0.5 MG-4 MG-21 MCG-60 MCG-	MG-2 MG, 60 MG-3 MG-30 MCG-	MG-30 MCG-500 MCG-500 UNIT-25
72 MG140	400 MCG-500 UNIT-25 MCG-1.7	MCG-1.7 MG-30 MCG-20 MG-250
CENTRUM SILVER 50+WOMEN	MG-30 MCG-20 MG-2500 UNIT-10	MCG-2500 UNIT-10 MG-300 MCG-
TABS 100 MG-5 MG-30 MCG-400	MG-1.5 MG-11 MG-150 MCG-50	1.5 MG-11 MG-150 MCG-50 MG-80
MCG-1000 UNIT-50 MCG-1.1 MG-50	MG-80 MG-220 MG-45 MCG-150	MG-2 MG-220 MG-45 MCG-150
MCG-14 MG-300 MCG-3500 UNIT-5	MCG-50 UNIT-20 MG-0.5 MG-5	MCG-50 UNIT-110 MG-0.9 MG-5
MG-8 MG-300 MG-1.1 MG-15 MG-	MCG-2.3 MG-55 MCG-10 MCG-45	MCG-2.3 MG-55 MCG-10 MCG-45
100 MG-80 MG-50 MCG-150 MCG-	MCG-72 MG-2 MG 141	MCG-72 MG 142
35 UNIT-20 MG-0.5 MG-5 MCG-2.3	CENTRUM SILVER ULTRA	CENTURY TABS 90 MG-2 MG-30
MG-22 MCG-10 MCG-52 MCG-72	WOMENS TABS141	MCG-500 MCG-400 UNIT-6 MCG-
MG-2 MG 140	CENTRUM SILVER WOMEN 50+	1.7 MG-25 MCG-20 MG-250 MCG-
CENTRUM SILVER ADULT 50+	TABS 100 MG-30 MCG-400 MCG-	3500 UNIT-10 MG-18 MG-300 MCG-
TABS 60 MG-3 MG-30 MCG-400	1.1 MG-14 MG-5 MG-5 MG-1.1 MG-	1.5 MG-11 MG-150 MCG-100 MG-2
MCG-500 UNIT-25 MCG-1.7 MG-30	300 MCG-25 MCG-15.8 MG-8 MG-	MG-200 MG-80 MG-45 MCG-150
MCG-20 MG-250 MCG-2500 UNIT-	100 MG-2.3 MG-50 MCG-80 MG-52	MCG-30 UNIT-109 MG-0.9 MG-5
10 MG-220 MG-300 MCG-1.5 MG-11	MCG-0.5 MG-15 MG-300 MG-150	MCG-10 MCG-2.3 MG-55 MCG-10
MG-50 UNIT-50 MG-150 MCG-80	MCG-20 MG-22 MCG-1050 MCG-50	MCG-35 MCG-72 MG 142
MG-45 MCG-150 MCG-20 MG-0.5	MCG-50 MCG-72 MG 141	CENVITE LIQD142
MG-5 MCG-2.3 MG-55 MCG-10	CENTRUM SPECIALIST HEART	cephalexin CAPS 250 MG, 500 MG
MCG-45 MCG-72 MG-2 MG, 60 MG-	TABS141	48
30 MCG-400 MCG-1.5 MG-20 MG-3	CENTRUM SPECIALIST IMMUNE	cephalexin SUSR 48
MG-10 MG-1.7 MG-250 MCG-300	TABS141	CEQUA SOLN185
MCG-25 MCG-22.5 MG-50 MG-2.3	CENTRUM SPECIALIST VISION	
MG-45 MCG-80 MG-50 MCG-0.5		

CEQUR SIMPL EXT WEAR INSERTER MISC123	cetirizine hcl TABS28	UNIT, 25 MCG, 400 UNIT, 25 MCG 197
CEQUR SIMPLICITY 1U EXTND WEAR DEVI123	cetirizine-pseudoephedrine51	cholestyramine light PACK29
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CEQUR SIMPLICITY INSERTER MISC123	chlordiazepoxide hcl CAPS11	cholestyramine POWD29
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cetirizine hcl CHEW 10 MG28	chlorzoxazone TABS 500 MG178	CIMZIA (1 SYRINGE) PSKT 200 MG/ML77
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DERMACEA TYPE VII GAUZE PADS	88	desogestrel & ethinyl estradiol	49	DEXCOM G7 15 DAY SENSOR ..	96
DERMACEA X-RAY SPONGES PADS	88	desogestrel-ethinyl estradiol (biphasic)	49	DEXCOM G7 RECEIVER	96
DERMACINRX BOOSTERVITE TABS	134	desogestrel-ethinyl estradiol (triphasic)	49	DEXCOM G7 SENSOR	97
DERMACINRX MULTITAM TABS 146		desonide CREA	57	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...	1
DERMACINRX RIBOTIN-E TABS 146		desonide LOTN	57	DEXILANT (Use dexlansoprazole) 194	
		desonide OINT	57	dexlansoprazole	194
		desoximetasone CREA	57	dexmethylphenidate hcl CP24	2
		desoximetasone GEL	57	dexmethylphenidate hcl TABS	2
		desoximetasone LIQD	57	DEXTENZA INST	185
		desoximetasone OINT	57		
		DESTRESS-IRON TABS	134		

dextran 70-hypromellose 0.3 %-0.1 %	183	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	146	DICLEGIS TBEC (Use doxylamine-pyridoxine)	27
dextroamphetamine sulfate CP24 ...	1			diclofenac epolamine PTCH EX ...	54
dextroamphetamine sulfate SOLN ..	1			diclofenac potassium TABS 50 MG .	6
dextroamphetamine sulfate TABS ..	1			diclofenac sodium (actinic keratoses) EX	54
dextromethorphan polistirex SUER 51		DIACOMIT CAPS	16	diclofenac sodium (ophth)	186
dextromethorphan-doxylamine-acetaminophen LIQD	51	DIACOMIT PACK	16	diclofenac sodium (topical) GEL EX	54
