



Preferred Drug List

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

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

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

SilverSummit Healthplan: Preferred Drug List (PDL)



Pharmacy Program

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

You can get help by:

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

Pharmacy Benefit Manager (PBM)

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

Prior Authorizations (PA)

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

SilverSummit will cover the medicine if:

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

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

Transition Period

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

96-Hour Emergency Supply Policy

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

Step Therapy

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

Dispensing Limits

The pharmacy can give you:

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

Quantity Limits

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

Age Limit

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

Medical Necessity Requests

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

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

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

Appropriate Use and Safety Edits

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

Generic Drugs

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

Over-the-Counter (OTC) Medicines

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

Filling a Prescription

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

Maintenance Medications

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

Exclusions

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

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

Drug Efficacy Study and Implementation Drugs

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

Medical Benefits

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

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

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

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Newly Approved Products

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

Contact Information

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

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

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

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

AcariaHealth: 1-855-535-1815

Language Assistance

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

Preferred Drug List ABBREVIATIONS

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW	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 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily; 3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	PA	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA
WEGOVY 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
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	PA	QL(0.072 ML daily; 2.4 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA
ZEPBOUND SOAJ	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
ZEPBOUND SOLN	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
<i>clonidine hcl (adhd) TB12</i>	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
<i>guanfacine hcl (adhd)</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
QELBREE	PA	AL(At least 6 yrs old); PA
STRATTERA (<i>Use atomoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	PA	SP; PA
Stimulants - Misc.		
APTENSIO XR CP24 (<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	AL(At least 6 yrs old)
DAYTRANA PTCH (<i>Use methylphenidate</i>)	NF	
<i>dexmethylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>dexmethylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
FOCALIN XR CP24 40 MG (<i>Use dexmethylphenidate hcl</i>)	NF	
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN TABS 2.5 MG (<i>Use dexmethylphenidate hcl</i>)	NF	AL(At least 3 yrs old)

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

Drug Name	Drug Tier	Requirements/Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	NP	SP
<i>tobramycin NEBU</i>	P	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	PA	QL(1 EA daily); SP; PA
RINVOQ LQ SOLN	PA	QL(1 ML daily); SP; PA
RINVOQ TB24	PA	QL(1 EA daily); SP; PA
XELJANZ XR TB24	NP	QL(1 EA daily); SP
XELJANZ SOLN	PA	SP; PA
XELJANZ TABS	PA	QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP

Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP
ADALIMUMAB-ADAZ SOAJ	PA	SP; PA
ADALIMUMAB-ADAZ SOSY	PA	SP; PA
ADALIMUMAB-ADBIM (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBIM (2 PEN) AJKT	PA	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ILARIS SOLN	NP	SP	CELEBREX 200 MG (<i>Use celecoxib</i>)	NF	QL(2 EA daily)
Interleukin-6 Receptor Inhibitors			CELEBREX 200 MG (<i>Use celecoxib</i>)	NP	QL(2 EA daily)
ACTEMRA ACTPEN SOAJ	PA	SP; PA	<i>celecoxib 200 MG</i>	P	QL(2 EA daily)
ACTEMRA SOLN	PA	SP; PA	<i>celecoxib 400 MG</i>	P	QL(1 EA daily)
ACTEMRA SOSY	PA	SP; PA	<i>celecoxib 50 MG</i>	P	QL(8 EA daily)
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP	<i>celecoxib 100 MG</i>	P	QL(4 EA daily)
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	COXANTO CAPS (<i>Use oxaprozin</i>)	NF	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	COXANTO CAPS (<i>Use oxaprozin</i>)	NP	
KEVZARA SOAJ	PA	SP; PA	DAYPRO TABS (<i>Use oxaprozin</i>)	NF	
KEVZARA SOSY	PA	SP; PA	<i>diclofenac potassium TABS 50 MG</i>	NP	
TOFIDENCE	NP	SP	<i>diclofenac sodium TB24</i>	P	
TYENNE SOAJ	NP	SP	<i>diclofenac sodium TBEC</i>	P	
TYENNE SOLN	NP	SP	<i>diclofenac w/ misoprostol TBEC</i>	NP	
TYENNE SOSY	NP	SP	DUEXIS (<i>Use ibuprofen-famotidine</i>)	NF	QL(3 EA daily)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			EC-NAPROSYN TBEC (<i>Use naproxen</i>)	NF	
ALEVE CAPS (<i>Use naproxen sodium</i>)	NF		<i>etodolac CAPS</i>	NP	
ALEVE TABS (<i>Use naproxen sodium</i>)	NF		<i>etodolac TABS</i>	NP	
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF		<i>etodolac TB24</i>	NP	
ARTHROTEC TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP		<i>flurbiprofen TABS 100 MG</i>	NP	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NP	QL(1 EA daily)	<i>flurbiprofen TABS 50 MG</i>	P	
CELEBREX 400 MG (<i>Use celecoxib</i>)	NF	QL(1 EA daily)	<i>ibuprofen-acetaminophen TABS</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NP	QL(4 EA daily)	<i>ibuprofen CAPS</i>	P	
CELEBREX 50 MG (<i>Use celecoxib</i>)	NF	QL(8 EA daily)	<i>ibuprofen CHEW</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NF	QL(4 EA daily)	<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)
CELEBREX 50 MG (<i>Use celecoxib</i>)	NP	QL(8 EA daily)	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
			<i>ibuprofen TABS 800 MG</i>	P	QL(4 EA daily)
			<i>ibuprofen TABS 600 MG</i>	P	QL(5 EA daily)

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diflunisal TABS</i>	P		<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)
DOLOBID TABS	P		<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)
<i>salsalate</i>	NP		HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	QL(1 EA daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
ACTIQ LPOP 400 MCG (Use <i>fentanyl citrate</i>)	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)	<i>meperidine hcl TABS 50 MG</i>	P	QL(500 ML per fill retail; 500 per fill mail)
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>methadone hcl CONC</i>	NP	
CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>methadone hcl SOLN PO</i>	NP	
CONZIP CP24 (Use <i>tramadol hcl</i>)	NP	AL(At least 18 yrs old)	<i>methadone hcl TABS</i>	NP	
DEMEROL SOLN IJ (Use <i>meperidine hcl</i>)	NF		<i>methadone hcl TBSO</i>	NP	
DILAUDID TABS (Use <i>hydromorphone hcl</i>)	NF	QL(8 EA daily)	METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP	
DISKETS TBSO 40 MG (Use <i>methadone hcl</i>)	NP		METHADOSE CONC (Use <i>methadone hcl</i>)	NP	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA	<i>morphine sulfate beads</i>	P	QL(1 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	PA	QL(0.34 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)	<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)
			<i>morphine sulfate TABS 30 MG</i>	P	
			<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)
			<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
			MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use <i>morphine sulfate</i>)	NP	QL(3 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)	NF		ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	NP	QL(3 EA daily)
PROLATE SOLN	PA	QL(20 ML daily); PA	ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)
PROLATE TABS	PA	QL(13 EA daily); PA	ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)
tramadol-acetaminophen	P	QL(12 EA daily); AL(At least 18 yrs old)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Opioid Partial Agonists			Androgens		
BELBUCA FILM	NP		ANDROGEL PUMP GEL TD (Use testosterone)	NP	
BRIXADI (WEEKLY) SOSY	P	SP	ANDROGEL PUMP GEL TD (Use testosterone)	NF	
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	FORTESTA GEL TD (Use testosterone)	NF	
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG	NP	QL(3 EA daily)	JATENZO CAPS	PA	PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG	NP	QL(2 EA daily)	methyltestosterone TABS	P	
buprenorphine hcl-naloxone hcl dihydrate SUBL	P	QL(3 EA daily)	NATESTO GEL NA	NP	
buprenorphine hcl SUBL	P	QL(3 EA daily)	TESTIM GEL TD (Use testosterone)	NP	
buprenorphine PTWK	NP		testosterone cypionate SOLN IM 200 MG/ML	P	QL(0.1429 ML daily)
BUTRANS PTWK (Use buprenorphine)	P		testosterone cypionate SOLN IM 100 MG/ML	P	QL(0.2858 ML daily)
SUBLOCADE SOSY	P	SP	testosterone enanthate SOLN IM	P	QL(0.1429 ML daily)
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	P	QL(2 EA daily)	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	NP	
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	P	QL(3 EA daily)	testosterone GEL TD 1 %, 1.62 %, 1.62 %	PA	PA
			testosterone SOLN	NP	
			TLANDO CAPS	PA	PA
			VOGELXO PUMP GEL TD (Use testosterone)	NP	
			VOGELXO GEL TD (Use testosterone)	NF	

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NF		FLOVENT HFA 44 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP		<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	MP
<i>zafirlukast</i>	P		<i>fluticasone propionate (inhalation) AEPB</i>	P	QL(2 EA daily); MP
<i>zileuton TB12</i>	NP		<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 GM daily); MP
ZYFLO TABS	NP		<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(0.36 GM daily); MP
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			PULMICORT FLEXHALER AEPB	P	MP
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old); SP	PULMICORT FLEXHALER AEPB	P	MP
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 EA daily)	QVAR REDHALER	NP	MP
<i>roflumilast</i>	PA	QL(1 EA daily); PA	Sympathomimetics		
Steroid Inhalants			ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ALVESCO	NP	MP	ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	P	MP	ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	P	MP
ASMANEX (120 METERED DOSES) AEPB	P	MP	AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (14 METERED DOSES) AEPB	P	MP	AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (30 METERED DOSES) AEPB	P	MP	AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ASMANEX (60 METERED DOSES) AEPB	P	MP	AIRSUPRA	NP	QL(1.07 GM daily)
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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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</i>	P	QL(2 EA daily)	PERFORMIST NEBU (Use formoterol fumarate)	NP	MP
<i>albuterol sulfate NEBU</i>	P	QL(12 ML daily)	PROAIR RESPICLICK AEPB	NP	QL(0.067 EA daily)
<i>albuterol sulfate SYRP</i>	P		PROVENTIL HFA AERS (Use albuterol sulfate)	NF	QL(1.2 GM daily)
<i>albuterol sulfate TABS</i>	P		SEREVENT DISKUS	P	QL(2 EA daily); MP
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol)	P	MP	STIOLTO RESPIMAT	P	MP
<i>arformoterol tartrate</i>	NP	MP	STRIVERDI RESPIMAT	P	MP
BEVESPI AEROSPHERE	NP	MP	SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	P	MP
BREO ELLIPTA (Use fluticasone furoate-vilanterol)	P	MP	<i>terbutaline sulfate TABS</i>	P	
BREO ELLIPTA	P	MP	TRELEGY ELLIPTA	NP	MP
BREZTRI AEROSPHERE	NP	MP	<i>umeclidinium-vilanterol</i>	NP	MP
BROVANA (Use arformoterol tartrate)	NP	MP	VENTOLIN HFA AERS (Use albuterol sulfate)	P	QL(0.534 GM daily)
BROVANA (Use arformoterol tartrate)	NF		VENTOLIN HFA AERS (Use albuterol sulfate)	P	QL(1.2 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	MP	XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(1 GM daily)
COMBIVENT RESPIMAT AERS	P		Xanthines		
DUAKLIR PRESSAIR	NP	MP	THEO-24 CP24	P	
DULERA	P	MP	<i>theophylline ELIX</i>	P	
<i>fluticasone furoate-vilanterol</i>	NP	MP	<i>theophylline SOLN</i>	P	QL(475 ML per fill retail; 475 per fill mail)
<i>fluticasone-salmeterol AEPB</i>	NP	MP	<i>theophylline TB12</i>	P	
<i>fluticasone-salmeterol AERO</i>	NP	MP	<i>theophylline TB24</i>	P	
<i>formoterol fumarate NEBU</i>	NP	MP	ANTICOAGULANTS - Blood Thinners		
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)	Coumarin Anticoagulants		
			<i>warfarin sodium TABS</i>	P	
			Direct Factor Xa Inhibitors		

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

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (Use perampanel)	NP	
perampanel SUSP 0.5 MG/ML	NP	
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	P	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	
clobazam TABS	P	
clonazepam TABS	P	AL(At least 18 yrs old)
clonazepam TBDP	P	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
diazepam (anticonvulsant) GEL	P	
KLONOPIN TABS (Use clonazepam)	NP	AL(At least 18 yrs old)
LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)
NAYZILAM	PA	PA
ONFI SUSP (Use clobazam)	NP	
ONFI TABS (Use clobazam)	NP	
SYMPAZAN FILM	NP	
VALTOCO 10 MG DOSE LIQD	PA	PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA
VALTOCO 5 MG DOSE LIQD	PA	PA
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	NP	
BANZEL SUSP (Use rufinamide)	NP	SP
BANZEL TABS (Use rufinamide)	NP	SP
brivaracetam SOLN IV 50 MG/5ML	NP	SP
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP	SP
BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)	NF	SP
BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)	NP	SP
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam)	NP	SP
carbamazepine CHEW	P	
carbamazepine CP12	P	
carbamazepine SUSP	P	
carbamazepine TABS	P	
carbamazepine TB12	P	
CARBATROL CP12 (Use carbamazepine)	NP	
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	PA	SP; PA
EPRONTIA SOLN 25 MG/ML (Use topiramate)	NP	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	
FINTEPLA	NP	SP
gabapentin CAPS	P	
gabapentin SOLN	P	

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

Drug Name	Drug Tier	Requirements/Limits
SUBVENITE SUSP PO 10 MG/ML	NP	
TEGRETOL SUSP (Use carbamazepine)	NP	
TEGRETOL TABS (Use carbamazepine)	NP	
TEGRETOL-XR TB12 (Use carbamazepine)	NP	
TOPAMAX SPRINKLE CPSP (Use topiramate)	NP	
TOPAMAX TABS 25 MG, 50 MG, 200 MG (Use topiramate)	NP	
TOPAMAX TABS 100 MG (Use topiramate)	NP	QL(300 EA per fill retail; 300 per fill mail)
topiramate CP24	NP	
topiramate CPSP 15 MG, 25 MG	P	
topiramate CPSP 50 MG	NP	
topiramate CS24	NP	
topiramate SOLN 25 MG/ML	NP	
topiramate TABS 25 MG, 50 MG, 200 MG	P	
topiramate TABS 100 MG	P	QL(300 EA per fill retail; 300 per fill mail)
TRILEPTAL SUSP (Use oxcarbazepine)	NP	
TRILEPTAL TABS (Use oxcarbazepine)	NP	
TRILEPTAL TABS (Use oxcarbazepine)	NF	
TROKENDI XR CP24 25 MG, 100 MG, 200 MG (Use topiramate)	NF	
TROKENDI XR CP24 (Use topiramate)	NP	
VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	NP	
VIMPAT TABS (Use lacosamide)	NP	

Drug Name	Drug Tier	Requirements/Limits
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	NF	
ZONISADE SUSP	NP	
zonisamide CAPS	P	
ZTALMY	PA	QL(36 ML daily); AL(At least 2 yrs old); PA
Carbamates		
felbamate SUSP	NP	
felbamate TABS	NP	
FELBATOL SUSP (Use felbamate)	NF	
FELBATOL TABS (Use felbamate)	P	
XCOPRI (250 MG DAILY DOSE) TBPBK	NP	
XCOPRI (350 MG DAILY DOSE) TBPBK	NP	
XCOPRI TABS	NP	
XCOPRI TBPBK	NP	
GABA Modulators		
SABRIL PACK (Use vigabatrin)	NP	SP
SABRIL TABS (Use vigabatrin)	NP	SP
tiagabine hcl	NP	
vigabatrin PACK	NP	SP
vigabatrin TABS	NP	SP
VIGAFYDE SOLN	NP	SP
Hydantoins		
CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium)	P	
CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium)	P	QL(100 ML per fill retail; 100 per fill mail)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl</i>	P	
<i>trimipramine maleate CAPS</i>	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	MP
<i>miglitol</i>	P	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	PA	MP; PA
SYMLINPEN 60 SOPN	PA	MP; PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	MP
<i>alogliptin-metformin hcl</i>	NP	MP
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	MP
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	MP
<i>dapagliflozin-saxagliptin</i>	NP	MP
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP
<i>glipizide-metformin hcl</i>	NP	MP
<i>glyburide-metformin</i>	NP	MP
GLYXAMBI	P	MP
INVOKAMET XR TB24	NP	MP
INVOKAMET TABS	P	MP
JANUMET XR TB24	NP	MP
JANUMET TABS	NP	MP
JENTADUETO XR TB24	P	MP
JENTADUETO TABS	P	MP