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	51	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	146	diclofenac sodium (topical) SOLN EX 1.5 %	54
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	51	DIALYVITE SUPREME D TABS .	147	diclofenac sodium (topical) SOLN EX 2 %	54
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dextromethorphan-guaifenesin TB12 600 MG-30 MG	51	DIATROL TABS	147	diclofenac sodium TBEC	6
dextromethorphan-phenylephrine-acetaminophen CAPS	51	DIATRUE CONTROL LEVEL 1 SOLN	97	diclofenac w/ misoprostol TBEC	6
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dextrose (diabetic use) GEL	22	DIATRUE CONTROL LEVEL 3 SOLN	97	dicyclomine hcl CAPS	193
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		diazepam CONC	12	DIFFERIN GEL (Use adapalene) ..	53
		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	12	DIFFERIN LOTN	53
		DIAZEPAM SOLN IJ 5 MG/ML	12	DIFICID SUSR	87
		diazepam SOLN PO 5 MG/5ML ...	12	DIFICID TABS 200 MG (Use fidaxomicin)	87
		diazepam TABS	12	diflorasone diacetate CREA	57
		diazoxide	22	diflorasone diacetate OINT	57
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DRUG MART UNILET LANCETS 30G	97	DYANAVEL XR TBCR	1	EASY PLUS II GLUCOSE TEST STRP	65
DRUG MART UNILET LANCETS 33G	97	DYMISTA SUSP (Use azelastine hcl- fluticasone propionate)	179	EASY STEP CONTROL SOLN	98
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ELEVIDYS 15.5-16.4 KG	180	ELEVIDYS 45.5-46.4 KG	181	ELIGARD SC 45 MG	35
ELEVIDYS 16.5-17.4 KG	180	ELEVIDYS 46.5-47.4 KG	181	ELIQUIS (1.5 MG PACK) TBSO PO .	15
ELEVIDYS 17.5-18.4 KG	180	ELEVIDYS 47.5-48.4 KG	181	ELIQUIS (2 MG PACK) TBSO PO .	15
ELEVIDYS 18.5-19.4 KG	180	ELEVIDYS 48.5-49.4 KG	181	ELIQUIS CPSP PO 0.15 MG	15
ELEVIDYS 19.5-20.4 KG	180	ELEVIDYS 49.5-50.4 KG	181	ELIQUIS DVT/PE STARTER PACK	
ELEVIDYS 20.5-21.4 KG	180	ELEVIDYS 50.5-51.4 KG	181	TBPK	15
ELEVIDYS 21.5-22.4 KG	180	ELEVIDYS 51.5-52.4 KG	181	ELIQUIS TABS	15
ELEVIDYS 22.5-23.4 KG	180	ELEVIDYS 52.5-53.4 KG	181	ELIQUIS TBSO PO 0.5 MG	15
ELEVIDYS 23.5-24.4 KG	180	ELEVIDYS 53.5-54.4 KG	181	ELLA	49
ELEVIDYS 24.5-25.4 KG	180	ELEVIDYS 54.5-55.4 KG	181	ELOCTATE	80
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ELEVIDYS 28.5-29.4 KG	180	ELEVIDYS 58.5-59.4 KG	181	123	
ELEVIDYS 29.5-30.4 KG	180	ELEVIDYS 59.5-60.4 KG	181	EMBECTA INSULIN SYR	
ELEVIDYS 30.5-31.4 KG	180	ELEVIDYS 60.5-61.4 KG	181	ULTRAFINE	123
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ELEVIDYS 32.5-33.4 KG	180	ELEVIDYS 62.5-63.4 KG	181	EMBECTA INSULIN SYRINGE U-	
ELEVIDYS 33.5-34.4 KG	180	ELEVIDYS 63.5-64.4 KG	181	100	123
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ELEVIDYS 35.5-36.4 KG	180	ELEVIDYS 65.5-66.4 KG	181	123	
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ELEVIDYS 37.5-38.4 KG	180	ELEVIDYS 67.5-68.4 KG	181	GEN	124
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ELEVIDYS 39.5-40.4 KG	180	ELEVIDYS 69.5 KG PLUS	181	ULTRAFINE	124
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ELEVIDYS 41.5-42.4 KG	180	ELFOLATE TABS	73	MONITOR DEVI	100
ELEVIDYS 42.5-43.4 KG	181	ELIGARD KIT SC 22.5 MG	35	EMBRACE BLOOD GLUCOSE	
ELEVIDYS 43.5-44.4 KG	181	ELIGARD KIT SC 7.5 MG	35	TEST STRP	66
				EMBRACE CONTROL SOLN	100
				EMBRACE EVO BLOOD GLUCOSE	
				TEST STRP	66

EMBRACE EVO CONTROL LEVEL 1 LIQD	100	aprepitant)	27	ENOBY SOSY SC 60 MG/ML	74
EMBRACE EVO GLUCOSE MONITOR DEVI	100	EMEND SOLR (Use fosaprepitant dimeglumine)	27	enoxaparin sodium SOLN IJ 300 MG/3ML	15
EMBRACE EVO GLUCOSE MONITORING KIT	100	EMEND SUSR	27	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	15
EMBRACE GLUCOSE CONTROL LIQD	100	EMEND TRIPACK CPPK PO (Use aprepitant)	27	enoxaparin sodium SOSY 30 MG/0.3ML	15
EMBRACE LANCETS ULTRA THIN 30G	100	EMFLAZA SUSP (Use deflazacort) 50		enoxaparin sodium SOSY 40 MG/0.4ML	15
EMBRACE LANCING DEVICE/EJECTOR MISC	100	EMFLAZA TABS (Use deflazacort) 50		enoxaparin sodium SOSY 60 MG/0.6ML	15
EMBRACE PRESSURE ACTIVATED 21G	100	EMGALITY (300 MG DOSE) SOSY 129		enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	15
EMBRACE PRESSURE ACTIVATED 28G	101	EMGALITY SOAJ	129	ENSACOVE CAPS PO 25 MG, 100 MG	37
EMBRACE PRO GLUCOSE CONTROL LIQD	101	EMGALITY SOSY	129	ENSPRYNG	132
EMBRACE PRO GLUCOSE METER DEVI	101	emollient OINT	59	ENSTILAR FOAM	57
EMBRACE PRO GLUCOSE TEST STRP	66	EMSAM	19	entacapone	39
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EMBRACE TALK GLUCOSE CONTROL SOLN	101	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	43	ENTRESTO CPSP	47
EMBRACE TALK GLUCOSE TEST STRP	66	emtricitabine-tenofovir disoproxil fumarate	43	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan)	47
EMBRACE TALK MONITORING SYSTEM KIT	101	EMTRIVA SOLN	43	ENTYVIO PEN SOAJ	78
EMBRACE WAVE GLUCOSE CONTROL LIQD	101	enalapril maleate & hydrochlorothiazide	31	ENTYVIO SOLR	78
EMBRACE WAVE GLUCOSE METER DEVI	101	enalapril maleate SOLN	30	EOHILIA SUSP	50
EMCYT	35	enalapril maleate TABS	30	EPANED SOLN (Use enalapril maleate)	30
EMEND BIPACK CAPS 80 MG (Use		ENBRACE HR	176	EPCLUSA PACK	44
		ENBREL MINI SOCT	7	EPCLUSA TABS	44
		ENBREL SOLN	7	EPIDIOLEX	16
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		ENERGIX-B SUSP 20 MCG/ML .	196		
		ENERGIX-B SUSY	196		

epinastine hcl (ophth)	186	EQ ONE DAILY MENS 50+ TABS	147	EQL CENTURY MATURE WOMEN	
epinephrine (anaphylaxis) SOAJ .	197			50+ TABS 100 MG-5 MG-30 MCG-	
epinephrine hcl (nasal)	179	EQ ONE DAILY MENS HEALTH		400 MCG-800 UNIT-50 MCG-5 MG-	
EPIPEN 2-PAK SOAJ (Use		TABS	147	1.1 MG-50 MCG-14 MG-300 MCG-	
epinephrine (anaphylaxis))	197			3500 UNIT-8 MG-1.1 MG-15 MG-0.5	
EPIPEN JR 2-PAK SOAJ (Use		EQ ONE DAILY WOMENS 50+		MG-50 MG-5 MCG-500 MG-80 MG-	
epinephrine (anaphylaxis))	197	TABS	147	15 MG-50 MCG-150 MCG-20 MG-	
EPOGEN 10000 UNIT/ML	82	EQ ONE DAILY WOMENS HEALTH		2.3 MG-35 UNIT-55 MCG-72 MG-10	
EPOGEN 2000 UNIT/ML	83	TABS	147	MCG-50 MCG-150 MCG	147
EPOGEN 20000 UNIT/ML	83	EQ SPACE CHAMBER ANTI-		EQL CENTURY MENS TABS	147
EPOGEN 3000 UNIT/ML	82	STATIC DEVI	127	EQL CENTURY TABS 90 MG-2 MG-	
EPOGEN 4000 UNIT/ML	82	EQ SPACE CHAMBER ANTI-		30 MCG-500 MCG-400 UNIT-6	
EPRONTIA SOLN 25 MG/ML (Use		STATIC L DEVI	127	MCG-1.7 MG-25 MCG-20 MG-250	
topiramate)	16	EQ SPACE CHAMBER ANTI-		MCG-3500 UNIT-10 MG-18 MG-300	
EPSOLAY CREA	53	STATIC M DEVI	127	MCG-1.5 MG-11 MG-150 MCG-100	
EQ BLOOD GLUCOSE TEST STRP .		EQ SPACE CHAMBER ANTI-		MG-80 MG-200 MG-45 MCG-150	
66		STATIC S DEVI	127	MCG-30 UNIT-109 MG-0.9 MG-5	
				MCG-10 MCG-2.3 MG-55 MCG-10	
EQ COMPLETE MULTIVIT ADULT		EQ VISION FORMULA 50+ CAPS		MCG-35 MCG-72 MG-2 MG	148
50+ TABS 60 MG-3 MG-30 MCG-400		150 MG-30 UNIT-5 MG-1 MG-1 MG-		EQL CENTURY WOMENS TABS	
MCG-500 UNIT-25 MCG-1.7 MG-30		9 MG-90 MG-160 MG-250 MG ...	147	148	
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MG-150 MCG-50 UNIT-50 MG-80		50+ TABS	147		
MG-45 MCG-150 MCG-20 MG-0.5				EQL ONE DAILY MENS 50+	
MG-5 MCG-2.3 MG-55 MCG-10		EQL CENTURY MATURE MEN 50+		ADVANCE TABS 120 MG-6 MG-30	
MCG-45 MCG-72 MG-2 MG, 60 MG-		TABS 120 MG-6 MG-30 MCG-300		MCG-400 MCG-700 UNIT-25 MCG-	
3 MG-30 MCG-400 MCG-500 UNIT-		MCG-600 UNIT-100 MCG-10 MG-1.7		3.4 MG-20 MCG-20 MG-3500 UNIT-	