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

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

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA	NP	MP
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl</i>	NP	MP
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	P	MP
TRADJENTA	P	MP
ZITUVIO 25 MG, 50 MG, 100 MG (<i>Use sitagliptin</i>)	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
<i>exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML</i>	NP	QL(0.08 ML daily); AL(At least 18 yrs old); MP
<i>liraglutide</i>	NP	QL(0.3 ML daily); AL(At least 10 yrs old); MP
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	NP	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 18 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	NP	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP	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
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	VICTOZA (Use <i>liraglutide</i>)	PA	QL(0.3 ML daily); AL(At least 10 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	Insulin		
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	ADMELOG SOLOSTAR SOPN	NP	MP
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	NP	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP	ADMELOG SOLN IJ	NP	MP
RYBELSUS TABS	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
			APIDRA SOLOSTAR SOPN	NP	MP
			APIDRA SOLN	NP	MP
			BASAGLAR KWIKPEN SOPN	NP	MP
			BASAGLAR TEMPO PEN SOPN	NP	MP
			FIASP FLEXTOUCH SOPN	NP	MP
			FIASP PENFILL SOCT	NP	MP
			FIASP PUMPCART SOCT	NP	
			FIASP SOLN	NP	MP
			HUMALOG JUNIOR KWIKPEN SOPN	NP	MP
			HUMALOG KWIKPEN SOPN	NP	MP
			HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
			HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
			HUMALOG MIX 75/25 SUSP	P	MP
			HUMALOG TEMPO PEN SOPN	NP	MP
			HUMALOG SOCT	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN IJ	NP	MP	LEVEMIR FLEXPEN SOPN	NP	MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP	LEVEMIR SOLN	NP	MP
HUMULIN 70/30 SUSP	P	MP	LYUMJEV KWIKPEN SOPN	NP	MP
HUMULIN N KWIKPEN SUPN	P	MP	LYUMJEV TEMPO PEN SOPN	NP	MP
HUMULIN N SUSP	P	MP	LYUMJEV SOLN	NP	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP
HUMULIN R SOLN IJ	P	MP	MERILOG SOLN SC 100 UNIT/ML	NP	MP
INSULIN ASPART FLEXPEN SOPN	P	MP	MYXREDLIN	P	
INSULIN ASPART SOLN IJ	P	MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	P	MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP	NOVOLIN 70/30 FLEXPEN SUPN	P	MP
INSULIN DEGLUDEC SOLN	NP	MP	NOVOLIN 70/30 RELION SUSP	P	MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP	NOVOLIN 70/30 SUSP	P	MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP	NOVOLIN N FLEXPEN RELION SUPN	P	MP
INSULIN GLARGINE-YFGN SOLN	NP	MP	NOVOLIN N FLEXPEN SUPN	P	MP
INSULIN GLARGINE-YFGN SOPN	NP	MP	NOVOLIN N RELION SUSP	P	MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP	NOVOLIN N SUSP	P	MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP	NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP
INSULIN LISPRO PROT & LISPRO SUPN	P	MP	NOVOLIN R FLEXPEN SOPN IJ	P	MP
INSULIN LISPRO SOLN IJ	P	MP	NOVOLIN R RELION SOLN IJ	P	MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	MP	NOVOLIN R SOLN IJ	P	MP
KIRSTY SOPN SC 100 UNIT/ML	NP	MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP
LANTUS SOLOSTAR SOPN	P	MP	NOVOLOG FLEXPEN RELION SOPN	P	MP
LANTUS SOLN	P	MP	NOVOLOG FLEXPEN SOPN	P	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	P	MP
NOVOLOG MIX 70/30 RELION SUSP	P	MP	<i>glipizide TABS</i>	P	MP
NOVOLOG MIX 70/30 SUSP	P	MP	GLIPIZIDE TABS 15 MG	P	MP
NOVOLOG PENFILL SOCT	P	MP	<i>glipizide TB24</i>	P	MP
NOVOLOG RELION SOLN IJ	P	MP	GLUCOTROL XL TB24 5 MG (Use <i>glipizide</i>)	NP	MP
NOVOLOG SOLN IJ	P	MP	GLUCOTROL XL TB24 2.5 MG, 10 MG (Use <i>glipizide</i>)	NF	
REZVOGLAR KWIKPEN	NP		<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	MP
SEMGLEE (YFGN) SOLN	NP	MP	<i>glyburide TABS</i>	P	MP
SEMGLEE (YFGN) SOPN	NP	MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
TOUJEO MAX SOLOSTAR SOPN	P	MP	Antidiarrheal/Probiotic Agents - Misc.		
TOUJEO SOLOSTAR SOPN	P	MP	<i>bismuth subsalicylate CHEW 262 MG</i>	P	
TRESIBA FLEXTOUCH SOPN	P	MP	<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 1050 MG/30ML</i>	P	
TRESIBA SOLN	P	MP	<i>bismuth subsalicylate TABS</i>	P	
Insulin Sensitizing Agents			Antiperistaltic Agents		
ACTOS (Use <i>pioglitazone hcl</i>)	NP	MP	<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>pioglitazone hcl</i>	P	MP	<i>diphenoxylate w/ atropine TABS</i>	P	
Meglitinide Analogues			LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>nateglinide</i>	NP	MP	<i>loperamide hcl CAPS</i>	P	QL(8 EA daily); RX/OTC
<i>repaglinide</i>	P	MP	<i>loperamide hcl TABS</i>	P	QL(8 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	NP	MP	Antidotes - Chelating Agents		
FARXIGA TABS PO (Use <i>dapagliflozin</i>)	P	MP	CHEMET	P	
INVOKANA	P	MP	<i>deferasirox TABS</i>	P	SP; PA
JARDIANCE	P	MP			
STEGLATRO	NP	MP			
Sulfonylureas					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JADENU TABS (<i>Use deferasirox</i>)	NF	SP; PA	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)
Antidotes and Specific Antagonists			<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)
SM IPECAC SYRUP	P		<i>ondansetron hcl SOSY</i>	P	QL(8 ML per fill retail; 8 per fill mail)
Opioid Antagonists			<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
KLOXXADO LIQD	P		<i>ondansetron hcl TABS 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>naloxone hcl LIQD</i>	P	RX/OTC	<i>ondansetron hcl TABS 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>naloxone hcl SOCT</i>	P	QL(5 ML per fill retail; 5 per fill mail)	<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 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>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P		<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)	SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
<i>naltrexone hcl</i>	P		Antiemetics - Anticholinergic		
NARCAN LIQD (<i>Use naloxone hcl</i>)	P	RX/OTC	ANTIVERT CHEW 25 MG	P	RX/OTC
OPVEE NA	NP		ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NF	
REXTOVY LIQD	NP		<i>dimenhydrinate TABS</i>	P	
VIVITROL	PA	SP; PA	<i>meclizine hcl CHEW</i>	P	RX/OTC
ZURNAI IJ 1.5 MG/0.5ML	NP		MECLIZINE HCL CHEW 25 MG	P	RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
5-HT3 Receptor Antagonists			Antiemetics - Miscellaneous		
ANZEMET TABS 50 MG	NP	QL(4 EA per fill retail; 4 per fill mail)	AKYNZEO	NP	
<i>granisetron hcl TABS</i>	P	QL(2 EA per fill retail; 2 per fill mail)	BONJESTA TBCR	P	
GRANISOL SOLN PO	NP	QL(30 ML per fill retail; 30 per fill mail)			
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	P	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	PA	PA
MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NF	
MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	PA	PA
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)
ANTIFUNGALS - Drugs to Treat Fungal Infections		

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	QL(70 ML per fill retail; 70 per fill mail)
DIFLUCAN TABS 100 MG (<i>Use fluconazole</i>)	NF	QL(1 EA daily)
DIFLUCAN TABS 200 MG (<i>Use fluconazole</i>)	NF	QL(2 EA daily)
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail; 70 per fill mail)
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)
<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)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
ANTI-HISTAMINES - 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)
<i>dexchlorpheniramine maleate SOLN</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Ethanolamines		
CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	NF	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
diphenhydramine hcl CAPS	P	QL(4 EA daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ML per fill retail; 240 per fill mail)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS (Use fexofenadine hcl)	NF	
cetirizine hcl CAPS	NP	
cetirizine hcl CHEW	P	
cetirizine hcl SOLN PO	P	RX/OTC
cetirizine hcl TABS	P	
CLARINEX TABS (Use desloratadine)	NP	
CLARINEX TABS (Use desloratadine)	NF	
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use loratadine)	NF	
CLARITIN REDITABS TBDP (Use loratadine)	NF	
CLARITIN REDITABS TBDP (Use loratadine)	NF	
CLARITIN CHEW (Use loratadine)	NF	
CLARITIN SOLN (Use loratadine)	NF	
CLARITIN TABS (Use loratadine)	NF	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA	<i>colestipol hcl PACK</i>	P	
			<i>colestipol hcl TABS</i>	P	
			QUESTRAN LIGHT POWD (Use <i>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 (Use <i>cholestyramine</i>)	NP	
			QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	
Antihyperlipidemics - Combinations			WELCHOL PACK (Use <i>colesevelam hcl</i>)	NP	
<i>ezetimibe-simvastatin</i>	P	MP	WELCHOL TABS (Use <i>colesevelam hcl</i>)	NP	
NEXLIZET	NP		Fibric Acid Derivatives		
VYTORIN (Use <i>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	
LOVAZA (Use <i>omega-3-acid ethyl esters</i>)	NF		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
VASCEPA (Use <i>icosapent ethyl</i>)	NF		<i>fenofibric acid</i>	NP	
Bile Acid Sequestrants			FENOGLIDE TABS (Use <i>fenofibrate</i>)	NF	
<i>cholestyramine light PACK</i>	NP		FIBRICOR 35 MG (Use <i>fenofibric acid</i>)	NF	
<i>cholestyramine light PACK</i>	P		FIBRICOR 105 MG (Use <i>fenofibric acid</i>)	NP	
<i>cholestyramine light POWD</i>	P		<i>gemfibrozil TABS</i>	P	
<i>cholestyramine light POWD</i>	NP		LIPOFEN CAPS 50 MG (Use <i>fenofibrate</i>)	NF	
<i>cholestyramine PACK</i>	P		LIPOFEN CAPS (Use <i>fenofibrate</i>)	P	
<i>cholestyramine POWD</i>	P		LOPID TABS (Use <i>gemfibrozil</i>)	NP	
<i>colesevelam hcl PACK</i>	P		TRICOR TABS (Use <i>fenofibrate</i>)	NF	
<i>colesevelam hcl TABS</i>	P		TRILIPIX (Use <i>choline fenofibrate</i>)	NF	
COLESTID GRAN (Use <i>colestipol hcl</i>)	NP				
COLESTID TABS (Use <i>colestipol hcl</i>)	NP				
<i>colestipol hcl GRAN</i>	P				

Drug Name	Drug Tier	Requirements/Limits
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
ATORVALIQ SUSP	NP	MP
<i>atorvastatin calcium TABS</i>	P	MP
CRESTOR TABS 5 MG (Use <i>rosuvastatin calcium</i>)	NP	MP
CRESTOR TABS 10 MG (Use <i>rosuvastatin calcium</i>)	NP	QL(2 EA daily); MP
CRESTOR TABS 20 MG, 40 MG (Use <i>rosuvastatin calcium</i>)	NP	QL(1 EA daily); 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
LESCOL XL TB24 (Use <i>fluvastatin sodium</i>)	NF	
LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NF	
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 20 MG, 40 MG</i>	P	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS 5 MG</i>	P	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		

Drug Name	Drug Tier	Requirements/Limits
<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 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use <i>quinapril hcl</i>)	NP	MP
ALTACE CAPS 1.25 MG, 5 MG (Use <i>ramipril</i>)	NP	MP
ALTACE CAPS 10 MG (Use <i>ramipril</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl</i>	P	MP	DIOVAN TABS (<i>Use valsartan</i>)	NP	MP
<i>captopril</i>	P	MP	EDARBI	NP	MP
<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP	<i>irbesartan</i>	NP	MP
<i>enalapril maleate TABS</i>	P	MP	<i>losartan potassium</i>	P	MP
EPANED SOLN (<i>Use enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP	MICARDIS 20 MG (<i>Use telmisartan</i>)	NF	
<i>fosinopril sodium</i>	NP	MP	MICARDIS 40 MG, 80 MG (<i>Use telmisartan</i>)	NP	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP	<i>olmesartan medoxomil</i>	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (<i>Use benazepril hcl</i>)	NP	MP	<i>telmisartan</i>	NP	MP
<i>moexipril hcl</i>	NP	MP	<i>valsartan SOLN</i>	P	MP
<i>perindopril erbumine</i>	NP	MP	<i>valsartan TABS</i>	P	MP
QBRELIS SOLN	NP	MP	Antidrenergic Antihypertensives		
<i>quinapril hcl</i>	NP	MP	CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP
<i>ramipril CAPS</i>	P	MP	CARDURA 1 MG, 8 MG (<i>Use doxazosin mesylate</i>)	NF	
<i>trandolapril</i>	NP	MP	CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF		CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP	CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF		<i>clonidine hcl TABS</i>	P	
Angiotensin II Receptor Antagonists			<i>clonidine PTWK</i>	P	
ARBLI PO 10 MG/ML	NP	MP	<i>doxazosin mesylate</i>	P	MP
ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP	<i>guanfacine hcl</i>	P	
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	MP	<i>methyldopa TABS</i>	P	
AZILSARTAN MEDOXOMIL 40 MG, 80 MG	NP	MP	MINIPRESS CAPS 2 MG, 5 MG (<i>Use prazosin hcl</i>)	NF	MP
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	MP	<i>prazosin hcl CAPS</i>	NP	MP
<i>candesartan cilexetil</i>	NP	MP	<i>terazosin hcl</i>	P	MP
COZAAR (<i>Use losartan potassium</i>)	NP	MP	TEZRULY PO 1 MG/ML	NP	MP
			Antihypertensive Combinations		
			ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	MP

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	MP	sulfamethoxazole-trimethoprim SUSP	P	
trandolapril-verapamil hcl	NP	MP	sulfamethoxazole-trimethoprim TABS	P	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	MP	URETRON D/S TABS 81.6 MG	P	
valsartan-hydrochlorothiazide	P	MP	Glycopeptides		
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NF		FIRVANQ SOLR PO (Use vancomycin hcl)	NF	QL(300 ML per fill retail; 300 per fill mail)
WIDAPLIK TABS PO	NP	MP	VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NF	QL(8 EA daily)
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NP	MP	VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NF	QL(4 EA daily)
Direct Renin Inhibitors			vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
aliskiren fumarate	P		vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)
TEKTURNA (Use aliskiren fumarate)	NF		vancomycin hcl SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
Vasodilators			vancomycin hcl SOLR IV 500 MG	P	QL(0.467 EA daily)
hydralazine hcl TABS	P		vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ML per fill retail; 300 per fill mail)
minoxidil 2.5 MG, 10 MG	P		VANCOMYCIN HCL SOLR IV 500 MG	P	QL(0.467 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail; 14 per fill mail)
Anti-infective Agents - Misc.			Leprostatics		
metronidazole TABS	P		dapsone	P	
trimethoprim TABS	P		Lincosamides		
Anti-infective Misc. - Combinations			CLEOCIN (Use clindamycin palmitate hydrochloride)	NF	QL(100 ML per fill retail; 100 per fill mail)
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NF		clindamycin hcl 150 MG, 300 MG	P	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NF		clindamycin palmitate hydrochloride	P	QL(100 ML per fill retail; 100 per fill mail)
methenamine-hyosc-methylene blue-sod phenyl sal TABS 81.6 MG	P				

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

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 EA daily)
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	P	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TBCR (<i>Use pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	PA
XELODA (<i>Use capecitabine</i>)	NF	SP
XELODA (<i>Use capecitabine</i>)	PA	SP; PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	PA	SP; PA
INLYTA	PA	SP; PA
LENVIMA (10 MG DAILY DOSE)	PA	SP; PA
LENVIMA (12 MG DAILY DOSE)	PA	SP; PA
LENVIMA (14 MG DAILY DOSE)	PA	SP; PA
LENVIMA (18 MG DAILY DOSE)	PA	SP; PA
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

Drug Name	Drug Tier	Requirements/Limits
<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
TARCEVA (<i>Use erlotinib hcl</i>)	NF	SP
VIZIMPRO	PA	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	SP; PA
ERIVEDGE	PA	SP; PA
ODOMZO	PA	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	PA	SP; PA
AKEEGA	PA	SP; PA
<i>anastrozole</i>	PA	PA
ARIMIDEX (<i>Use anastrozole</i>)	PA	PA
AROMASIN (<i>Use exemestane</i>)	PA	PA
<i>bicalutamide</i>	PA	PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
CASODEX (<i>Use bicalutamide</i>)	PA	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

Drug Name	Drug Tier	Requirements/Limits
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
ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA
ELIGARD KIT SC 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA
EMCYT	P	SP
ERLEADA	PA	SP; PA
EULEXIN	P	
<i>exemestane</i>	PA	PA
FARESTON (<i>Use toremifene citrate</i>)	PA	MP; PA
FEMARA (<i>Use letrozole</i>)	PA	PA
INLURIYO TABS PO 200 MG	PA	SP; PA
<i>letrozole</i>	PA	PA
<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	PA	Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIFYORLI (125 MG DOSE) CPPK PO	PA	SP; PA	NUBEQA	PA	SP; PA
LIFYORLI (150 MG DOSE) CPPK PO	PA	SP; PA	ORGOVYX	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	ORSERDU	PA	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA	SOLTAMOX SOLN	PA	MP; 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	<i>tamoxifen citrate</i> TABS	PA	MP; 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	<i>toremifene citrate</i>	PA	MP; 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	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA
LYSODREN	PA	SP; PA	TRELSTAR MIXJECT 3.75 MG	PA	SP; PA
<i>megestrol acetate SUSP</i>	P		XTANDI CAPS	PA	SP; PA
<i>megestrol acetate TABS</i>	PA	PA	XTANDI TABS	PA	SP; PA
NILANDRON (Use <i>nilutamide</i>)	NF		YONSA	PA	SP; PA
<i>nilutamide</i>	PA	PA	ZOLADEX	P	SP; PA
			ZYTIGA (Use <i>abiraterone acetate</i>)	PA	SP; PA
			Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
			WELIREG	PA	SP; PA
			Antineoplastic - Immunomodulators		
			<i>pomalidomide</i> 1 MG, 2 MG, 3 MG, 4 MG	PA	SP; PA
			POMALYST 1 MG, 2 MG, 3 MG, 4 MG (Use <i>pomalidomide</i>)	PA	SP; PA
			Antineoplastic - Menin Inhibitors		
			KOMZIFTI CAPS PO 200 MG	PA	SP; PA
			REVUFORJ	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		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA	BRUKINSA PO 160 MG	PA	SP; PA
XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA	CABOMETYX TABS	PA	SP; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA	CALQUENCE	PA	SP; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA	CAPRELSA	PA	SP; PA
XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA	COMETRIQ (100 MG DAILY DOSE) KIT	PA	SP; PA
XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA	COMETRIQ (140 MG DAILY DOSE) KIT	PA	SP; PA
XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA	COMETRIQ (60 MG DAILY DOSE) KIT	PA	SP; PA
Antineoplastic Combinations			COPIKTRA	PA	SP; PA
AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA	COTELLIC	PA	SP; PA
INQOVI	PA	SP; PA	DANZITEN	PA	SP; PA
KISQALI FEMARA (200 MG DOSE)	PA	SP; PA	<i>dasatinib</i>	PA	SP; PA
KISQALI FEMARA (400 MG DOSE)	PA	SP; PA	ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA
KISQALI FEMARA (600 MG DOSE)	PA	SP; PA	<i>everolimus TABS</i>	PA	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	PA	SP; PA	IBRANCE TABS	PA	SP; PA
BRAFTOVI 75 MG	PA	SP; PA	IBTROZI CAPS PO 200 MG	PA	SP; PA
BRUKINSA	PA	SP; PA	ICLUSIG	PA	SP; PA
			IDHIFA	PA	SP; PA
			<i>imatinib mesylate TABS</i>	PA	SP; PA
			IMBRUVICA CAPS	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA SUSP	PA	SP; PA	NILOTINIB D-TARTRATE	PA	SP; PA
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	SP; PA	CAPS PO 50 MG, 150 MG, 200 MG		
IMKELDI SOLN	PA	SP; PA	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	PA	SP; PA
INREBIC	PA	SP; PA	NINLARO	PA	SP; PA
ISTODAX SOLR (<i>Use romidepsin</i>)	NF	SP; PA	OGSIVEO 100 MG, 150 MG	PA	SP; PA
ITOVEBI	PA	SP; PA	OJEMDA SUSR	PA	SP; PA
JAKAFI	PA	SP; PA	OJEMDA TABS	PA	SP; PA
JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	PA	PA	OJJAARA	PA	SP; PA
JAYPIRCA	PA	SP; PA	<i>pazopanib hcl</i>	PA	SP; PA
KISQALI (200 MG DOSE)	PA	SP; PA	PEMAZYRE	PA	SP; PA
KISQALI (400 MG DOSE)	PA	SP; PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	SP; PA
KISQALI (600 MG DOSE)	PA	SP; PA	PIQRAY (200 MG DAILY DOSE)	PA	SP; PA
KOSELUGO	PA	SP; PA	PIQRAY (250 MG DAILY DOSE)	PA	SP; PA
KOSELUGO PO 5 MG, 7.5 MG	PA	SP; PA	PIQRAY (300 MG DAILY DOSE)	PA	SP; PA
KRAZATI	PA	SP; PA	QINLOCK	PA	SP; PA
<i>lapatinib ditosylate</i>	PA	SP; PA	RETEVMO CAPS	PA	SP; PA
LORBRENA	PA	SP; PA	RETEVMO TABS	PA	SP; PA
LUMAKRAS	PA	SP; PA	REZLIDHIA	PA	SP; PA
LYNPARZA TABS	PA	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
LYTGOBI (12 MG DAILY DOSE)	PA	SP; PA	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	SP; PA
LYTGOBI (16 MG DAILY DOSE)	PA	SP; PA	ROZLYTREK CAPS	PA	SP; PA
LYTGOBI (20 MG DAILY DOSE)	PA	SP; PA	ROZLYTREK PACK	PA	SP; PA
MEKINIST SOLR	PA	SP; PA	RUBRACA	PA	SP; PA
MEKINIST TABS	PA	SP; PA	RYDAPT	PA	SP; PA
MEKTOVI	PA	SP; PA	SCEMBLIX	PA	SP; PA
NERLYNX	PA	SP; PA	<i>sorafenib tosylate</i>	PA	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	PA	SP; PA	SPRYCEL (<i>Use dasatinib</i>)	PA	SP; PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	SP; PA	STIVARGA	PA	SP; PA
			<i>sunitinib malate</i>	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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
TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	PA	SP; PA
TEPMETKO	PA	SP; PA
TIBSOVO	PA	SP; PA
TRUQAP TABS	PA	SP; PA
TRUQAP TBPk	PA	SP; PA
TURALIO 125 MG	PA	SP; PA
TYKERB (<i>Use lapatinib ditosylate</i>)	PA	SP; PA
VANFLYTA	PA	SP; PA
VERZENIO	PA	SP; PA
VITRAKVI CAPS	PA	SP; PA
VITRAKVI SOLN	PA	SP; PA
VONJO	PA	SP; PA
VORANIGO	PA	SP; PA
VOTRIENT (<i>Use pazopanib hcl</i>)	PA	SP; PA
XALKORI CAPS	PA	SP; PA
XALKORI CPSP	PA	SP; PA
XOSPATA	PA	SP; PA
ZEJULA TABS	PA	SP; PA
ZELBORAF	PA	SP; PA
ZOLINZA	PA	SP; PA
ZYDELIG	PA	SP; PA
ZYKADIA TABS	PA	SP; PA
Antineoplastics Misc.		
<i>bexarotene</i>	PA	SP; PA
HYDREA (<i>Use hydroxyurea</i>)	NF	
HYDREA (<i>Use hydroxyurea</i>)	PA	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
APOKYN SOCT	NP	SP	RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (Use <i>carbidopa-levodopa</i>)	NP		
<i>apomorphine hydrochloride</i> SOCT	NP	SP				
<i>bromocriptine mesylate</i> CAPS	NP			SINEMET TABS 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NF	
<i>bromocriptine mesylate</i> TABS 2.5 MG	NP			SINEMET TABS 100 MG-10 MG (Use <i>carbidopa-levodopa</i>)	NP	
<i>carbidopa-levodopa</i> CPR	NP			STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
<i>carbidopa-levodopa-entacapone</i>	P			VYALEV SOLN SC	NP	SP
<i>carbidopa-levodopa</i> TABS	P			Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa-levodopa</i> TBCR	P			AZILECT (Use <i>rasagiline mesylate</i>)	NP	
<i>carbidopa-levodopa</i> TBDP	P			<i>rasagiline mesylate</i>	NP	
CREXONT CPR	NP			<i>selegiline hcl</i> CAPS	NP	
DHIVY TABS	NP			<i>selegiline hcl</i> TABS	NP	
DUOPA SUSP	NP			XADAGO	NP	
GOCOVRI CP24	NP	SP		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
INBRIJA CAPS	NP			Antimanic Agents		
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF		<i>lithium</i>	P		
NEUPRO	NP		<i>lithium carbonate</i> CAPS	P		
ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old); SP	<i>lithium carbonate</i> TABS	P		
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NF		<i>lithium carbonate</i> TBCR	P		
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NF		LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF		
<i>pramipexole dihydrochloride</i> TABS	P		Antipsychotics - Misc.			
<i>pramipexole dihydrochloride</i> TB24	NP		CAPLYTA	NP	AL(At least 18 yrs old)	
<i>ropinirole hydrochloride</i> TABS	P		EQUETRO	NP		
<i>ropinirole hydrochloride</i> TB24	NP		GEODON 40 MG, 60 MG (Use <i>ziprasidone hcl</i>)	NF	AL(At least 18 yrs old)	
			GEODON (Use <i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LATUDA (Use lurasidone hcl)	NP	AL(At least 18 yrs old)	INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)	INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA	<i>paliperidone</i>	P	AL(At least 18 yrs old)
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA	PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA
VRAYLAR CAPS	P	AL(At least 18 yrs old)	RISPERDAL CONSTA (Use risperidone microspheres)	PA	AL(At least 18 yrs old); SP; PA
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)	RISPERDAL SOLN (Use risperidone)	NP	AL(At least 18 yrs old)
Benzisoxazoles			RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	AL(At least 18 yrs old)
ERZOFRI	PA	AL(At least 18 yrs old); SP; PA	RISPERDAL TABS 3 MG (Use risperidone)	NF	AL(At least 18 yrs old)
FANAPT	NP	AL(At least 18 yrs old)	<i>risperidone microspheres</i>	NP	AL(At least 18 yrs old); SP
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)	<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)	<i>risperidone TABS</i>	P	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)	<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	NP	AL(At least 18 yrs old)	RYKINDO SRER	NP	AL(At least 18 yrs old); SP
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA	UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA	Butyrophenones		
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA	HALDOL DECANOATE (Use haloperidol decanoate)	NF	
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA	<i>haloperidol decanoate</i>	P	
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA	<i>haloperidol lactate CONC</i>	P	
			<i>haloperidol lactate SOLN</i>	P	
			<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P	
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 50 MG, 200 MG (<i>Use clozapine</i>)	NF	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)
SAPHRIS 5 MG, 10 MG (<i>Use asenapine maleate</i>)	NF	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)
ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); SP; PA
ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NF	AL(At least 18 yrs old)
ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NP	AL(At least 18 yrs old)
ZYPREXA TABS (<i>Use olanzapine</i>)	NF	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 2.5 MG, 5 MG, 10 MG, 20 MG (<i>Use olanzapine</i>)	NP	AL(At least 18 yrs old)
ZYPREXA TABS 7.5 MG, 15 MG (<i>Use olanzapine</i>)	NF	
Dihydroindolones		
<i>molindone hcl</i>	P	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
Phenothiazines		
<i>chlorpromazine hcl SOLN 25 MG/ML</i>	P	
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily)
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 EA daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl CONC</i>	P	
<i>fluphenazine hcl ELIX</i>	P	
<i>fluphenazine hcl SOLN</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 EA daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine edisylate 10 MG/2ML</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 EA daily)
<i>trifluoperazine hcl TABS</i>	P	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA PRSY	PA	AL(At least 18 yrs old); SP; PA

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz TABS</i>	P	QL(1 EA daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NF	QL(6 EA daily)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NF	QL(4 EA daily)
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NF	QL(1 EA daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	<i>lamivudine-zidovudine</i>	P	QL(2 EA daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NF	QL(30 ML daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(160 ML per fill retail; 160 per fill mail)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 EA daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
EVOTAZ	P	QL(1 EA daily)	<i>nevirapine SUSP</i>	P	QL(40 ML daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)	<i>nevirapine TABS</i>	P	QL(2 EA daily)
FUZEON SOLR	P	SP	<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
GENVOYA	P	QL(1 EA daily)	NORVIR PACK	P	QL(12 EA daily)
IDVYNZO TABS PO	P		NORVIR TABS (<i>Use ritonavir</i>)	NF	QL(12 EA daily)
INTELENCE 25 MG	P	QL(4 EA daily)	ODEFSEY	P	QL(1 EA daily)
INTELENCE 200 MG (<i>Use etravirine</i>)	NF	QL(2 EA daily)	PIFELTRO	P	QL(1 EA daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NF	QL(4 EA daily)	PREZCOBIX	P	
ISENTRESS HD TABS	P	QL(2 EA daily)	PREZISTA SUSP	P	QL(12 ML daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NF	QL(1 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NF	QL(2 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)	PREZISTA TABS 150 MG	P	QL(3 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)	PREZISTA TABS 75 MG	P	QL(2 EA daily)
JULUCA	P		RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 EA daily)
KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)	RETROVIR SOLN	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)	VIREAD POWD	P	QL(8 GM daily)
REYATAZ PACK	P	QL(6 EA daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
<i>rilpivirine hcl 25 MG</i>	P	QL(1 EA daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
<i>ritonavir TABS</i>	P	QL(12 EA daily)	YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
RUKOBIA	P		YEZTUGO TABS PO 300 MG	P	SP
SELZENTRY SOLN	P		ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(30 ML daily)
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)	<i>zidovudine CAPS</i>	P	QL(6 EA daily)
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)	<i>zidovudine SYRP</i>	P	QL(60 ML daily)
STRIBILD	P	QL(1 EA daily)	<i>zidovudine TABS</i>	P	QL(2 EA daily)
SUNLENCA SOLN	P	SP	Antiviral Combinations		
SUNLENCA TABS PO 300 MG	P	SP	PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)
SUNLENCA TBPK 300 MG	P	SP	PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	CMV Agents		
SYMTUZA	P	QL(1 EA daily)	LIVTENCITY	PA	AL(At least 12 yrs old); SP; PA
<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)	VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 EA daily)
TIVICAY PD TBSO	P		<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
TIVICAY TABS 50 MG	P		Hepatitis Agents		
TRIUMEQ PD TBSO	P		<i>adefovir dipivoxil</i>	P	
TRIUMEQ TABS	P	QL(1 EA daily)			
TROGARZO	P	SP			
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)			
TYBOST	P	QL(1 EA daily)			
VIRACEPT TABS 250 MG	P	QL(9 EA daily)			

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

Drug Name	Drug Tier	Requirements/Limits
Herpes Agents		
<i>acyclovir CAPS</i>	P	
<i>acyclovir SUSP</i>	P	
<i>acyclovir TABS PO</i>	P	
<i>famciclovir</i>	P	
<i>valacyclovir hcl</i>	P	
VALTREX (<i>Use valacyclovir hcl</i>)	NP	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	P	
<i>oseltamivir phosphate SUSR</i>	P	
RAPIVAB	NP	
RELENZA DISKHALER	P	
<i>rimantadine hydrochloride TABS</i>	P	
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NF	
TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP	
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP	
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	P	MP
<i>carvedilol phosphate</i>	NP	MP
COREG (<i>Use carvedilol</i>)	NF	
COREG CR (<i>Use carvedilol phosphate</i>)	NF	
<i>labetalol hcl TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	MP
<i>atenolol TABS</i>	P	MP
<i>betaxolol hcl</i>	NP	MP
<i>bisoprolol fumarate</i>	P	MP
BYSTOLIC (Use <i>nebivolol hcl</i>)	NP	MP
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use <i>nebivolol hcl</i>)	NF	
KASPARGO SPRINKLE CS24	NP	MP
LOPRESSOR SOLN PO 10 MG/ML	NP	MP
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
<i>nebivolol hcl</i>	P	MP
TENORMIN TABS (Use <i>atenolol</i>)	NP	MP
TENORMIN TABS 25 MG, 50 MG (Use <i>atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NP	MP
Beta Blockers Non-Selective		
BETAPACE AF (Use <i>sotalol hcl (afib/afI)</i>)	NP	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i>)	NP	MP
CORGARD TABS 20 MG, 40 MG (Use <i>nadolol</i>)	NF	
HEMANGEOL SOLN PO	PA	SP; MP; PA
HEMANGEOL SOLN PO	PA	SP; MP; PA

Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	MP
<i>pindolol TABS</i>	NP	MP
<i>propranolol hcl CP24</i>	P	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP
<i>propranolol hcl TABS</i>	P	MP
<i>sotalol hcl (afib/afI)</i>	P	MP
<i>sotalol hcl TABS</i>	P	MP
SOTYLIZE SOLN PO	NP	MP
<i>timolol maleate TABS</i>	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	MP
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 (Use <i>diltiazem hcl</i>)	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i>)	NF	
CONJUPRI (Use <i>levamlodipine maleate</i>)	NF	
<i>diltiazem hcl coated beads CP24</i>	P	MP
<i>diltiazem hcl extended release beads</i>	P	MP
<i>diltiazem hcl CP12</i>	P	MP
<i>diltiazem hcl CP24</i>	P	MP
<i>diltiazem hcl TABS</i>	P	MP
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP
<i>diltiazem hcl TB24</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine</i>	P	MP
<i>isradipine CAPS</i>	NP	MP
KATERZIA	NP	MP
<i>levamlodipine maleate</i>	NP	MP
<i>nicardipine hcl CAPS</i>	P	MP
<i>nifedipine CAPS</i>	P	MP
<i>nifedipine TB24</i>	P	MP
<i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>	NP	MP
NORLIQVA SOLN	NP	MP
NORVASC TABS 5 MG, 10 MG (<i>Use amlodipine besylate</i>)	NF	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	MP
NYMALIZE SOLN 6 MG/ML	NP	MP
PROCARDIA XL TB24 30 MG, 60 MG (<i>Use nifedipine</i>)	NP	MP
PROCARDIA XL TB24 60 MG, 90 MG (<i>Use nifedipine</i>)	NF	
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NF	
VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	P	MP
<i>verapamil hcl CP24</i>	P	MP
<i>verapamil hcl SOLN 2.5 MG/ML</i>	P	MP
<i>verapamil hcl TABS</i>	P	MP
<i>verapamil hcl TBCR</i>	P	MP
VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NP	MP
VERELAN CP24 (<i>Use verapamil hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>digoxin TABS 125 MCG, 250 MCG</i>	P	
LANOXIN TABS 125 MCG, 250 MCG (<i>Use digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NP	MP
ENTRESTO CPSP	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>Use sacubitril-valsartan</i>)	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
OPSYNVI	NP	SP
<i>sacubitril-valsartan TABS</i>	PA	QL(2 EA daily); AL(At least 1 yrs old); MP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2		