25 MCG-1.7 MG-30 MCG-20 MG-		MG-60 MCG-20 MG-300 MCG-3500		15 MG-120 MG-370 MCG-4.5 MG-24	
250 MCG-2500 UNIT-10 MG-220		UNIT-600 MCG-1.5 MG-15 MG-0.7		MG-2.2 MG-110 MG-90 MCG-150	
MG-300 MCG-1.5 MG-11 MG-150		MG-50 MG-5 MCG-250 MG-80 MG-		MCG-25.5 UNIT-4.2 MG-180 MCG-	
MCG-50 UNIT-50 MG-80 MG-45		15 MG-50 MCG-150 MCG-20 MG-4		117 MCG	148
MCG-150 MCG-20 MG-20 MG-0.5		MG-60 UNIT-100 MCG-72 MG-10		EQL ONE DAILY MENS HEALTH	
MG-5 MCG-2.3 MG-45 MCG-55		MCG-60 MCG-150 MCG	147	TABS 400 UNIT-90 MG-3 MG-30	
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IMBRUVICA SUSP	37	indapamide TABS 1.25 MG, 2.5 MG .		INSULIN DEGLUDEC FLEXTOUCH	
		74		SOPN	24
IMBRUVICA TABS 140 MG, 280 MG,		INDERAL LA CP24 (Use propranolol		INSULIN DEGLUDEC SOLN	24
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imipramine hcl TABS	21	INDERAL XL	46	SOLOSTAR SOPN	24
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imiquimod 5 %	59	indomethacin CPR	6	SOPN 300 UNIT/ML	24
IMITREX STATDOSE REFILL SOCT		indomethacin SUPP	6	INSULIN GLARGINE-YFGN SOLN	
4 MG/0.5ML	130	indomethacin SUSP	6	24	
IMITREX STATDOSE REFILL SOCT		INFANRIX	193	INSULIN GLARGINE-YFGN SOPN	
6 MG/0.5ML	130			24	
IMITREX STATDOSE SYSTEM		INFINITY BLOOD GLUCOSE		INSULIN LISPRO (1 UNIT DIAL)	
SOAJ 4 MG/0.5ML	130	SYSTEM KIT	107	SOPN	24
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SOAJ 6 MG/0.5ML (Use sumatriptan		STRP	70	KWIKPEN SOPN	24
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INVEGA TRINZA 273 MG/0.88ML	41	isotretinoin 10 MG, 20 MG, 40 MG	53	JANUVIA 25 MG, 50 MG, 100 MG (Use sitagliptin phosphate)	22
INVEGA TRINZA 410 MG/1.32ML	41	isradipine CAPS	46	JARDIANCE	26
INVEGA TRINZA 546 MG/1.75ML	41	ISTALOL SOLN (Use timolol maleate (ophth))	183	JATENZO CAPS	10
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ipratropium bromide SOLN 0.02 %	13	IWILFIN	39	JOINT HEALTH & BONE STRENGTH TABS	152
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isoniazid TABS	33				
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MOBI CONNECT GLUCOSE		morphine sulfate CP24 10 MG, 20		MULTI COMPLETE/IRON TABS 180	
MONITOR KIT	109	MG, 30 MG, 50 MG, 60 MG, 80 MG,		MG-2 MG-30 MG-400 MCG-1000	
MOBI CONNECT LANCING DEVICE		100 MG	8	UNIT-6 MCG-1.7 MG-80 MCG-20	
MISC	109	morphine sulfate SOLN PO 10		MG-2500 UNIT-10 MG-18 MG-162	
MOBI CONNECT TEST STRIPS		MG/5ML, 20 MG/5ML	8	MG-1.5 MG-15 MG-100 MG-75	
STRP	70	morphine sulfate SOLN PO 20		MCG-150 MCG-50 UNIT-2 MG-4	
MOBI CONNECT TWIST LANCETS		MG/ML, 100 MG/5ML	8	MG-120 MCG-70 MCG	155
109		morphine sulfate SUPP	9	MULTI FOR HER 50+ CAPS 60 MG-	
modafinil	3	morphine sulfate TABS 15 MG	9	6 MG-30 MCG-400 MCG-1000 UNIT-	
MODD1 PATIENT WELCOME KIT		morphine sulfate TABS 30 MG	9	25 MCG-1.7 MG-80 MCG-20 MG-10	
KIT	109	morphine sulfate TBCR	9	MG-1.5 MG-100 MG-15 MG-2 MG-	
MODD1 SUPPLY KIT KIT	109	MOTTEGRITY (Use prucalopride		2500 UNIT-200 MG-75 MCG-150	
MODEYSO CAPS PO 125 MG	36	succinate)	77	MCG-60 UNIT-4 MG-120 MCG-70	
moexipril hcl	30	MOTPOLY XR CP24	17	MCG, 60 MG-6 MG-30 MCG-400	
MOLESKIN FOAM PADS	88	MOUNJARO 12.5 MG/0.5ML, 15		MCG-1000 UNIT-25 MCG-1.7 MG-80	
molindone hcl	42	MG/0.5ML	23	MCG-20 MG-10 MG-200 MG-1.5	
mometasone furoate (nasal) SUSP		MOUNJARO 2.5 MG/0.5ML, 5		MG-100 MG-15 MG-2 MG-2500 UNIT-200	
179		MG/0.5ML, 7.5 MG/0.5ML, 10		MG-75 MCG-150 MCG-4 MG-120	
mometasone furoate CREA	58	MG/0.5ML	23	MCG-70 MCG	155
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MONOJECT ULTRA COMFORT		60 MG, 200 MG (Use morphine		UNIT-70 MCG	156
SYRINGE	124	sulfate)	9	MULTI FOR HER CAPS 60 MG-2	

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PIVOT SUPPLY KIT KIT	111	183		PRALUENT SOAJ	30
PIVYA TABS PO 185 MG	188	polyvinyl alcohol-povidone (ophth)		pramipexole dihydrochloride TABS	
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PRORENAL + D W/ OMEGA-3 CAPS	165	PULMICORT FLEXHALER AEPB	14	PYZCHIVA SC 45 MG/0.5ML	55
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ROTATEQ SOLN	196	SANDIMMUNE SOLN IV 50 MG/ML . 132		SELECT-OB+DHA MISC	178
ROWASA (Use mesalamine w/ cleanser)	78	SAPHNELO	133	selegiline hcl CAPS	40
ROZEREM (Use ramelteon)	85	SAPHNELO PEN SC 120 MG/0.8ML 133		selegiline hcl TABS	40
ROZLYTREK CAPS	38	SAPHNELO SC 120 MG/0.8ML ..	133	selenium sulfide LOTN 1 %	56
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SEMGLEE (YFGN) SOLN25	75	SIMPLE DIAGNOSTICS LANCING DEV MISC115
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SKYRIZI PEN SOAJ	55	sodium chloride (inhalant) NEBU 0.9 % , 3 % , 10 %	52	solifenacin succinate TABS	195
SKYRIZI SOCT	78	SODIUM CHLORIDE SOLN IJ 0.9 %	131	SOLQUA	22
SKYRIZI SOLN	78	sodium chloride SOLN IV 0.9 % ..	131	SOLO TABS	166
SKYRIZI SOSY	55	sodium citrate & citric acid	79	SOLTAMOX SOLN	36
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SLYND	50	sodium fluoride (dental) GEL	133	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	116
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SM IPECAC SYRUP	26	sodium fluoride (dental) SOLN 0.2 %	133	SOLUS V2 LANCETS 28G	116
SM PRENATAL VITAMINS TABS 178		sodium fluoride CHEW	131	SOLUS V2 LANCING DEVICE MISC 116	
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SMARTEST CONTROL MEDIUM SOLN	115	sodium oxybate SOLN	189	SOMAVERT	75
SMARTEST EJECT DEVI	116	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	86	sorafenib tosylate	38
SMARTEST EJECT STARTER KIT 115		sodium polystyrene sulfonate POWD	132	SORBITOL PO 70 %	86
SMARTEST LANCETS 28G	116	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	132	SORILUX FOAM	55
SMARTEST PERSONA STARTER KIT	116	sodium sulfate-potassium sulfate-magnesium sulfate	86	sotalol hcl (afib/afl)	46
SMARTEST PRONTO STARTER KIT	116	sodium tetradecyl sulfate	133	sotalol hcl TABS	46
SMARTEST PROTEGE DEVI	116	SOFOSBUVIR-VELPATASVIR TABS	45	SOTYKTU	55
SMARTEST PROTEGE STARTER KIT	116	SOF-WICK PADS	89	SOTYLIZE SOLN PO	46
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				SPEVIGO SOSY	55

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spironolactone & hydrochlorothiazide	74	STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	62	SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	10
spironolactone TABS	74	STRATTERA (Use atomoxetine hcl) . 2		SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	10
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SPRAVATO (56 MG DOSE)	19	STRESS B COMPLEX/ANTIOXID/ZINC TABS 500 MG-45 MCG-400 MCG-10 MG- 100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG 166		sucralfate SUSP	194
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SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use levetiracetam)	17	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	174	SUDAFED CHILDRENS LIQD ...	179
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SSS 10-5 FOAM 10 %-5 %	53			sulfacetamide sodium (ophth) SOLN . 184	
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STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	55			sulfacetamide sodium LIQD	56
STEGLATRO	26	STRESS FORMULA/IRON TABS 135		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	53
STEGLUJAN	22	STRESS FORMULA/IRON/ENERGY TABS	135	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	53