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
INPEFA	NP	MP
Impotence Agents		
CIALIS 5 MG (Use <i>tadalafil</i>)	PA	PA
<i>tadalafil</i> 5 MG	PA	PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	PA	SP; PA
ORENITRAM MONTH 2 TEPK	PA	SP; PA
ORENITRAM MONTH 3 TEPK	PA	SP; PA
ORENITRAM TBCR	PA	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL KIT SOLN IN	NP	SP
TYVASO STARTER KIT SOLN IN	NP	SP
TYVASO SOLN IN	NP	SP
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	PA	AL(At least 18 yrs old); SP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	PA	AL(At least 18 yrs old); SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan</i> TABS	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i> TBSO 32 MG	NP	SP
LETAIRIS (Use <i>ambrisentan</i>)	NP	SP
OPSUMIT	NP	SP
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	SP
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NF	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil</i> (pulmonary hypertension))	NP	SP
REVATIO SOLN (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NF	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NF	SP
REVATIO TABS (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NP	SP
<i>sildenafil citrate</i> (pulmonary hypertension) SOLN	P	SP; PA
<i>sildenafil citrate</i> (pulmonary hypertension) SUSR	PA	SP; PA
<i>sildenafil citrate</i> (pulmonary hypertension) TABS	PA	SP; PA
<i>tadalafil</i> (pulmonary hypertension) TABS	PA	SP; PA
<i>tadalafil</i> (pulmonary hypertension) TABS	NP	SP
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor</i> CAPS	P	
<i>cefprozil</i> SUSR	P	
<i>cefprozil</i> TABS	P	
<i>cefuroxime axetil</i> TABS	P	
Cephalosporins - 3rd Generation		
<i>cefdinir</i> CAPS	PA	PA
<i>cefdinir</i> SUSR	PA	PA
<i>cefixime</i> CAPS	NP	
<i>cefixime</i> SUSR	NP	
<i>cefixime</i> TABS	NP	
<i>cefpodoxime proxetil</i> SUSR	PA	PA
<i>cefpodoxime proxetil</i> TABS	PA	PA
<i>ceftriaxone sodium</i> IJ 1 GM, 2 GM, 250 MG, 500 MG	PA	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	
BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	NF	QL(1 EA daily)
BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
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)
MIRCETTE (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NF	QL(1 EA daily)
NATAZIA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CAPS</i>	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CHEW</i>	P	QL(1 EA daily)
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily)
<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily)
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	QL(1 EA daily)
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)
TYBLUME CHEW	P	QL(1 EA daily)
YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
Progestin Contraceptives - Implants		

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone TABS</i>	P	
MEDROL TABS (<i>Use methylprednisolone</i>)	NF	
MEDROL TBPk (<i>Use methylprednisolone</i>)	NF	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	
<i>methylprednisolone TBPk</i>	P	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>prednisolone SOLN</i>	P	
<i>prednisolone TABS</i>	P	
PREDNISON INTENSOL CONC	P	
<i>prednisone SOLN</i>	P	
<i>prednisone TABS</i>	P	
<i>prednisone TBEC 1 MG, 2 MG</i>	PA	PA
<i>prednisone TBPk</i>	P	
UCERIS TB24 (<i>Use budesonide</i>)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)
<i>dextromethorphan polistirex SUER</i>	P	
HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)
<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)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>cetirizine-pseudoephedrine</i>	NP	
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NF	
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NF	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P		<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P	
<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P		<i>promethazine & phenylephrine SYRP</i>	P	
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</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>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		<i>promethazine w/codeine SYRP</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
<i>fexofenadine-pseudoephedrine TB12</i>	NP		<i>promethazine-dm SYRP</i>	P	
<i>fexofenadine-pseudoephedrine TB24</i>	NP		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
<i>guaifenesin-codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	P	
LOHIST-D LIQD	P		<i>pseudoephedrine-ibuprofen TABS</i>	P	
<i>loratadine & pseudoephedrine TB12</i>	P		QC TRIACTING DAYTIME CHILDRENS SYRP	P	
<i>loratadine & pseudoephedrine TB24</i>	P		Expectorants		
MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	P	QL(120 ML per fill retail; 120 per fill mail)	GERI-TUSSIN SYRP	P	
MUCINEX DM MAXIMUM STRENGTH TB12 (Use <i>dextromethorphan-guaifenesin</i>)	NF		<i>guaifenesin LIQD</i>	P	
MUCINEX DM TB12 (Use <i>dextromethorphan-guaifenesin</i>)	NF		<i>guaifenesin TB12</i>	P	
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P		MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NF	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	MUCINEX TB12 (Use <i>guaifenesin</i>)	NF	
<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)	Misc. Respiratory Inhalants		
			NEBUSAL NEBU 3 %, 6 % (Use <i>sodium chloride (inhalant)</i>)	NF	
			<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
			Mucolytics		

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine SOLN</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)
ACZONE (<i>Use dapsone (topical)</i>)	NF	AL(Up to 20 yrs old)
<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)
ATRALIN GEL (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
AVAR CLEANSER LIQD 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
AVAR-E EMOLLIENT CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	AL(Up to 20 yrs old)
<i>benzoyl peroxide BAR</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use clindamycin phosphate (topical)</i>)	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	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)
<i>clindamycin phosphate (topical) SWAB</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP	AL(Up to 20 yrs old)
<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)
DIFFERIN CREA (<i>Use adapalene</i>)	NP	AL(Up to 20 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	AL(Up to 20 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL (<i>Use adapalene</i>)	NP	AL(Up to 20 yrs old)	RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)	RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NP	AL(Up to 20 yrs old)	SSS 10-5 CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	AL(Up to 20 yrs old)
EPSOLAY CREA	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) GEL</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) PADS</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) SOLN</i>	NP	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>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>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	AL(Up to 20 yrs old)
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)
ONEXTON GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	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)
PLEXION CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
PLEXION LOTN (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	SULFACLEANSE 8/4 SUSP 8 %-4 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
RETIN-A MICRO (<i>Use tretinoin microsphere</i>)	NF		SULFAMEZ WASH EMUL 10 %-1 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP 0.08 % (<i>Use tretinoin microsphere</i>)	NF	AL(Up to 20 yrs old)	SUMADAN	NP	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP (<i>Use tretinoin microsphere</i>)	NF		SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)
			SUMAXIN CP	NP	

Drug Name	Drug Tier	Requirements/Limits
SUMAXIN PADS	NP	AL(Up to 20 yrs old)
TAZAROTENE FOAM	NP	
<i>tretinoin microsphere 0.08 %</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>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)
<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)
TWYNEO	NP	AL(Up to 20 yrs old)
WINLEVI	NP	AL(Up to 20 yrs old)
ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NF	AL(Up to 20 yrs old)
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin zinc OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin-polymyxin b OINT</i>	P	
CENTANY AT KIT	NP	
<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 GM 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		

Drug Name	Drug Tier	Requirements/Limits
<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)
LAMISIL AT ATHLETES FOOT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NF	QL(45 GM per fill retail; 45 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	Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>diclofenac sodium (actinic keratoses) EX</i>	P	
<i>nystatin (topical) POWD EX</i>	P	QL(60 GM per fill retail; 60 per fill mail)	EFUDEX CREA (Use fluorouracil (topical))	NF	QL(40 GM per fill retail; 40 per fill mail)
<i>nystatin-triamcinolone CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>nystatin-triamcinolone OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)
<i>terbinafine hcl (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
TINACTIN CREA (Use tolnaftate)	NF	QL(30 GM per fill retail; 30 per fill mail)	VALCHLOR	P	SP; PA
<i>tolnaftate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	Antipruritics - Topical		
Antihistamines-Topical			<i>camphor & menthol LOTN</i>	P	QL(222 ML per fill retail; 222 per fill mail)
ITCH RELIEF CREA	P		<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
Anti-inflammatory Agents - Topical			PRUDOXIN (Use doxepin hcl (antipruritic))	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
<i>diclofenac epolamine PTCH EX</i>	NP		ZONALON (Use doxepin hcl (antipruritic))	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC	Antipsoriatics		
<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC	BIMZELX SOAJ	NP	SP
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	NP		BIMZELX SOSY	NP	SP
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	NP	QL(112 GM per fill retail; 112 per fill mail)	<i>calcipotriene CREA</i>	P	QL(120 GM per fill retail; 120 per fill mail)
FLECTOR PTCH EX (Use diclofenac epolamine)	NF		<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	NF		CALCIPOTRIENE FOAM	P	
Antineoplastic or Premalignant Lesion Agents - Topical			<i>calcipotriene OINT</i>	P	
CARAC CREA (Use fluorouracil (topical))	NF		<i>calcipotriene SOLN</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol (topical)</i>	NP		SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 12 yrs old); SP
COSENTYX (300 MG DOSE) SOSY	PA	QL(0.072 ML daily); SP; PA	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	PA	QL(0.072 ML daily); SP; PA	STELARA SOSY	NP	QL(0.018 ML daily); SP
COSENTYX SENSOREADY PEN SOAJ	PA	QL(0.072 ML daily); SP; PA	STEQEYMA	NP	SP
COSENTYX UNOREADY SOAJ	PA	QL(0.072 ML daily); SP; PA	STEQEYMA SC	NP	SP
COSENTYX SOLN	PA	SP; PA	TALTZ SOAJ	NP	SP
COSENTYX SOSY 75 MG/0.5ML	PA	QL(0.036 ML daily); SP; PA	TALTZ SOSY	NP	SP
COSENTYX SOSY 150 MG/ML	PA	QL(0.072 ML daily); SP; PA	<i>tazarotene CREA</i>	NP	AL(Up to 20 yrs old)
ICOTYDE TABS PO 200 MG	NP	SP	<i>tazarotene GEL</i>	NP	AL(Up to 20 yrs old)
ILUMYA	NP	SP	TAZORAC CREA (Use <i>tazarotene</i>)	NF	AL(Up to 20 yrs old)
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	TAZORAC GEL (Use <i>tazarotene</i>)	NF	AL(Up to 20 yrs old)
OTULFI SOLN SC 45 MG/0.5ML	NP	SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	PA	SP; PA	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	PA	SP; PA	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	QL(0.018 ML daily); SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	USTEKINUMAB-TTWE SC	NP	SP
SKYRIZI PEN SOAJ	NP	SP	USTEKINUMAB-TTWE	NP	SP
SKYRIZI SOSY	NP	SP	VECTICAL (Use <i>calcitriol (topical)</i>)	NP	
SORILUX FOAM	NP		VTAMA	NP	
SOTYKTU	NP	SP	YESINTEK SOLN 45 MG/0.5ML	PA	SP; PA
SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 12 yrs old); SP	YESINTEK SOSY	PA	SP; PA
Antiseborrheic Products					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS WASH GEL (Use sulfacetamide sodium)	NF		ZOVIRAX CREA (Use acyclovir topical)	NF	
OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NF	AL(Up to 20 yrs old)	ZOVIRAX OINT (Use acyclovir topical)	NF	
OVACE WASH LIQD (Use sulfacetamide sodium)	NF	AL(Up to 20 yrs old)	Burn Products		
selenium sulfide LOTN 2.5 %	P	QL(120 ML per fill retail; 120 per fill mail)	SILVADENE (Use silver sulfadiazine)	NF	QL(50 GM per fill retail; 50 per fill mail)
selenium sulfide LOTN 1 %	P	QL(240 ML per fill retail; 240 per fill mail)	silver sulfadiazine	P	QL(50 GM per fill retail; 50 per fill mail)
selenium sulfide SHAM 1 %	P	QL(240 ML per fill retail; 240 per fill mail)	Corticosteroids - Topical		
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	NF	QL(240 ML per fill retail; 240 per fill mail)	alclometasone dipropionate CREA	NP	
SELSUN BLUE DAILY LOTN (Use selenium sulfide)	NF	QL(240 ML per fill retail; 240 per fill mail)	alclometasone dipropionate OINT	NP	
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	NF	QL(240 ML per fill retail; 240 per fill mail)	APEXICON E CREA	NP	
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	NF	QL(240 ML per fill retail; 240 per fill mail)	betamethasone dipropionate (topical) CREA	P	
SELSUN BLUE LOTN (Use selenium sulfide)	NF	QL(240 ML per fill retail; 240 per fill mail)	betamethasone dipropionate (topical) LOTN	P	
sulfacetamide sodium GEL	NP		betamethasone dipropionate (topical) OINT	P	
sulfacetamide sodium LIQD	NP	AL(Up to 20 yrs old)	betamethasone dipropionate augmented CREA	P	
Antivirals - Topical			betamethasone dipropionate augmented GEL 0.05 %	NP	
acyclovir topical CREA	NP		betamethasone dipropionate augmented LOTN	NP	
acyclovir topical OINT	P		betamethasone dipropionate augmented OINT	NP	
DENAVIR (Use penciclovir)	NF		betamethasone valerate CREA	NP	
docosanol	P		betamethasone valerate FOAM	NP	
penciclovir	NP				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide SOLN</i>	P		<i>hydrocortisone butyrate OINT</i>	NP	
<i>flurandrenolide LOTN</i>	NP		<i>hydrocortisone butyrate SOLN</i>	NP	
<i>fluticasone propionate CREA 0.05 %</i>	P		HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>fluticasone propionate LOTN</i>	NP		<i>hydrocortisone valerate CREA</i>	P	
<i>fluticasone propionate OINT</i>	P		<i>hydrocortisone valerate OINT</i>	NP	
<i>halcinonide CREA</i>	NP		HYDROCORTISONE GEL 2 %	NP	
<i>halcinonide SOLN 0.1 %</i>	NP		LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NF	
<i>halobetasol propionate CREA</i>	P		LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NP	
<i>halobetasol propionate FOAM</i>	NP		<i>mometasone furoate CREA</i>	P	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP		<i>mometasone furoate OINT</i>	P	
<i>halobetasol propionate OINT</i>	P		<i>mometasone furoate SOLN</i>	P	
HALOG CREA (Use <i>halcinonide</i>)	NF		PANDEL	NP	
HALOG CREA (Use <i>halcinonide</i>)	NP		SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NP	
HALOG SOLN 0.1 % (Use <i>halcinonide</i>)	NP		SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical) CREA</i>	P	RX/OTC	TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	P	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	NP		TOPICORT SPRAY LIQD (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	TOPICORT CREA (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical) OINT</i>	P		TOPICORT GEL (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone (topical) OINT</i>	P	RX/OTC	TOPICORT OINT (Use <i>desoximetasone</i>)	NP	
<i>hydrocortisone acetate (topical) OINT</i>	P		TOPICORT OINT 0.05 % (Use <i>desoximetasone</i>)	NF	
HYDROCORTISONE ACETATE CREA	P		<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>hydrocortisone butyrate CREA</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) LOTN</i>	P		<i>urea CREA 40 %</i>	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
<i>triamcinolone acetonide (topical) OINT</i>	P		<i>urea LOTN 40 %</i>	P	QL(240 GM per fill retail; 240 per fill mail)
ULTRAVATE LOTN	NP		UREDEB CREA 39 % (Use urea)	NF	
ULTRAVATE LOTN	NP		UREMEZ-40 CREA 40 % (Use urea)	NF	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
VANOS CREA (Use fluocinonide)	NF		Emollients		
Diaper Rash Products			<i>emollient OINT</i>	P	
<i>diaper rash products OINT</i>	P		EUCERIN INTENSIVE REPAIR OINT	P	
Eczema Agents			GOLD BOND ULTIMATE HEALING OINT	P	
ADBRY SOAJ	PA	AL(At least 18 yrs old); SP; PA	<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
ADBRY SOSY	PA	AL(At least 12 yrs old); SP; PA	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC
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	Immunomodulating Agents - Systemic		
CIBINQO	NP	SP	NEMLUVIO	NP	AL(At least 18 yrs old); SP
DUPIXENT SOAJ	PA	SP; PA	Immunomodulating Agents - Topical		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA	<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); SP	Immunosuppressive Agents - Topical		
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); SP; PA	ELIDEL (Use pimecrolimus)	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)
EBGLYSS SOSY	NP	AL(At least 12 yrs old); SP			
OPZELURA	NP				
Emollient/Keratolytic Agents					
GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>capsaicin CREA 0.1 %</i>	P	QL(127.5 GM per fill retail; 127.5 per fill mail)
<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>capsaicin CREA 0.075 %</i>	P	QL(57 GM per fill retail; 57 per fill mail)
<i>tacrolimus (topical) OINT 0.1 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA	<i>capsaicin CREA 0.025 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
Keratolytic/Antimitotic/Vesicant Agents			<i>capsaicin PTCH</i>	NP	QL(30 EA per fill retail; 30 per fill mail)
			<i>capsaicin PTCH</i>	P	QL(30 EA per fill retail; 30 per fill mail)
Keratolytic/Antimitotic/Vesicant Agents			CAPZASIN-HP CREA (Use capsaicin)	NF	QL(127.5 GM per fill retail; 127.5 per fill mail)
			CAPZASIN-P CREA 0.035 % (Use capsaicin)	NF	
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)	COLLAVERA GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
RAYASAL CREA	NP		<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
Liniments			LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)	LIDO BDK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF	
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)	<i>lidocaine hcl CREA 4 %</i>	NP	QL(60 GM per fill retail; 60 per fill mail)
<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)	<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NP	QL(4 EA daily)	<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
Local Anesthetics - Topical			<i>lidocaine hcl CREA 4 %</i>	NP	QL(30 GM per fill retail; 30 per fill mail)
AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF				
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl CREA 3 %</i>	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC	<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)
<i>lidocaine hcl GEL 2 %</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>lidocaine-prilocaine CREA</i>	P	
<i>lidocaine hcl LIQD</i>	NP		<i>lidocaine-prilocaine KIT</i>	P	
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)	<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)	<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)	LIDODERM PTCH (<i>Use lidocaine</i>)	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)	LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)	LIDOPIN CREA 3 % (<i>Use lidocaine hcl</i>)	NF	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 per fill mail)	LIVIXIL PAK KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)	PLIAGLIS CREA	NP	
<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	PREMIUM LIDOCAINE OINT 5 % (<i>Use lidocaine</i>)	NF	QL(30 GM per fill retail; 30 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)	PRILOVIX PLUS KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)	PRILOVIX KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits
PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)
QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC
ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
Misc. Topical		
CERAVE THERAPEUTIC HAND CREAM CREA	P	
<i>dimethicone (topical) CREA 1 %</i>	P	
<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	PA	PA
ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)
ZORYVE CREA EX 0.3 %	NP	

Drug Name	Drug Tier	Requirements/Limits
ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
ZORYVE FOAM EX	NP	
Protectives Against UV Radiation		
AVEENO PROTECT+HYDRATE SPF60 LOTN	P	
CETAPHIL DAILY FACIAL SPF 50 LOTN	P	
COPPERTONE BABY PURE & SIMPLE LOTN	P	
COPPERTONE COMPLETE SPF30 LOTN	P	
COPPERTONE GLOW PROTECT & TAN LOTN	P	
COPPERTONE GLOW SHIMMER SPF15 LOTN	P	
COPPERTONE GLOW SHIMMER SPF30 LOTN	P	
COPPERTONE GLOW SHIMMER SPF50 LOTN	P	
COPPERTONE KIDS PURE & SIMPLE LOTN	P	
COPPERTONE LIMITED EDITION LOTN	P	
COPPERTONE OIL FREE FACE SPF30 LOTN	P	
COPPERTONE OIL FREE FACE SPF50 LOTN	P	
COPPERTONE PURE & SIMPLE FACE LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P	
COPPERTONE SPORT CLEAR LOTN	P	
COPPERTONE TANNING SPF 8 LOTN	P	
COPPERTONE TANNING SPF15 LOTN	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPPERTONE ULTRAGUARD SPF70+ LOTN	P		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
COPPERTONE WATERBABIES SPF50 LOTN	P		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	NP	
EUCERIN REDNESS RELIEF DAY LOTN	P		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	QL(60 ML per fill retail; 60 per fill mail)
KERI AGE DEFY & PROTECT LOTN	P		<i>spinosad</i>	NP	
SPORT SUNSCREEN SPF50 LOTN	P		STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
<i>sunscreens LOTN</i>	P		VANALICE GEL	NP	
WATER BABIES SPF50 LOTN (<i>Use sunscreens</i>)	NF		Tar Products		
Rosacea Agents			<i>coal tar extract SHAM 0.5 %</i>	P	
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	QL(45 GM per fill retail; 45 per fill mail)	Wound Care Products		
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)	FILSUVEZ	PA	QL(23.4 GM daily); PA
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA
<i>metronidazole (topical) LOTN</i>	P		DIAGNOSTIC PRODUCTS		
Scabicides & Pediculicides			Diagnostic Tests		
ELIMITE CREA (<i>Use permethrin</i>)	NF		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
<i>ivermectin (pediculicide)</i>	NP		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
<i>malathion</i>	NP				
NATROBA (<i>Use spinosad</i>)	P				
OVIDE (<i>Use malathion</i>)	NP				
<i>permethrin CREA</i>	P				
PERMETHRIN CREA 5 % (<i>Use permethrin</i>)	P				
<i>permethrin LIQD EX</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK GUIDE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
ACCU-TREND 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
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	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
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	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
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	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
DIATRUE PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY 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
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	EASYGLUCO 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	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
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 V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 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 V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 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 V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA V30A BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
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	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
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	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
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	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
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	IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	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
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	KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KETOSTIX STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MICRODOT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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 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	ONETOUCH ULTRA STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	ONETOUCH VERIO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	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	
UNISTRIP1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Dietary Management Products			Carbonic Anhydrase Inhibitors		
ELFOLATE TABS	P		<i>acetazolamide CP12</i>	P	
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P		<i>acetazolamide TABS</i>	P	
L-METHYLFOLATE TABS	P		<i>methazolamide TABS</i>	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			Diuretic Combinations		
Digestive Enzymes			<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)
CREON CPEP	P		<i>spironolactone & hydrochlorothiazide</i>	P	
PERTZYE CPEP	NP		<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily)
VIOKACE TABS	NP		<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 EA daily)
			Loop Diuretics		
			<i>bumetanide TABS</i>	P	
			BUMEX TABS 0.5 MG (Use bumetanide)	NF	
			<i>furosemide SOLN IJ 10 MG/ML</i>	P	
			FUROSEMIDE SOLN IJ	P	
			<i>furosemide TABS</i>	P	
			LASIX TABS (Use furosemide)	NF	
			SOAANZ TABS 20 MG	P	QL(1 EA daily)
			<i>torseamide TABS</i>	P	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits
GnRH/LHRH Antagonists		
ORLISSA	PA	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	NP	AL(At least 18 yrs old); SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	AL(At least 3 yrs old); SP
NORDITROPIN FLEXPROMIN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	SP; PA
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 EA daily)
<i>raloxifene hcl</i>	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/Limits
FENSOLVI (6 MONTH) SC	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
LUPRON DEPOT-PED (1-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA
LUPRON DEPOT-PED (3-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
SUPPRELIN LA	PA	SP; PA
SYNAREL	PA	SP; PA
TRIPTODUR	PA	SP; PA
Menopausal Symptoms Suppressants		
LYNKUET CAPS PO 60 MG	PA	QL(2 EA daily); PA
VEOZAH	PA	QL(1 EA daily); PA
Metabolic Modifiers		
BRINEURA	PA	AL(At least 3 yrs old); SP; PA
<i>calcitriol CAPS</i>	P	
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)

Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(3 EA daily)
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
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
STRENSIQ	PA	SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA
XPHOZAH	NP	SP
YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 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 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
Natriuretic Peptides		
VOXZOGO	PA	AL(Up to 17 yrs old); SP; PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NF	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NF	QL(0.143 EA daily)
ESTRACE TABS (Use estradiol)	NF	
estradiol PTTW	P	QL(0.29 EA daily)
estradiol PTWK	P	QL(0.143 EA daily)
estradiol TABS	P	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 EA daily)
MINIVELLE PTTW (Use estradiol)	NF	QL(0.29 EA daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (Use estradiol)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NP	
levofloxacin SOLN PO	PA	PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Gastrointestinal Stimulants			COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); SP; PA	DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		DIPENTUM	NP	
<i>metoclopramide hcl TABS</i>	P		ENTYVIO PEN SOAJ	NP	SP
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF		ENTYVIO SOLR	NP	SP
Hepatotropics			IMULDOSA SOLN IV 130 MG/26ML	NP	SP
REZDIFFRA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	INFLECTRA SOLR	PA	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors			INFLIXIMAB	PA	SP; PA
BYLVAY (PELLETS) CPSP	PA	SP; PA	LIALDA TBEC (<i>Use mesalamine</i>)	NP	
BYLVAY CAPS	PA	SP; PA	LIALDA TBEC (<i>Use mesalamine</i>)	NF	
LIVMARLI	PA	SP; PA	<i>mesalamine w/ cleanser</i>	NP	
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	PA	SP; PA	<i>mesalamine CP24</i>	P	
Inflammatory Bowel Agents			<i>mesalamine CPCR</i>	NP	
APRISO CP24 (<i>Use mesalamine</i>)	NF		<i>mesalamine CPDR</i>	NP	
AVSOLA	PA	SP; PA	<i>mesalamine ENEM</i>	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP		<i>mesalamine SUPP</i>	P	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP		<i>mesalamine TBEC 800 MG</i>	NP	
<i>balsalazide disodium CAPS</i>	NP		<i>mesalamine TBEC 1.2 GM</i>	P	
CANASA SUPP (<i>Use mesalamine</i>)	NP		OMVOH (300 MG DOSE) SOAJ	NP	SP
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	SP; PA	OMVOH (300 MG DOSE) SOSY	NP	SP
CIMZIA (2 SYRINGE) PSKT	PA	SP; PA	OMVOH SOAJ	NP	SP
CIMZIA KIT	PA	SP; PA	OMVOH SOLN	NP	SP
CIMZIA-STARTER PSKT	PA	SP; PA	OMVOH SOSY	NP	SP
			PENTASA CPCR (<i>Use mesalamine</i>)	NP	
			PENTASA CPCR	NP	
			REMICADE	NP	SP
			RENFLEXIS	PA	SP; PA
			ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
			SFROWASA ENEM	NP	

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT	NP	SP
SKYRIZI SOLN	NP	SP
STARJEMZA SOLN IV 130 MG/26ML	NP	SP
STELARA 130 MG/26ML	NP	SP
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP
TREMFYA SOLN IV	NP	SP
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	AL(At least 18 yrs old); SP
ZYMFENTRA (2 PEN) AJKT	NP	AL(At least 18 yrs old); SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	AL(At least 18 yrs old); SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	PA	QL(2 EA daily); PA
<i>alosetron hcl</i>	NP	QL(2 EA daily)
IBSRELA	NP	
LINZESS	PA	QL(1 EA daily); PA
LOTRONEX (<i>Use alosetron hcl</i>)	PA	QL(2 EA daily); PA
VIBERZI	PA	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	PA	QL(1 EA daily); PA
SYMPROIC	NP	
Peroxisome Proliferator-Activated		

Drug Name	Drug Tier	Requirements/Limits
Receptor(PPAR) Agonists		
IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Phosphate Binder Agents		
AURYXIA 210 MG (<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	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
RENVELA 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		

Drug Name	Drug Tier	Requirements/Limits
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	P	
<i>potassium citrate (alkalinizer) TBCR</i>	P	
SOD CITRATE-CITRIC ACID	P	RX/OTC
<i>sodium citrate & citric acid</i>	P	RX/OTC
UROCIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
Genitourinary Irrigants		
ARGYLE STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF	
CURITY STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF	
<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	
AVODART (Use <i>dutasteride</i>)	NF	
CARDURA XL	NP	MP
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antihemophilic Products			JIVI	PA	SP; PA
ADVATE	PA	SP; PA	KCENTRA	PA	SP; PA
ADYNOVATE	PA	SP; PA	KOATE-DVI SOLR 1000 UNIT	PA	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	PA	SP; PA	KOATE SOLR	PA	SP; PA
ALHEMO	PA	AL(At least 12 yrs old); SP; PA	KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	SP; PA
ALPHANATE SOLR	PA	SP; PA	KOVALTRY	PA	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	PA	SP; PA	NOVOEIGHT	PA	SP; PA
ALPROLIX	PA	SP; PA	NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	SP; PA	NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); SP; PA
BENEFIX KIT	PA	SP; PA	NUWIQ KIT	PA	SP; PA
BEQVEZ	PA	AL(At least 18 yrs old); SP; PA	NUWIQ SOLR	PA	SP; PA
COAGADEX	PA	SP; PA	OBIZUR	PA	SP; PA
CORIFACT	PA	SP; PA	PROFILNINE	PA	SP; PA
ELOCTATE	PA	SP; PA	QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); SP; PA
ESPEROCT	PA	SP; PA	QFITLIA SOLN SC 20 MG/0.2ML	PA	AL(At least 12 yrs old); SP; PA
FEIBA	PA	SP; PA	REBINYN	PA	SP; PA
FIBRYGA	P	SP	RECOMBINATE SOLR	PA	SP; PA
HEMGENIX	PA	AL(At least 18 yrs old); SP; PA	RIASTAP	P	SP
HEMLIBRA	PA	SP; PA	RIXUBIS SOLR	PA	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	SP; PA	ROCTAVIAN	PA	AL(At least 18 yrs old); SP; PA
HUMATE-P SOLR	PA	SP; PA	SEVENFACT	PA	SP; PA
HYMPAVZI	PA	SP; PA	TRETTEN	PA	SP; PA
IDELVION	PA	SP; PA	VONVENDI	PA	SP; PA
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	PA	SP; PA	WILATE KIT	PA	SP; PA
			XYNTHA	PA	SP; PA
			XYNTHA SOLOFUSE	PA	SP; PA
			Bradykinin B2 Receptor Antagonists		
			FIRAZYR SOSY (Use icatibant acetate)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<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 TBPk	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP
ORLADEYO	NP	SP
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP
TAKHZYRO SOLN	PA	SP; PA
TAKHZYRO SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	

Drug Name	Drug Tier	Requirements/Limits
BRILINTA 60 MG, 90 MG (<i>Use ticagrelor</i>)	PA	QL(2 EA daily); PA
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (<i>Use prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	NP	QL(2 EA daily)
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	NP	SP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPk	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NF	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	PA	AL(At least 12 yrs old); SP; PA
DROXIA CAPS	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYFGENIA	PA	AL(At least 12 yrs old); 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
Cobalamins			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
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P		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
Folic Acid/Folates			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
<i>folic acid TABS 1 MG</i>	P	RX/OTC	EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)	EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP
Hematopoietic Gene Therapy			EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP
ZYNTEGLO	PA	AL(At least 4 yrs old); SP; PA	EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP
Hematopoietic Growth Factors			EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA	FULPHILA	NP	SP
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	FYLNETRA	NP	SP
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA	GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA	GRANIX SOSY	NP	QL(0.8 ML daily); SP
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	LEUKINE SOLR IJ	NP	SP
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MIRCERA	NP	SP	PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail); SP
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	REBLOZYL	NP	AL(At least 18 yrs old); 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	RELEUKO SOSY	NP	SP
NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP	RETACRIT	PA	SP; PA
NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA	ROLVEDON	NP	SP
NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
NIVESTYM SOLN	NP	SP	STIMUFEND	NP	SP
NIVESTYM SOSY	NP	SP	UDENYCA ONBODY SOSY	NP	SP
NYPOZI	NP	SP	UDENYCA SOAJ	NP	SP
NYVEPRIA	PA	SP; PA	UDENYCA SOSY	NP	SP
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	VAFSEO 150 MG	NP	QL(4 EA daily); SP
PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP	VAFSEO 300 MG	NP	QL(2 EA daily); SP
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP	ZARXIO	NP	QL(8.5 ML daily); SP
PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP	ZIEXTENZO	NP	SP
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP	Hematopoietic Mixtures		
PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
			HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
			Iron		
			FERRETT'S TABS	P	QL(2 EA daily)
			<i>ferrous fumarate TABS</i>	P	
			<i>ferrous gluconate TABS</i>	P	
			<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
			<i>ferrous sulfate dried TBCR</i>	P	
			<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
			<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate TABS</i>	P	
<i>ferrous sulfate TBEC</i>	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>iron sucrose 20 MG/ML</i>	P	
<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
VENOFER 20 MG/ML (Use <i>iron sucrose</i>)	NF	
Stem Cell Mobilizers		
MOZOBIL (Use <i>plerixafor</i>)	NF	SP; PA
<i>plerixafor</i>	P	SP; PA
XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP
<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	P	
<i>diphenhydramine hcl (sleep) LIQD</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine succinate (sleep)</i>	P	
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	
Barbiturate Hypnotics		
AMYTAL SODIUM	P	
<i>phenobarbital sodium SOLN</i>	P	
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
SILENOR (Use <i>doxepin hcl (sleep)</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN CR TBCR 6.25 MG (Use <i>zolpidem tartrate</i>)	NF	
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
DORAL (Use <i>quazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>estazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>eszopiclone</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HALCION 0.25 MG (<i>Use triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	DAYVIGO	NP	AL(At least 18 yrs old)
HALCION 0.25 MG (<i>Use triazolam</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)	QUVIVIQ	NP	AL(At least 18 yrs old)
LUNESTA (<i>Use eszopiclone</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)	Selective Melatonin Receptor Agonists		
<i>midazolam hcl SOLN IJ</i>	P		HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP
MIDAZOLAM HCL SOLN IJ	P		HETLIOZ CAPS (<i>Use tasimelton</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>midazolam hcl SYRP</i>	P		<i>ramelteon</i>	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 (<i>Use ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL (<i>Use temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>tasimelton CAPS</i>	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	LAXATIVES - Bowel Treatment Drugs		
<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	Bulk Laxatives		
<i>triazolam</i>	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 CAPS 0.52 GM</i>	P	
<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>	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			FLEET ENEMA PR (<i>Use sodium phosphate monobasic-sodium phosphate dibasic</i>)	NF	
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>magnesium citrate 1.745 GM/30ML</i>	P	
			<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)

Drug Name	Drug Tier	Requirements/Limits
MILK OF MAGNESIA CONCENTRATE SUSP	P	
<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P	
Laxative Combinations		
GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ML per fill retail; 4000 per fill mail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
SUPREP BOWEL PREP KIT (Use <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NF	
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P	
<i>lactulose SOLN</i>	P	
MIRALAX POWD (Use <i>polyethylene glycol 3350</i>)	NF	QL(34 EA daily)
PEDIA-LAX SUPP	P	
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)