STELARA 130 MG/26ML	78	STRESS FORMULA/ZINC/ENERGY TABS	174	sulfacetamide sodium w/ sulfur LIQD 53	
STELARA SOSY	55	STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT-1.5 MG-20 MG-1.5		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	53
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STEQEYMA SC	55				
STERILANCE TL	116				

sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	53	SUNLENCA SOLN	44	MG-0.161 MG-150 MCG-0.125 MG-10000 UNIT	167
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sulfamethoxazole-trimethoprim TABS	32	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	167	SURE COMFORT INSULIN SYRINGE	124
sulfasalazine TABS	78	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	167	SURE COMFORT LANCETS 18G 116	
sulfasalazine TBEC	78	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	167	SURE COMFORT LANCETS 21G 116	
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sumatriptan 5 MG/ACT	130			SURGICAL GAUZE SPONGE PADS	89
sumatriptan succinate SOAJ 6 MG/0.5ML	130			SUTENT (Use sunitinib malate) ...	38
sumatriptan succinate SOLN 6 MG/0.5ML	130			SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	14
sumatriptan succinate TABS 25 MG .	130			SYMBRAVO TABS PO	129
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sumatriptan-naproxen sodium ...	129			SYMLINPEN 120 SOPN	21
SUMAXIN CP	53			SYMLINPEN 60 SOPN	21
SUMAXIN PADS	53			SYMPAZAN FILM	16
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				SYM TUZA	44

SYNAGIS SOLN 50 MG/0.5ML .. 188	TAB-A-VITE/IRON TABS 50 MG-1	TANDEM MOBI AUTOSOFT XC KIT
SYNALAR CREA (Use fluocinolone	MG-400 MCG-20 MG-2 MG-10	MISC117
acetonide)58	MCG-1 MCG-2.5 MG-1500 MCG-1	
SYNALAR OINT (Use fluocinolone	MG-15 MG135	TANDEM MOBI AUTOSOFT30
acetonide)58	TAB-A-VITE/IRON/BETA	10PK23" MISC117
SYNAREL75	CAROTENE TABS 135	TANDEM MOBI AUTOSOFT30
SYNJARDY TABS22	TABRECTA38	14PK23" MISC117
SYNJARDY XR TB2422	TACLONEX SUSP (Use	TANDEM MOBI AUTOSOFTXC
SYNOFLEX PTCH61	calcipotriene-betamethasone	10PK23" MISC117
	dipropionate)58	TANDEM MOBI AUTOSOFTXC
SYSTANE ICAPS AREDS2 CAPS	tacrolimus (topical) OINT 0.03 % ..59	10PK5" MISC117
250 MG-5 MG-1 MG-1 MG-12.5 MG-	tacrolimus (topical) OINT 0.1 % ... 59	TANDEM MOBI AUTOSOFTXC
200 UNIT167	tacrolimus CAPS132	14PK23" MISC117
SYSTANE ICAPS AREDS2 TABS	tacrolimus SOLN 5 MG/ML132	TANDEM MOBI AUTOSOFTXC
167	tadalafil (pulmonary hypertension)	14PK5" MISC117
T:FLEX T:LOCK CARTRIDGE 4.8ML	TABS48	TANDEM MOBI SYSTEM STARTER
MISC117	tadalafil 5 MG47	KIT117
T:SLIM X2 3ML CARTRIDGE MISC .	TADLIQ SUSP48	TANDEM MOBI TRUSTEEL
117	TAFINLAR CAPS38	10PK23" MISC117
T:SLIM X2 BASAL-IQ PUMP DEVI	TAFINLAR TBSO38	TANDEM T:SLIM ASFT 30 PK10 23"
117	tafluprost187	MISC117
T:SLIM X2 CONTROL-IQ 7.7 PUMP	TAGRISSO34	TANDEM T:SLIM ASFT 30 PK14 23"
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T:SLIM X2 CONTROL-IQ 7.8 PUMP	TAKHZYRO SOSY81	TANDEM T:SLIM ASFT XC PK10 23"
DEVI117	TALTZ SOAJ55	MISC117
T:SLIM X2 INSULIN PMP BASAL6.4	TALTZ SOSY55	TANDEM T:SLIM ASFT XC PK14 23"
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T:SLIM X2 INSULIN PUMP DEVI 117	TAMIFLU CAPS 75 MG (Use	TAPENTADOL HCL ER TB12 50
T:SLIM X2 STARTER 7.10 KIT ...117	oseltamivir phosphate)45	MG, 100 MG, 150 MG, 200 MG, 250
TAB-A-VITE TABS 60 MG-2 MG-400	TAMIFLU SUSR (Use oseltamivir	MG9
MCG-20 MG-1.5 MG-10 MCG-6	phosphate)45	TAPENTADOL HCL SOLN PO 20
MCG-1.7 MG-1500 MCG175	tamoxifen citrate TABS36	MG/ML9
TAB-A-VITE/BETA CAROTENE	tamsulosin hcl79	tapentadol hcl TABS 50 MG, 75 MG,
TABS 60 MG-2 MG-400 MCG-400		100 MG9
UNIT-6 MCG-1.7 MG-20 MG-3000		TARON-C DHA178
UNIT-10 MG-1.5 MG-45 MG-30 UNIT		
.....175		

TASCENSO ODT	191	tenofovir disoproxil fumarate TABS 44	TD SUSP	193
TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	39	TENORETIC 100 (Use atenolol & chlorthalidone)	tetrabenazine	190
tasimelteon CAPS	85	TENORETIC 50 (Use atenolol & chlorthalidone)	tetracaine hcl (ophth)	185
TAVNEOS	81	TENORMIN TABS (Use atenolol) .	TETRACAINE HCL 0.5 %	185
tazarotene CREA	56	TEPMETKO	tetracycline hcl CAPS 500 MG ...	193
TAZAROTENE FOAM	53	terazosin hcl	tetrahydrozoline hcl (ophth) 0.05 %	185
tazarotene GEL	56	terbinafine hcl (topical) CREA	TEZRULY PO 1 MG/ML	31
TDVAX SUSP	193	terbutaline sulfate TABS	TEZSPIRE SOAJ	12
TECFIDERA CDPK (Use dimethyl fumarate)	191	terconazole vaginal CREA 0.4 % .	TEZSPIRE SOSY	12
TECFIDERA CPDR (Use dimethyl fumarate)	191	terconazole vaginal CREA 0.8 % .	THALOMID 50 MG, 100 MG	132
TECHLITE INSULIN SYRINGE ..	124	terconazole vaginal SUPP	THEO-24 CP24	14
TECHLITE LANCETS	117	teriflunomide	theophylline ELIX	15
TECHLITE LANCETS 26G	117	teriparatide SOPN	theophylline SOLN	15
TEGRETOL SUSP (Use carbamazepine)	17	TERIPARATIDE SOPN	theophylline TB12	15
TEGRETOL TABS (Use carbamazepine)	17	TESTIM GEL TD (Use testosterone) .	theophylline TB24	15
TEGRETOL-XR TB12 (Use carbamazepine)	17	10	THERA TABS	175
telmisartan	31	testosterone cypionate SOLN IM 100 MG/ML	THERA VITAL M TABS 90 MG-3	
telmisartan-amlodipine	32	MG/ML	MG-30 MCG-0.4 MG-3 MG-9 MCG-	
telmisartan-hydrochlorothiazide ...	32	10	10 MG-3.4 MG-20 MG-2500 UNIT-	
temazepam 22.5 MG	85	testosterone cypionate SOLN IM 200 MG/ML	400 UNIT-30 UNIT-2500 UNIT-27	
temazepam 7.5 MG, 15 MG, 30 MG .	85	10	MG-100 MG-5 MG-15 MCG-7.5 MG-	
TEMODAR SOLR	34	10	15 MCG-2 MG-15 MG-40 MG-150	
temozolomide CAPS	34	TESTOSTERONE CYPIONATE	MCG-31 MG-10 MCG-7.5 MG ...	167
TEMPO SMART BUTTON MISC .	118	SOLN IM 200 MG/ML	THERA VITAL-M TABS 120 MG-3	
TEMPO WELCOME KIT	118	10	MG-15 MCG-400 MCG-400 UNIT-9	
		testosterone enanthate SOLN IM ..	MCG-3.4 MG-30 MG-5500 UNIT-10	
		10	MG-18 MG-3 MG-100 MG-15 MG-2	
		testosterone GEL TD 1 %, 1.62 %, 1.62 %	MG-40 MG-7.5 MG-15 MCG-150	
		10	MCG-30 UNIT-31 MG-5 MG-15	
		testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25	MCG-10 MCG	167
		MG/2.5GM, 40.5 MG/2.5GM, 50	THERABASIC-M TABS 400 UNIT-90	
		MG/5GM	MG-3 MG-35 MCG-0.4 MG-9 MCG-	
		10	10 MG-3.4 MG-30 MG-5000 UNIT-27	
		testosterone SOLN	MG-3 MG-100 MG-1250 UNIT-15	
		10	MCG-7.5 MG-15 MCG-40 MG-15	
		TETANUS-DIPHtheria TOXoids		

MG-150 MCG-30 UNIT-31 MG-2	30 MCG-400 MCG-3 MG-20 MG-400	1000 UNIT-18 MCG-5.1 MG-60
MG-10 MCG-5 MG-7.5 MG168	UNIT-9 MCG-5000 UNIT-10 MG-3.4	MCG-20 MG-100 MCG-3500 UNIT-
THERAGAUZE PADS 89	MG-30 UNIT 175	15 MG-18 MG-500 MG-700 MCG-4.5
THERAGRAN-M ADVANCED 50	THERATRUM COMPLETE 50 PLUS	MG-50 MG-15 MG-75 MCG-150
PLUS TABS168	TABS 60 MG-3 MG-30 MCG-400	MCG-30 UNIT-2 MG-2 MG-70 MCG-
THERAGRAN-M ADVANCED TABS .	MCG-400 UNIT-25 MCG-1.7 MG-10	120 MCG-150 MCG 169
168	MCG-20 MG-250 MCG-3500 UNIT-	THRIVITE RX TABS178
THERAGRAN-M PREMIER 50 PLUS	10 MG-300 MCG-1.5 MG-100 MG-15	THYROID TABS 15 MG, 30 MG, 60
TABS168	MG-150 MCG-200 MG-80 MG-75	MG, 90 MG, 120 MG 193
THERAGRAN-M PREMIER TABS	MCG-150 MCG-48 MG-2 MG-5	tiagabine hcl 18
168	MCG-2 MG-150 MCG-45 UNIT-20	TIBSOVO39
THERAGRAN-M TABS168	MCG-10 MCG-72 MG-2 MG168	ticagrelor 60 MG, 90 MG 81
THERA-M PLUS MV W/BETA-	THERATRUM COMPLETE TABS 60	timolol 183
CAROT TABS 168	MG-2 MG-30 MCG-400 MCG-400	timolol maleate (ophth) SOLG183
THERAMILL FORTE CAPS 168	UNIT-6 MCG-1.7 MG-20 MG-250	timolol maleate (ophth) SOLN 0.5 % .