Drug Name	Drug Tier	Requirements/Limits
SORBITOL PO 70 %	P	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)
DULCOLAX TBEC (Use <i>bisacodyl</i>)	NF	QL(1 EA daily)
<i>senna SYRP 176 MG/5ML</i>	P	
<i>sennosides LIQD</i>	P	
<i>sennosides SYRP</i>	P	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P	
Surfactant Laxatives		
<i>docusate calcium</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
DOCUSATE SODIUM SYRP	P	
<i>docusate sodium TABS</i>	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR</i>	P	
<i>azithromycin TABS</i>	P	
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	
ZITHROMAX SUSR (Use <i>azithromycin</i>)	NP	
ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i>)	NP	
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i>)	NF	
Clarithromycin		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin SUSR</i>	P		AMD FOAM DRESSING PADS	P	RX/OTC
<i>clarithromycin TABS</i>	P		BAND-AID ALL-IN-ONE GAUZE LG PADS	P	
<i>clarithromycin TB24</i>	P		BAND-AID GAUZE LARGE PADS	P	RX/OTC
Erythromycins			BAND-AID GAUZE MEDIUM PADS	P	
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP		BAND-AID GAUZE SMALL PADS	P	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP		BAND-AID HURT-FREE NON-STICK PADS	P	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP		BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
<i>erythromycin base CPEP</i>	P		COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
<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>	NP		CURITY AMD ANTIMICROBIAL SPNGE PADS	P	
<i>erythromycin ethylsuccinate TABS</i>	P		CURITY COVER SPONGE PADS	P	
<i>erythromycin stearate TABS 250 MG</i>	P		CURITY DRESSING SPONGES PADS	P	RX/OTC
Fidaxomicin			CURITY GAUZE SPONGE PADS	P	RX/OTC
DIFICID SUSR	NP		CURITY GAUZE PADS	P	
DIFICID TABS 200 MG (Use <i>fidaxomicin</i>)	NP		CURITY NON-ADHERENT STRIPS PADS	P	
<i>fidaxomicin TABS 200 MG</i>	NP		CURITY SPONGES PADS	P	
MEDICAL DEVICES AND SUPPLIES					
Bandages-Dressings-Tape					
ADHESIVE/LARGE/3"X4" PADS	P		CVS ADHESIVE PAD 4"X4" PADS	P	
ADHESIVE/MEDIUM/2"X3" PADS	P				
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS ADHESIVE PAD 6"X6" PADS	P		GAUZE DRESSING PADS	P	RX/OTC
CVS ADHESIVE PADS 2.25"X3" PADS	P		GAUZE PADS PADS	P	
CVS ANTIBACTERIAL GAUZE PADS	P		GAUZE TYPE VII MEDI-PAK PADS	P	
CVS GAUZE PAD STERILE PADS	P	RX/OTC	GNP SHEER ADHESIVE PADS	P	
CVS GAUZE STERILE PADS	P	RX/OTC	GNP STERILE GAUZE PADS	P	
CVS GAUZE PADS	P		GNP WATERPROOF ADHESIVE 4"X4" PADS	P	
DERMACEA DRAIN SPONGES PADS	P	RX/OTC	HM ADHESIVE ANTIBACTERIAL PADS	P	
DERMACEA GAUZE SPONGE PADS	P		HM STERILE PADS PADS	P	
DERMACEA IV DRAIN SPONGES PADS	P		J & J ADHESIVE LARGE PADS	P	
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
			OIL EMULSIONS DRESSING/NON-ADH PADS	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POLYMEM FILM DOT PADS	P		DUREX EXTRA SENSITIVE THIN MISC	P	
POLYMEM NON-ADHESIVE PADS	P	RX/OTC	DUREX TROPICAL MISC	P	
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC	FANTASY LUBRICATED/SPERMICI DE MISC	P	
QC BORDER ISLAND GAUZE PADS	P		FANTASY LUBRICATED MISC	P	
QC STERILE PADS PADS	P		FC2 FEMALE CONDOM	P	
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC	FEMCAP DEVI	P	
RESTORE CONTACT LAYER PADS	P		KAMELEON LUBRICATED MISC	P	
RESTORE FOAM DRESSING PADS	P	RX/OTC	KIMONO COLORS DEVI	P	
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC	KIMONO MAXX-LARGE FLARE MISC	P	
RESTORE TRIO ABSORBENT DRESS PADS	P		KIMONO MICRO THIN PLUS MISC	P	
SILIGENTLE FOAM DRESSING PADS	P		KIMONO PLUS MISC	P	
SM ADHESIVE PADS 2"X3" PADS	P		KIMONO PS PLUS MISC	P	
SM STERILE PADS	P	RX/OTC	KIMONO PS MISC	P	
SOF-WICK PADS	P	RX/OTC	KIMONO SENSATION PLUS MISC	P	
STERILE GAUZE PADS	P		KIMONO SENSATION MISC	P	
STERILE PADS	P		KIMONO SPECIAL DEVI	P	
SURGICAL GAUZE SPONGE PADS	P		KIMONO MISC	P	
THERAGAUZE PADS	P		MAXX PLUS MISC	P	
TOPPER DRESSING SPONGES MISC	P	RX/OTC	MAXX MISC	P	
Contraceptives			OMNIFLEX DIAPHRAGM	P	
AIMSCO LUBRICATED MISC	P		REALITY LATEX CONDOMS MISC	P	
CAYA DPRH	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		REALITY LATEX/ULTRA THIN DEVI	P	
			TROJAN BARESKIN DEVI	P	
			TROJAN MAGNUM MISC	P	
			TROJAN ULTRA THIN/SPERMICIDAL MISC	P	

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE 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
ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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)			

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

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

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

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COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
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(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DEXCOM G6 TRANSMITTER	PA	MP; PA
			DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DEXCOM G7 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			
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

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EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY 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 TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY 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 TRAK II 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
EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	ELEMENT CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ELEMENT PLUS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX NG BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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

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

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FONDCIRCLE BLOOD GLUCOSE MONIT KIT	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
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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 TEST N' GO MONITOR 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 TN'G VOICE KIT	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 V10 BLOOD GLUCOSE SYSTEM DEVI	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/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 G30A 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 GD20 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 GD50 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 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FORACARE TEST N GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FREESTYLE LIBRE 3 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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

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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 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	HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GNP TRUE METRIX GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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 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 30G	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 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 GLUCOSE SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); 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 4 TRANSMITTER	NP	MP	HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN CONNECT TRANSMITTER	NP	MP			
GUARDIAN LINK 3 TRANSMITTER	NP	MP			
GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

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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	LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET INSULIN PUMP DEVI	NP	MP			
ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC			
ILET STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC			
ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC			
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			
INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

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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
LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED QUICK SET INF SET 32" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET NEXT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED QUICK SET INF SET 43" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED QUICK-SERTER MISC	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC
MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED RESERVOIR 1.8ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED 630G INSULIN PUMP KIT	NP	MP	MINIMED RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED 780G INSULIN PUMP KIT	NP	MP	MINIMED SILHOUETTE INF SET 32" MISC	P	QL(0.72 EA daily)
MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED SILHOUETTE INF SET 43" MISC	P	QL(0.72 EA daily)
MINIMED MIO ADVANCE INFUSE SET MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
MINIMED PUMP RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MINIMED QUICK SET INF SET 18" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED QUICK SET INF SET 23" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			MOBI 2ML CARTRIDGE MISC	NP	MP

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MODD1 PATIENT WELCOME KIT KIT	NP	MP	NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MODD1 SUPPLY KIT KIT	NP		NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 G7 INTRO (GEN 5) KIT	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 G7 PODS (GEN 5) MISC	NP	MP
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 LIBRE2 G6 INTRO GEN5 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 LIBRE2 PLUS G6 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
			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

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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 VERIO REFLECT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); 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
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 AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 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 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PHARMACIST CHOICE MINI SYSTEM 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 BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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 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 31G	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 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 POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			PRODIGY TWIST TOP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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RELION LANCET DEVICES 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 ULTRA THIN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PREMIER BLU MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
RELION PREMIER CLASSIC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
RELION PREMIER COMPACT SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GL300 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 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
			SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

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

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SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP
SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 INSULIN PUMP DEVI	NP	MP
SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 STARTER 7.10 KIT	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	TAI DOC CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	TANDEM MOBI AUTOSOFT 30 KIT MISC	NP	MP
T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP	TANDEM MOBI AUTOSOFT XC KIT MISC	NP	MP
T:SLIM X2 3ML CARTRIDGE MISC	NP	MP	TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP
T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP	TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP	TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP
			TANDEM MOBI SYSTEM STARTER KIT	NP	MP
			TANDEM MOBI TRUSTEEL SUPP KIT MISC	NP	MP
			TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP
			TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP
			TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP
			TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP
			TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP

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TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX AIR GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TECHLITE LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	TRUE METRIX LEVEL 1 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 2 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 LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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 DEVI	NP	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	TRUE METRIX METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			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

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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	ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
TRUEPLUS LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
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			
TWIST STARTER KIT KIT	NP	MP			
TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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UNILET COMFORTOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET GP 28 ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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

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UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 NEONATAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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)

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VERIFINE SAFE LANCET MINI 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 30 KIT	NP	MP
			V-GO 40 KIT	NP	MP
VERIFINE SAFE LANCET MINI 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
VERIFINE SAFE LANCET MINI 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD INO GLUCOSE METER KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VERIFINE SAFE LANCET MINI 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
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 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
V-GO 20 KIT	NP	MP			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	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			

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)
TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF	
Migraine Products - NSAIDs		
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)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium citrate TABS</i>	P	
<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	CALCIUM CHEW	P	
<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>oyster shell</i>	P	
<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	PARVA-CAL 200 UNIT-500 MG	P	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	Electrolyte Mixtures		
MINERALS & ELECTROLYTES			<i>oral electrolytes SOLN</i>	P	
Calcium			Fluoride		
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)	<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
CALCIUM CARB-CHOLECALCIFEROL CHEW	P		<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
CALCIUM CARBONATE CHEW	P		SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
<i>calcium carbonate-cholecalciferol TABS</i>	P		Magnesium		
<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P		<i>magnesium oxide (mg supplement) TABS</i>	P	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)	Phosphate		
			K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC
			PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC
			<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC
			WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
			Potassium		

Drug Name	Drug Tier	Requirements/Limits
EFFER-K TBEF 25 MEQ	P	
KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride)	NF	
KLOR-CON TBCR 8 MEQ (Use potassium chloride)	NF	
K-TAB TBCR 20 MEQ (Use potassium chloride)	NF	
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR 10 MEQ	P	
potassium chloride CPCR 8 MEQ	P	QL(1 EA daily)
potassium chloride PACK PO 20 MEQ	P	
potassium chloride SOLN PO 10 %, 20 %, 10 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	P	
Sodium		
sodium chloride SOLN IV 0.9 %	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	
Zinc		
zinc sulfate CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NF	
CUVRIOR	PA	SP; PA
DEPEN TITRATABS TABS (Use penicillamine)	PA	PA
penicillamine CAPS	PA	PA
penicillamine TABS	PA	PA
Enzymes		

Drug Name	Drug Tier	Requirements/Limits
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); SP; PA
Immunomodulators		
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); SP; PA
lenalidomide	PA	SP; PA
REVLIMID (Use lenalidomide)	PA	SP; PA
RHAPSIDO TABS PO 25 MG	PA	AL(At least 18 yrs old); SP; PA
RYSTIGGO	NP	SP
THALOMID 50 MG, 100 MG	PA	SP; PA
VYVGART	NP	SP
VYVGART HYTRULO SC	NP	SP
VYVGART HYTRULO	NP	SP
Immunosuppressive Agents		
azathioprine TABS 75 MG, 100 MG	P	QL(3 EA daily)
azathioprine TABS 50 MG	P	
CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	NF	
CELLCEPT CAPS (Use mycophenolate mofetil)	NF	QL(2 EA daily)
CELLCEPT SUSR (Use mycophenolate mofetil)	NF	QL(15 ML daily)
CELLCEPT TABS (Use mycophenolate mofetil)	NF	QL(4 EA daily)
cyclosporine modified (for microemulsion) CAPS	P	QL(4 EA daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ML daily)
cyclosporine CAPS	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine SOLN IV 50 MG/ML</i>	P		SANDIMMUNE SOLN IV 50 MG/ML	P	
ENSPRYNG	NP	SP	<i>sirolimus SOLN</i>	P	
<i>everolimus (immunosuppressant)</i>	P		<i>sirolimus TABS</i>	P	
IMURAN TABS (<i>Use azathioprine</i>)	NF		<i>tacrolimus CAPS</i>	P	QL(3 EA daily)
<i>mycophenolate mofetil hcl</i>	P		<i>tacrolimus SOLN 5 MG/ML</i>	P	
<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)	UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP
<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)	ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NF	
<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)	VIJOICE TBPK	PA	SP; PA
<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)	Potassium Removing Agents		
MYFORTIC 180 MG (<i>Use mycophenolate sodium</i>)	NF	QL(2 EA daily)	LOKELMA	P	
MYFORTIC 360 MG (<i>Use mycophenolate sodium</i>)	NF	QL(4 EA daily)	<i>sodium polystyrene sulfonate POWD</i>	P	
NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(4 EA daily)	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(8 ML daily)	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
PROGRAF CAPS (<i>Use tacrolimus</i>)	NF	QL(3 EA daily)	VELTASSA	NP	
PROGRAF PACK	P		Sclerosing Agents		
PROGRAF SOLN 5 MG/ML (<i>Use tacrolimus</i>)	NF		<i>sodium tetradecyl sulfate</i>	PA	PA
RAPAMUNE SOLN (<i>Use sirolimus</i>)	NF		Systemic Lupus Erythematosus Agents		
RAPAMUNE TABS (<i>Use sirolimus</i>)	NF		BENLYSTA SOAJ	PA	AL(At least 5 yrs old); SP; PA
SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NF	QL(4 EA daily)	BENLYSTA SOLR	PA	AL(At least 5 yrs old); SP; PA
SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)	BENLYSTA SOSY	PA	AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA	PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
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); PA	PREVIDENT GEL (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
MOUTH/THROAT/DENTAL AGENTS			PREVIDENT SOLN (Use sodium fluoride (dental))	NF	
Anesthetics Topical Oral			SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(4 ML per fill retail; 4 per fill mail)	SF GEL 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)	<i>sodium fluoride (dental) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)	<i>sodium fluoride (dental) GEL</i>	P	QL(60 GM per fill retail; 60 per fill mail)
Anti-infectives - Throat			<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
NYSTATIN (Use nystatin (mouth-throat))	NF	QL(120 ML per fill retail; 120 per fill mail)	SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)	Steroids - Mouth/Throat/Dental		
Antiseptics - Mouth/Throat			<i>triamcinolone acetonide (mouth)</i>	P	
<i>chlorhexidine gluconate (mouth-throat)</i>	P		Throat Products - Misc.		
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NF		AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
Dental Products			<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)	CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NF	QL(60 ML per fill retail; 60 per fill mail)	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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	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
MULTIVITAMINS					
B-Complex Vitamins			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
<i>b-complex vitamins CAPS</i>	P	QL(1 EA daily)			
<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)	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
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid CAPS</i>	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
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
NUTRIVIO CAPS 1 MG	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
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			
DESTRESS-IRON TABS	P	QL(1 EA daily); RX/OTC			
FLORAVITA MINI TABS	P	QL(1 EA daily); RX/OTC			
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	QL(1 EA daily); RX/OTC			
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	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
FOLAMED DHA CAPS	P	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
FOLAPRIME 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
FOLAREX TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	P	RX/OTC			
FOLATEN TABS	P	QL(1 EA daily); RX/OTC			
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC			
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC			
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC			
FOLYRA TABS	P	QL(1 EA daily); RX/OTC			
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC			
FT EYE HEALTH CAPS	P	RX/OTC			
FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC			
FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC			

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

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	JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABs	P	QL(1 EA daily); RX/OTC	KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC 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			
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC			
MEGAVITE GOLDEN YEARS 55+ 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			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	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		P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC		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	OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC	OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
NATRUL-VITES 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
NEOVITE 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
NICADAN TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
NICAZEL 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
NO IRON MULT VITAMIN-MINERALS 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
NORIXA 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
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	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
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY ENERGY 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 MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY POSTNATAL CAPS	P	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
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/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
ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC			
ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG	P	QL(1 EA daily); RX/OTC			
ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY 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-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
			ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY TEEN ADVANTAGE/HIM 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
ONE-A-DAY WEIGHT SMART ADVANCE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	ONEVITE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	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
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	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
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	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 WOMENS 50+ 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 HEALTHY SKIN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	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			
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC			
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG	P	QL(1 EA daily); RX/OTC	PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
PARVLEX TABS	P	QL(1 EA daily); RX/OTC	PROTECT CARDIO AF CAPS	P	RX/OTC
PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC	PROTECT PLUS SO CAPS	P	RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC	PROTEGRA CAPS	P	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC	PROVIT TABS	P	QL(1 EA daily); RX/OTC
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	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
PRESERVISION AREDS 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
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC			
PRESERVISION/LUTEIN CAPS	P	RX/OTC			
PREVENT CAPS	P	RX/OTC			
PREV-RX TABS	P	QL(1 EA daily); RX/OTC			
PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC			
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC			
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC			
PROFOLA TABS	P	QL(1 EA daily); RX/OTC			
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC			
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC
QC MULTI-VITE 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
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC	REVYRA TABS	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	SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC	SENTRY TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC	SIDEROL TABS	P	QL(1 EA daily); RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
			SOLO TABS	P	QL(1 EA daily); RX/OTC
			SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
			STRESS B COMPLEX/ANTIOXID/ZIN C TABS 500 MG-45 MCG-400 MCG-10 MG-100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC			
SUPER ANTIOXIDANT CAPS	P	RX/OTC			
SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	RX/OTC	SUPER 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
			SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
			SUPPORT-500 CAPS	P	RX/OTC
			SUPPORT LIQD	P	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	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
SUPER D-ZINC- SELENIUM-COPPER TABS	P	QL(1 EA daily); RX/OTC	THERA VITAL M TABS 90 MG-3 MG-30 MCG-0.4 MG-3 MG-9 MCG-10 MG- 3.4 MG-20 MG-2500 UNIT-400 UNIT-30 UNIT- 2500 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERA VITAL-M TABS 120 MG-3 MG-15 MCG- 400 MCG-400 UNIT-9 MCG-3.4 MG-30 MG-5500 UNIT-10 MG-18 MG-3 MG-100 MG-15 MG-2 MG- 40 MG-7.5 MG-15 MCG- 150 MCG-30 UNIT-31 MG-5 MG-15 MCG-10 MCG	P	QL(1 EA daily); RX/OTC	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
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	THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	THERATRUM COMPLETE 50 PLUS TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT- 25 MCG-1.7 MG-10 MCG- 20 MG-250 MCG-3500 UNIT-10 MG-300 MCG- 1.5 MG-100 MG-15 MG- 150 MCG-200 MG-80 MG- 75 MCG-150 MCG-48 MG-2 MG-5 MCG-2 MG- 150 MCG-45 UNIT-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC			
THERA-M PLUS MV W/BETA-CAROT TABS	P	QL(1 EA daily); RX/OTC			
THERAMILL FORTE CAPS	P	RX/OTC			
THERANATAL LACTATION ONE CAPS	P	RX/OTC			
THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG- 100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67 MG- 1400 UNIT	P	QL(1 EA daily); RX/OTC			

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC	DAILY-VITE TABS 60 MG- 2 MG-400 MCG-400	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC	UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT		
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
AVOWISE TABS	P	QL(1 EA daily); RX/OTC	FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC	GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG- 1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG- 1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG- 25 MG-100 MG-25 MCG- 1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	QL(1 EA daily); RX/OTC
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG- 6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC	MINCORA TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABs	P	QL(1 EA daily); RX/OTC
DAILY VITE 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-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	P	QL(1 EA daily); RX/OTC
NEVVITE TABS	P	QL(1 EA daily); RX/OTC	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
OMNICAP TABS	P	QL(1 EA daily); RX/OTC	QUINTABS TABS	P	QL(1 EA daily); RX/OTC
ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	P	QL(1 EA daily); RX/OTC	RELCARE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG- 113.5 MG-5 MG-35 MG	P		OB COMPLETE/DHA	P	
			OB COMPLETE TABS	P	
			ONE VITE WOMENS TABS	P	QL(1 EA daily)
			PNV-OMEGA	P	
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG- 1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 EA daily)	PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC
			PRENATAL FORMULA CAPS	P	
			PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC
ENBRACE HR	P		PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)	PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
FOLIVANE-OB	P		<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>	P	
FT PRENATAL TABS	P	QL(1 EA daily)	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG- 315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG- 15 MG-10 MG-20 UNIT- 2100 UNIT-50 MG</i>	P	
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)	PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)
GNP PRENATAL TABS	P	QL(1 EA daily)	PRENATAL VITAMINS TABS 100 MG-800 MCG- 1.84 MG-18 MG-2.6 MG- 1.7 MG-27 MG-10 MCG- 4.95 MG-25 MG-200 MG- 160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG- 800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	QL(1 EA daily)
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa- dha</i>	P	
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)			
KPN PRENATAL TABS	P	QL(1 EA daily)			
MASONATAL TABS	P	QL(1 EA daily)			
M-NATAL PLUS TABS	P	RX/OTC			
MULTI PRENATAL TABS	P	QL(1 EA daily)			
NEONATAL PRENATAL TABS	P	QL(1 EA daily)			
NEONATAL VITAMIN TABS	P	QL(1 EA daily)			
NEO-VITAL RX TABS	P				
NESTABS	P				
NESTABS DHA	P				
NESTABS ONE	P				
OB COMPLETE ONE	P				
OB COMPLETE PETITE	P				
OB COMPLETE PREMIER	P				

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

Drug Name	Drug Tier	Requirements/Limits
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
<i>baclofen SUSP</i>	NP	
<i>baclofen TABS</i>	P	
<i>carisoprodol TABS 350 MG</i>	P	
<i>carisoprodol TABS 250 MG</i>	NP	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
<i>cyclobenzaprine hcl CP24</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
<i>cyclobenzaprine hcl TABS</i>	P	
FLEQSUVY SUSP (Use <i>baclofen</i>)	NP	
LYVISPAH PACK 5 MG	NP	
<i>metaxalone</i>	NP	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
ONTRALFY SOLN PO 2 MG/5ML	NP	
<i>orphenadrine citrate TB12</i>	P	
OZOBAX DS SOLN PO (Use <i>baclofen</i>)	NP	
SOMA TABS (Use <i>carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS</i>	P	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (Use <i>dantrolene sodium</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium CAPS</i>	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	P	
DYMISTA SUSP (Use <i>azelastine hcl-fluticasone propionate</i>)	P	
RYALTRIS	NP	
Nasal Agents - Misc.		
<i>saline SOLN 0.65 %</i>	P	QL(90 ML per fill retail; 90 per fill mail)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	P	
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail; 26 per fill mail)
<i>olopatadine hcl (nasal)</i>	P	
Nasal Steroids		
<i>budesonide (nasal)</i>	NP	
<i>flunisolide (nasal)</i>	NP	
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	P	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		

Drug Name	Drug Tier	Requirements/Limits
ADRENALIN 0.1 %	P	
<i>epinephrine hcl (nasal)</i>	P	
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)
<i>pseudoephedrine hcl TABS</i>	P	
<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
QALSODY	PA	AL(At least 18 yrs old); SP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	PA	SP; PA
DUVYZAT	PA	AL(At least 6 yrs old); SP; PA
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); SP; PA
EXONDYS 51	PA	SP; PA
VILTEPSO	PA	SP; PA
VYONDYS 53	PA	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA
DYSPORT	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 14.1-14.5 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO	
ZOLGENSMA 15.1-15.5 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO	
ZOLGENSMA 17.1-17.5 KG	CO	
ZOLGENSMA 17.6-18.0 KG	CO	
ZOLGENSMA 18.1-18.5 KG	CO	
ZOLGENSMA 18.6-19.0 KG	CO	
ZOLGENSMA 19.1-19.5 KG	CO	
ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 9.1-9.5 KG	CO	

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 9.6-10.0 KG	CO	
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	P	QL(6 EA daily)
Proteins		
ARGININE TABS	P	
L-TRYPTOPHAN TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	P	
<i>artificial tear solution</i>	P	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NP	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	NP	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	P	
<i>polyvinyl alcohol-povidone (ophth)</i>	NP	
REFRESH	P	
<i>white petrolatum-mineral oil</i>	P	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	
BETIMOL (<i>Use timolol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BETIMOL (Use timolol)	NP		TYRVAYA	NP	
BETIMOL	NP		Cycloplegic Mydriatics		
BETOPTIC-S SUSP	P		ALTAFRIN SOLN 10 % (Use phenylephrine hcl (mydriatic))	NF	
brimonidine tartrate- timolol maleate	NP		ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	NF	QL(15 ML per fill retail; 15 per fill mail)
carteolol hcl (ophth)	P		atropine sulfate (ophthalmic) OINT	P	QL(4 GM per fill retail; 4 per fill mail)
COMBIGAN (Use brimonidine tartrate- timolol maleate)	P		atropine sulfate (ophthalmic) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
COSOPT (Use dorzolamide hcl-timolol maleate)	NF		ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	NF	QL(15 ML per fill retail; 15 per fill mail)
COSOPT (Use dorzolamide hcl-timolol maleate)	NP		ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NF		CYCLOGYL 2 %	P	
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NP		CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
dorzolamide hcl-timolol maleate	P		CYCLOGYL (Use cyclopentolate hcl)	NF	QL(15 ML per fill retail; 15 per fill mail)
dorzolamide hcl-timolol maleate	NP		cyclopentolate hcl 1 %	P	QL(15 ML per fill retail; 15 per fill mail)
ISTALOL SOLN (Use timolol maleate (ophth))	NP		MYDRIACYL SOLN (Use tropicamide)	NF	QL(15 ML per fill retail; 15 per fill mail)
levobunolol hcl 0.5 %	P		phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
timolol	NP		PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	NF	QL(15 ML per fill retail; 15 per fill mail)
timolol maleate (ophth) SOLG	P		tropicamide SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
timolol maleate (ophth) SOLN 0.5 %	NP		Miotics		
timolol maleate (ophth) SOLN	P		pilocarpine hcl SOLN 1.25 %	PA	PA
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP		Cholinergic Agonists		
TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	NF				

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
VUITY SOLN 1.25 % (Use <i>pilocarpine hcl</i>)	PA	PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use <i>brimonidine tartrate</i>)	P	
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate</i>	NP	
IOPIDINE	NP	
SIMBRINZA	P	
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 % (Use <i>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>	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<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 (Use <i>ofloxacin (ophth)</i>)	NP	
<i>ofloxacin (ophth)</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>trifluridine</i>	P	QL(8 ML per fill retail; 8 per fill mail)
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NP	QL(15 ML per fill retail; 15 per fill mail)
Ophthalmic Decongestants		
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(0.5 ML daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>)	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		

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	SP
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
GAMMAGARD ERC 10 GM/100ML	NP	SP
GAMMAGARD S/D LESS IGA SOLR	NP	SP
GAMMAKED 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN	NP	SP	<i>amoxicillin SUSR</i>	P	
GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP	<i>amoxicillin TABS 875 MG</i>	P	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP	<i>ampicillin CAPS 500 MG</i>	P	
HEPAGAM B SOLN IJ	NP	SP	Natural Penicillins		
HIZENTRA SOLN	P	SP	<i>penicillin v potassium SOLR</i>	P	
HIZENTRA SOSY	P	SP	<i>penicillin v potassium TABS</i>	P	
HYPERHEP B SOLN IM	NP	SP	Penicillin Combinations		
HYPERHEP B SOSY 110 UNIT/0.5ML	NP	SP	<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
HYPERRAB SOLN	NP		<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
KEDRAB SOLN	NP		<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
NABI-HB SOLN IM	NP	SP	<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
OCTAGAM SOLN	NP	SP	<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
PANZYGA	NP	SP	<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
PRIVIGEN SOLN	P	SP	<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)
QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	SP	<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
VARIZIG SOLN	NP		AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(400 ML per fill retail; 400 per fill mail)
XEMBIFY	NP	SP	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
Monoclonal Antibodies			AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail; 20 per fill mail)
SYNAGIS SOLN 50 MG/0.5ML	PA	SP; PA			
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); SP; PA			
Passive Immunizing Agents - Combinations					
HYQVIA	NP	SP			
PENICILLINS - Drugs to Treat Bacterial Infections					
Aminopenicillins					
<i>amoxicillin CAPS</i>	P				
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Penicillinase-Resistant Penicillins			ADUHELM 170 MG/1.7ML	PA	SP; PA
<i>dicloxacillin sodium</i>	P		ARICEPT TABS (<i>Use donepezil hydrochloride</i>)	NP	
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>donepezil hydrochloride TABS</i>	P	
Progestins			<i>donepezil hydrochloride TBDP</i>	P	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P		EXELON (<i>Use rivastigmine</i>)	NP	
<i>megestrol acetate (appetite)</i>	NP		<i>galantamine hydrobromide CP24</i>	NP	
<i>norethindrone acetate TABS</i>	P		<i>galantamine hydrobromide SOLN</i>	NP	
<i>progesterone CAPS</i>	P	QL(1 EA daily)	<i>galantamine hydrobromide TABS</i>	NP	
PROMETRIUM CAPS (<i>Use progesterone</i>)	NF	QL(1 EA daily)	KISUNLA	PA	SP; PA
PROVERA 5 MG, 10 MG (<i>Use medroxyprogesterone acetate</i>)	NF		LEQEMBI	PA	SP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
Agents for Chemical Dependency			<i>memantine hcl CP24</i>	NP	
<i>disulfiram 250 MG</i>	P		<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>lofexidine hcl</i>	NP	QL(16 EA daily)	<i>memantine hcl SOLN</i>	NP	
LUCEMYRA (<i>Use lofexidine hcl</i>)	NP	QL(16 EA daily)	<i>memantine hcl TABS</i>	P	
Anti-Cataplectic Agents			NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	
<i>sodium oxybate SOLN</i>	NP	QL(18 ML daily); AL(At least 7 yrs old); SP	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>Use memantine hcl</i>)	NF	
XYREM SOLN (<i>Use sodium oxybate</i>)	NP	QL(18 ML daily); AL(At least 7 yrs old); SP	NAMZARIC C4PK	NP	
XYWAV	NP	AL(At least 7 yrs old); SP	NAMZARIC CP24	NP	
Antidementia Agents			NAMZARIC CP24 (<i>Use memantine hcl-donepezil hcl</i>)	NP	
			<i>rivastigmine</i>	P	
			<i>rivastigmine tartrate CAPS</i>	P	
			ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
			Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYBALVI	NP	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old)	tetrabenazine	P	SP
<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)	XENAZINE (Use <i>tetrabenazine</i>)	NP	SP
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)	Multiple Sclerosis Agents		
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NF	AL(At least 18 yrs old)	AMPYRA (Use <i>dalfampridine</i>)	NP	QL(2 EA daily); SP
Fibromyalgia Agents			AUBAGIO (Use <i>teriflunomide</i>)	NP	SP
<i>milnacipran hcl MISC</i>	NP		AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP		AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
SAVELLA TITRATION PACK MISC (Use <i>milnacipran hcl</i>)	PA	PA	BAFIERTAM	NP	SP
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use <i>milnacipran hcl</i>)	PA	PA	BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA
TONMYA SUBL SL 2.8 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); PA	BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); SP; PA
Movement Disorder Drug Therapy			BRIUMVI	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); SP; PA	<i>cladribine (multiple sclerosis) 10 MG</i>	NP	SP
AUSTEDO XR TB24	PA	AL(At least 18 yrs old); SP; PA	COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i>)	PA	QL(1 ML daily); SP; PA
AUSTEDO TABS	PA	AL(At least 18 yrs old); SP; PA	COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
INGREZZA CAPS	PA	AL(At least 18 yrs old); SP; PA	COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NF	SP
INGREZZA CPPK	PA	AL(At least 18 yrs old); SP; PA	<i>dalfampridine</i>	PA	QL(2 EA daily); SP; PA
INGREZZA CPSP	PA	AL(At least 18 yrs old); SP; PA	<i>dimethyl fumarate CDPK</i>	PA	SP; PA
			<i>dimethyl fumarate CPDR</i>	PA	SP; PA
			<i> fingolimod hcl</i>	PA	PA
			<i> fingolimod hcl</i>	PA	SP; PA
			GILENYA	NP	SP
			GILENYA (Use <i> fingolimod hcl</i>)	NP	SP

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	P	
<i>propylthiouracil</i>	P	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
<i>levothyroxine sodium</i> TABS	P	
<i>liothyronine sodium</i> TABS	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	

Drug Name	Drug Tier	Requirements/Limits
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		
ANASPAZ TBDP (Use hyoscyamine sulfate)	NF	
BENTYL SOLN IM (Use dicyclomine hcl)	NF	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN PO	P	QL(40 ML daily)
dicyclomine hcl TABS	P	
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 EA daily)
hyoscyamine sulfate ELIX	P	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 EA daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
HYOSCYAMINE SULFATE TBDP 0.125 MG	P	
LEVBID TB12 (Use hyoscyamine sulfate)	NF	QL(4 EA daily)
NULEV TBDP 0.125 MG (Use hyoscyamine sulfate)	NF	
ROBINUL-FORTE TABS (Use glycopyrrolate)	NF	QL(4 EA daily)
ROBINUL TABS (Use glycopyrrolate)	NF	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	NP	
cimetidine TABS	NP	RX/OTC
famotidine SOLN 20 MG/2ML	P	
FAMOTIDINE SOLN	P	
famotidine SUSR	P	
famotidine TABS	P	RX/OTC
famotidine TABS 10 MG, 20 MG	NP	RX/OTC
nizatidine CAPS	NP	
PEPCID TABS (Use famotidine)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (Use sucralfate)	NF	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
CARAFATE TABS (Use sucralfate)	NF	QL(4 EA daily)
sucralfate SUSP	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
sucralfate TABS	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use rabeprazole sodium)	NF	QL(1 EA daily)
DEXILANT (Use dexlansoprazole)	NP	QL(1 EA daily)
dexlansoprazole	NP	QL(1 EA daily)
esomeprazole magnesium CPDR	NP	QL(1 EA daily); RX/OTC
esomeprazole magnesium PACK	NP	QL(1 EA daily)
lansoprazole CPDR	NP	QL(1 EA daily); RX/OTC
lansoprazole TBDD	NP	QL(1 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
DETROL TABS (Use <i>tolterodine tartrate</i>)	NF	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TB24</i>	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	P	
<i>tolterodine tartrate TABS</i>	P	
TOVIAZ (Use <i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	
VESICARE LS SUSP	NP	
VESICARE TABS (Use <i>solifenacin succinate</i>)	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24 (Use <i>mirabegron</i>)	P	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE	P	
BEXSERO 0.5 ML	P	
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)
CAPVAXIVE	P	
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000 SOLR IJ	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA SUSP	P	
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY SUSY	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail

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

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 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 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
NUVESSA	P	
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 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		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	QL(1.5 GM daily)
<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>estradiol vaginal TABS</i>	P	
PREMARIN	P	QL(1.5 GM daily)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P	
EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	P	
NEFFY SOLN NA	NP	
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	P	
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)
<i>cholecalciferol CHEW 400 UNIT</i>	P	
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	