THERANATAL LACTATION ONE	MCG-5000 UNIT-10 MG-18 MG-1.5	183
CAPS 168	MG-100 MG-15 MG-80 MG-2 MG-	timolol maleate (ophth) SOLN183
THERAPEUTIC	150 MCG-162 MG-150 MCG-75	timolol maleate TABS46
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MG-100 MG-11.7 MG-66.7 MG-3.3	MCG-25 MCG-20 MCG-10 MCG, 60	tioconazole vaginal 6.5 % 197
MG-41.7 MG-140 UNIT-5 UNIT-0.67	MG-2 MG-30 MCG-400 MCG-400	tiotropium bromide CAPS IN 18 MCG
MG-1400 UNIT 168	UNIT-6 MCG-1.7 MG-25 MCG-20	13
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MCG-8 MG-15 MCG-2 MG-15 MG-	MG-2 MG-5 MCG-10 MCG-2 MG-	TLANDO CAPS 10
40 MG-150 MCG-10 MCG-30 UNIT-8	120 MCG-20 MCG-10 MCG-2 MG	TM-DAILY VITE TABS 175
MG, 90 MG-30 MCG-400 MCG-3	169	TOBI NEBU (Use tobramycin) 4
MG-20 MG-6 MG-10 MG-3.4 MG-10	THERA-VITE MAX-M TABS169	TOBI PODHALER CAPS 3
MCG-27 MG-9 MG-100 MG-2 MG-75	THEREMS TABS175	TOBRADEX OINT186
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THERA-TABS TABS 90 MG-3 MG-	THRIVE FOR LIFE WOMENS TABS	
	60 MG-6 MG-300 MCG-400 MCG-	

tobramycin (ophth) SOLN	184	TOPICORT OINT (Use desoximetasone)	58	tramadol hcl TABS 25 MG, 75 MG, 100 MG	9
tobramycin NEBU	4	TOPICORT SPRAY LIQD (Use desoximetasone)	58	tramadol hcl TABS 50 MG	9
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	4	topiramate CP24	18	tramadol hcl TB24	9
tobramycin sulfate SOLR	4	topiramate CPSP 15 MG, 25 MG ..	18	tramadol-acetaminophen	9
tobramycin-dexamethasone SUSP 186		topiramate CPSP 50 MG	18	trandolapril	31
TOBREX OINT	184	topiramate CS24	18	trandolapril-verapamil hcl	32
tofacitinib citrate SOLN 1 MG/ML ...	4	topiramate SOLN 25 MG/ML	18	tranexamic acid TABS	84
tofacitinib citrate TABS 5 MG, 10 MG 4		topiramate TABS 100 MG	18	tranylcypromine sulfate	19
tofacitinib citrate TB24 11 MG, 22 MG	4	topiramate TABS 25 MG, 50 MG, 200 MG	18	TRAVATAN Z SOLN (Use travoprost)	187
TOFIDENCE	6	TOPPER DRESSING SPONGES MISC	89	TRAVEL LANCETS ADVANCED 28G	118
TOLECTIN DS CAPS 400 MG (Use tolmetin sodium)	7	TOPROL XL TB24 (Use metoprolol succinate)	46	travoprost SOLN	187
tolmetin sodium CAPS	7	toremifene citrate	36	trazodone hcl TABS	20
tolmetin sodium TABS	7	torsemide TABS	74	TRELEGY ELLIPTA	14
tolnaftate CREA	54	TOSYMRA	130	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	36
tolterodine tartrate CP24	195	TOUJEO MAX SOLOSTAR SOPN 25		TRELSTAR MIXJECT 3.75 MG ...	36
tolterodine tartrate TABS	195	TOUJEO SOLOSTAR SOPN	25	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	56
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TONMYA SUBL SL 2.8 MG	190	TRACLEER TABS (Use bosentan) 47		TREMFYA SOLN IV	78
TOPAMAX SPRINKLE CPSP (Use topiramate)	17	TRACLEER TBSO 32 MG (Use bosentan)	47	TREMFYA SOSY SC	78
TOPAMAX TABS 100 MG (Use topiramate)	17	TRADJENTA	22	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	78
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TOPICORT CREA (Use desoximetasone)	58	TRAMADOL HCL SOLN (Use tramadol hcl)	9	TRESIBA SOLN	25
TOPICORT GEL (Use desoximetasone)	58	tramadol hcl SOLN	9	tretinoin (chemotherapy)	39
				tretinoin CREA 0.025 %, 0.05 %, 0.1 %	53
				tretinoin GEL 0.01 %, 0.025 %	53

tretinoin GEL 0.05 %	53	TRILEPTAL SUSP (Use oxcarbazepine)	18	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	169
tretinoin microsphere 0.08 %	53	TRILEPTAL TABS (Use oxcarbazepine)	18	tropicamide SOLN	184
TRETEN	80	trimethoprim TABS	32	tropium chloride CP24	195
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	34	trimipramine maleate CAPS	21	tropium chloride TABS	195
TREXION CAPS	169	TRINATAL RX 1 TABS	178	TRUE COMFORT INSULIN SYRINGE	124
TREXVIA CAPS	169	TRINTELLIX	20	TRUE COMFORT PRO INSULIN SYR	124
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triamcinolone acetonide (nasal) AERO	179	TRIPTODUR	75	TRUE COMFORT TWIST TOP LANCETS	118
triamcinolone acetonide (topical) CREA	58	TRISTART DHA	178	TRUE COVER DEVI	89
triamcinolone acetonide (topical) LOTN	58	TRIUMEQ PD TBSO	44	TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG- 10 MCG-1500 MCG-6 MCG	175
triamcinolone acetonide (topical) OINT	58	TRIUMEQ TABS	44	TRUE METRIX AIR GLUCOSE METER KIT	118
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	74	TRI-VI-FLOR SUSP 0.25 MG/ML	176	TRUE METRIX BLOOD GLUCOSE TEST STRP	73
triamterene & hydrochlorothiazide TABS	74	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	176	TRUE METRIX GO GLUCOSE METER KIT	118
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VOYDEYA TBPK	81	MG/0.75ML	2	72 MG-6 MG-30 MCG-400 MCG-	
VPRIV	82	WEGOVY PO 1.5 MG, 4 MG, 9 MG,		1000 UNIT-25 MCG-3.4 MG-20	
VRAYLAR CAPS	40	25 MG	2	MCG-20 MG-9.5 MG-2500 UNIT-20	
VTAMA	56	WELCHOL PACK (Use colesevelam		MG-21 MG-10 MG-100 MCG-234	
VUITY SOLN 1.25 % (Use		hcl)	29	MCG-4.5 MG-4 MG-22.5 MG-2 MG-	
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VYZULTA	187	WIDE-SEAL DIAPHRAGM 75	90	109 MG-2 MG-5 MCG-10 MCG-120	
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				MG-10 MG-300 MCG-2 MG-150	
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