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

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

.....148	ABRILADA (2 SYRINGE) PSKT 4	ACCUTREND GLUCOSE CONTROL SOLN 101
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 148	ABRYSVO 208	ACCUTREND GLUCOSE STRP .. 72
abacavir sulfate SOLN 47	ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin) 59	acebutolol hcl CAPS 51
abacavir sulfate TABS 47	ACAM2000 SOLR IJ 208	acetaminophen CAPS 500 MG 8
abacavir sulfate-lamivudine 47	ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide) 59	acetaminophen CHEW 8
ABC COMPLETE ADULT TABS . 148	acarbose 24	acetaminophen LIQD 160 MG/5ML .8
ABC COMPLETE MENS TABS .. 149	ACCOLATE (Use zafirlukast) 14	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML 8
ABC COMPLETE SENIOR 50+ TABS 149	ACCU-CHEK AVIVA PLUS STRP .71	acetaminophen SUPP 120 MG, 650 MG 8
ABC COMPLETE SENIOR MENS 50+ TABS 149	ACCU-CHEK AVIVA SOLN 100	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML 8
ABC COMPLETE SENIOR WOMENS 50+ TABS 149	ACCU-CHEK FASTCLIX LANCET KIT 100	acetaminophen TABS 325 MG, 500 MG 8
ABC COMPLETE WOMENS TABS 149	ACCU-CHEK FASTCLIX LANCETS . 100	acetaminophen w/ codeine SOLN . 10
ABILIFY ASIMTUFII PRSY 46	ACCU-CHEK GUIDE CONTROL LIQD 100	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG 10
ABILIFY MAINTENA PRSY 46	ACCU-CHEK GUIDE KIT 100	acetazolamide CP12 82
ABILIFY MAINTENA SRER 47	ACCU-CHEK GUIDE ME KIT 100	acetazolamide TABS 82
ABILIFY MYCITE MAINTENANCE KIT 47	ACCU-CHEK GUIDE TEST STRP 71	acetic acid (otic) 199
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG 47	ACCU-CHEK GUIDE TEST STRP 72	acetylcysteine SOLN 59
ABILIFY TABS (Use aripiprazole) . 47	ACCU-CHEK SAFE-T PRO LANCETS 100	ACIPHEX TBEC (Use rabeprazole sodium) 206
abiraterone acetate 39	ACCU-CHEK SMARTVIEW CONTROL LIQD 101	ACTEMRA ACTPEN SOAJ 6
ABRILADA (1 PEN) AJKT 4	ACCU-CHEK SMARTVIEW STRP 72	ACTEMRA SOLN 6
ABRILADA (2 PEN) AJKT 4	ACCU-CHEK SOFTCLIX LANCET DEV KIT 101	ACTEMRA SOSY 6
	ACCU-CHEK SOFTCLIX LANCETS 101	ACTHIB SOLR IM 208
	ACCUPRIL (Use quinapril hcl) 33	ACTICAL CAPS 149
	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide) 34	ACTI-LANCE 28G 101
		ACTI-LANCE LITE LANCETS 28G

101	ADALIMUMAB-AACF (2 SYRINGE) PSKT	4	ADBRY SOAJ	67	
ACTI-LANCE SPECIAL LANCETS 17G	101	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4	ADBRY SOSY	67
ACTI-LANCE UNIVERSAL 23G	101	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	53
ACTIQ LPOP 400 MCG (Use fentanyl citrate)	9	ADALIMUMAB-AATY (1 PEN) AJKT	4	ADDERALL TABS (Use amphetamine-dextroamphetamine)	1
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	85	ADALIMUMAB-AATY (2 PEN) AJKT	4	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	1
ACTIVNUTRIENTS CAPS	149	ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	adefovir dipivoxil	49
ACTIVNUTRIENTS PERFORMANCE CAPS	149	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	ADEMPAS	54
ACTIVNUTRIENTS W/O IRON CAPS	149	ADALIMUMAB-ADAZ SOAJ	4	ADHESIVE/LARGE/3"X4" PADS	97
ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium)	83	ADALIMUMAB-ADAZ SOSY	4	ADHESIVE/MEDIUM/2"X3" PADS	97
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	24	ADALIMUMAB-ADBM (2 PEN) AJKT	4	ADMELOG SOLN IJ	26
ACTOS (Use pioglitazone hcl)	28	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	5	ADMELOG SOLOSTAR SOPN	26
ACULAR (Use ketorolac tromethamine (ophth))	198	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	5	ADRENALIN 0.1 %	191
ACULAR LS (Use ketorolac tromethamine (ophth))	198	ADALIMUMAB-FKJP (2 PEN) AJKT	5	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	205
ACUVAIL	198	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	5	ADUHELM 170 MG/1.7ML	201
acyclovir CAPS	50	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	5	ADULT MASK DEVI	135
acyclovir SUSP	50	ADALIMUMAB-RYVK (2 PEN) AJKT	5	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	15
acyclovir TABS PO	50	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	5	ADVAIR HFA AERO (Use fluticasone-salmeterol)	15
acyclovir topical CREA	64	adapalene CREA	59	ADVANCED EYE HEALTH CAPS	149
acyclovir topical OINT	64	adapalene GEL	59	ADVANCED MOBILE LANCET	101
ACZONE (Use dapsons (topical))	59	adapalene-benzoyl peroxide GEL	59	ADVANTAGE SAFETY LANCETS 28G	101
ADACEL SUSP	205			ADVATE	90
ADALIMUMAB-AACF (2 PEN) AJKT	4			ADVOCATE INSULIN SYRINGE	133
				ADVOCATE LANCETS	101
				ADVOCATE LANCING DEVICE	

MISC	101	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	135	AGAMATRIX AMP TEST STRP ...	72
ADVOCATE REDI-CODE STRP ..	72	AEROCHAMBER PLUS FLO-VU SMALL DEVI	135	AGAMATRIX CONTROL NORMAL/HIGH SOLN	102
ADVOCATE REDI-CODE+ CONTROL SOLN	101	AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AGAMATRIX CONTROL SOLN ..	102
ADVOCATE REDI-CODE+ DEVI	101	AEROCHAMBER PLUS FLOW VU MISC	135	AGAMATRIX JAZZ TEST STRP ..	72
ADVOCATE REDI-CODE+ TEST STRP	72	AEROCHAMBER W/FLOWSIGNAL MISC	135	AGAMATRIX JAZZ WIRELESS 2 KIT	102
ADVOCATE SAFETY LANCETS 21G	101	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	136	AGAMATRIX PRESTO KIT	102
ADVOCATE SAFETY LANCETS 23G	101	AEROCHAMBER Z-STAT PLUS MISC	136	AGAMATRIX PRESTO TEST STRP . 72	
ADVOCATE SAFETY LANCETS 26G	102	AEROCHAMBER Z-STAT PLUS/LARGE MISC	136	AGAMATRIX ULTRA-THIN LANCETS	102
ADVOCATE SAFETY LANCETS 28G	102	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	136	AGAMREE	56
ADYNOVATE	90	AEROCHAMBER Z-STAT PLUS/SMALL MISC	136	AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	68
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	1	AEROCHAMBER2GO ANTI-STATIC DEVI	136	AGRYLIN 0.5 MG (Use anagrelide hcl)	91
AEROBIKA DEVI	135	AEROCHAMBER PLUS FLOVU MTHPIECE DEVI	135	AIMOVIG	139
AEROCHAMBER HOLDING CHAMBER DEVI	135	AEROCHAMBER MV MISC	135	AIMSCO LUBRICATED MISC	99
AEROCHAMBER MINI CHAMBER DEVI	135	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	135	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER MV MISC	135	AEROCHAMBER PLUS FLO-VU INTERM DEVI	135	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	135	AEROCHAMBER PLUS FLO-VU LARGE DEVI	135	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER PLUS FLO-VU LARGE DEVI	135	AEROCHAMBER PLUS FLO-VU LARGE MISC	135	AIRSUPRA	15
AEROCHAMBER PLUS FLO-VU LARGE MISC	135	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	135	AJOVY SOAJ	139
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	135	AEROFENT PLUS DEVI	136	AJOVY SOSY	139
AEROCHAMBER PLUS FLO-VU SMALL DEVI	135	AFINITOR DISPERZ TBSO (Use everolimus)	41	AKEEGA	39
AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AFINITOR TABS (Use everolimus) 41		AKLIEF	59
AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AFLORA TABS	149	AKYNZEO	29
AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AFLURIA PRESERVATIVE FREE SUSY	208	albuterol sulfate AERS	16
AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AFLURIA SUSP	208	albuterol sulfate NEBU	16
AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	26		
AEROCHAMBER PLUS FLO-VU SMALL MISC	135	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	90		

albuterol sulfate SYRP	16	ALIVE MENS COMPLETE MULTI TABS	149	alogliptin-metformin hcl	24
albuterol sulfate TABS	16	ALIVE MENS ULTRA TABS	149	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	24
alclometasone dipropionate CREA	64	ALIVE MULTI-VITAMIN LIQD	149	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	86
alclometasone dipropionate OINT	.64	ALIVE ONCE DAILY WOMENS TABS	149	alosetron hcl	88
ALCON TEARS SOLN	194	ALIVE ULTRA POTENCY ADULT TABS	149	ALPHA BETIC TABS	149
ALDACTONE TABS (Use spironolactone)	83	ALIVE ULTRA POTENCY WOMENS 50+ TABS	149	ALPHAGAN P (Use brimonidine tartrate)	196
ALECENSA	41	ALIVE WOMENS 50+ COMPLETE MV TABS	149	ALPHANATE SOLR	90
alendronate sodium SOLN	83	ALIVE WOMENS ENERGY TABS	149	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	90
alendronate sodium TABS 10 MG, 35 MG, 70 MG	83	ALL FLOW 1000 PFT FILTER DEVI .	136	alprazolam TABS	13
ALEVE CAPS (Use naproxen sodium)	6	ALL FLOW 2000 PFT FILTER DEVI .	136	ALPROLIX	90
ALEVE TABS (Use naproxen sodium)	6	ALL FLOW 3000 PFT FILTER DEVI .	136	ALREX SUSP (Use loteprednol etabonate)	197
alfuzosin hcl	89	ALL FLOW 4000 PFT FILTER DEVI .	136	ALTACAIN 0.5 % (Use tetracaine hcl (ophth))	197
ALHEMO	90	ALL FLOW 5000 PFT FILTER DEVI .	136	ALTACE CAPS 1.25 MG, 5 MG (Use ramipril)	33
aliskiren fumarate	36	ALL FLOW 6000 PFT FILTER DEVI .	136	ALTACE CAPS 10 MG (Use ramipril)	33
ALIVE CALCIUM BONE SUPPORT TABS	149	ALL FLOW 7000 PFT FILTER DEVI .	136	ALTAFRIN SOLN 10 % (Use phenylephrine hcl (mydriatic))	195
ALIVE DAILY ENERGY TABS ...	149	ALLEGRA ALLERGY TABS (Use fexofenadine hcl)	31	ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	195
ALIVE DIABETIC MULTIVITAMIN TABS	149	ALLOPURINOL 100 MG, 300 MG	89	ALTOPREV TB24 20 MG, 40 MG, 60 MG	33
ALIVE ENERGY 50+ TABS	149	ALLOPURINOL 200 MG	89	ALTRIXA TABS	184
ALIVE EVERYDAY IMMUNE HEALTH CAPS	149	ALMOTRIPTAN MALATE	139	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	90
ALIVE GARDEN GOODNESS TABS	149	ALOCRIAL	198	alum & mag hydrox-simethicone CHEW	12
ALIVE HAIR, SKIN & NAILS CAPS	149	alogliptin benzoate	25		
ALIVE MAX 6 POTENCY CAPS .	149				
ALIVE MENS 50+ TABS	149				
ALIVE MENS 50+ ULTRA TABS	149				

alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML12	amiodarone hcl TABS 200 MG 14	57 MG/5ML-400 MG/5ML 200
alum & mag hydrox-simethicone LIQD12	AMITIZA (Use lubiprostone) 86	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML 200
alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML 12	amitriptyline hcl TABS 23	amoxicillin & pot clavulanate TABS 125 MG-250 MG200
ALUMINUM HYDROXIDE GEL SUSP12	AMJEVITA SOAJ 40 MG/0.4ML 5	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 200
ALUNBRIG TABS41	AMJEVITA SOAJ5	amoxicillin & pot clavulanate TB12 200
ALUNBRIG TBPK41	AMJEVITA SOSY 5	amoxicillin CAPS 200
ALVESCO 15	AMJEVITA-PED 10KG TO <15KG SOSY5	amoxicillin CHEW 125 MG, 250 MG . 200
ALYFTREK204	AMJEVITA-PED 15KG TO <30KG SOSY5	amoxicillin SUSR 200
ALYGLO199	AMLADEX TABS 184	amoxicillin TABS 875 MG 200
amantadine hcl CAPS 43	amlodipine besylate TABS51	amoxicillin-clarithromycin w/ lansoprazole THPK207
amantadine hcl SOLN 43	amlodipine besylate-atorvastatin calcium 52	amphetamine sulfate TABS 1
amantadine hcl TABS43	amlodipine besylate-benazepril hcl 35	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG 1
AMBIEN CR TBCR (Use zolpidem tartrate)94	amlodipine besylate-olmesartan medoxomil35	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1
AMBIEN CR TBCR 6.25 MG (Use zolpidem tartrate) 94	amlodipine besylate-valsartan 35	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1
AMBIEN TABS (Use zolpidem tartrate)94	amlodipine-valsartan- hydrochlorothiazide 35	amphetamine-dextroamphetamine TABS 1
ambrisentan53	AMONDYS 45191	ampicillin CAPS 500 MG 200
AMD FOAM DRESSING PADS ... 97	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG149	AMPYRA (Use dalfampridine) ...202
AMD FOAM DRESSING TOPSHEET PADS97	amoxapine23	AMRIX CP24 (Use cyclobenzaprine hcl) 189
amiloride & hydrochlorothiazide ..82	amoxicillin & pot clavulanate CHEW . 200	AMVUTTRA204
amiloride hcl TABS83	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML 200	AMYTAL SODIUM 94
aminocaproic acid TABS 500 MG . 94	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML 200	

ANAFRANIL (Use clomipramine hcl) 23	ANZUPGO CREA EX 20 MG/GM . 67	40 MCG/ML 92
anagrelide hcl 91	APETIBEX CAPS 149	ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML 92
ANAPROX DS TABS (Use naproxen sodium) 6	APEXICON E CREA 64	ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML 92
ANASPAZ TBDP (Use hyoscyamine sulfate) 206	APIDRA SOLN 26	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ... 92
anastrozole 39	APIDRA SOLOSTAR SOPN 26	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML 92
ANDEMBRY SOAJ SC 200 MG/1.2ML 91	APOKYN SOCT 44	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML 92
ANDROGEL PUMP GEL TD (Use testosterone) 11	apomorphine hydrochloride SOCT 44	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML . 92
ANNOVERA 55	APONVIE EMUL 30	ARBLI PO 10 MG/ML 34
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium- vilanterol) 16	APPE-CURB CAPS 149	ARCALYST 5
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG- 10000 UNIT 149	apraclonidine hcl 196	AREXVY 208
ANTIOXIDANT FORMULA TABS 149	aprepitant CAPS 125 MG 30	arformoterol tartrate 16
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG 149	aprepitant CAPS 40 MG, 80 MG ... 30	ARGININE TABS 194
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT 184	aprepitant CPPK PO 30	ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant)) 89
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG- 5000 UNIT 149	APRETUDE 47	ARICEPT TABS (Use donepezil hydrochloride) 201
ANTIVERT CHEW 25 MG 29	APRISO CP24 (Use mesalamine) .87	ARIKAYCE 3
ANTIVERT TABS 50 MG (Use meclizine hcl) 29	APTENSIO XR CP24 (Use methylphenidate hcl) 2	ARIMIDEX (Use anastrozole) 39
ANUSOL-HC EX (Use hydrocortisone (rectal)) 12	APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate) 18	aripiprazole SOLN PO 47
ANZEMET TABS 50 MG 29	APTIVUS CAPS 47	aripiprazole TABS 47
	AQ INSULIN SYRINGE 133	aripiprazole TBDP 47
	AQNEURSA 204	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML 47
	AQUALANCE LANCETS 30G ... 102	ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML 47
	AQUORAL SOLN 144	ARISTADA INITIO 47
	ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML 92	ARIXTRA (Use fondaparinux
	ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML 92	
	ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML 92	
	ARANESP (ALBUMIN FREE) SOLN	

sodium)17	aspirin TBEC 81 MG, 325 MG 8	cilexetil-hydrochlorothiazide) 35
armodafinil2	aspirin-dipyridamole91	atazanavir sulfate CAPS47
ARMOUR THYROID TABS 205	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD 102	ATELVIA TBEC (Use risedronate sodium)83
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))15	ASSURE 4 TEST STRP72	atenolol & chlorthalidone35
AROMASIN (Use exemestane) ...39	ASSURE COMFORT LANCETS 28G102	atenolol TABS51
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)6	ASSURE DOSE CONTROL SOLN 102	ATIVAN SOLN (Use lorazepam) ...13
artificial saliva SOLN 144	ASSURE DOSE NORM/HIGH CONTROL SOLN102	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam) 13
artificial tear solution194	ASSURE LANCE LANCETS102	ATIVAN TABS 1 MG (Use lorazepam) 13
ARYNTA SOLN PO 10 MG/ML 1	ASSURE LANCE LANCETS 21G 102	ATMEKSI SUSP PO 750 MG/5ML 189
ASCENIV199	ASSURE LANCE PLUS SAFETY 25G102	atomoxetine hcl2
ascorbic acid CHEW 500 MG211	ASSURE LANCE PLUS SAFETY 30G102	ATORVALIQ SUSP33
ascorbic acid POWD PO 500 MG/GM211	ASSURE LANCE SAFETY LANCET 28G102	atorvastatin calcium TABS33
ASCORBIC ACID POWD PO211	ASSURE PLATINUM METER DEVI 103	ATRALIN GEL (Use tretinoin) 59
ascorbic acid TABS211	ASSURE PLATINUM STRP72	atropine sulfate (ophthalmic) OINT 195
asenapine maleate46	ASSURE PRISM CONTROL LEVEL 1&2 SOLN 103	atropine sulfate (ophthalmic) SOLN 195
ASMANEX (120 METERED DOSES) AEPB15	ASSURE PRISM MULTI METER DEVI 103	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 195
ASMANEX (14 METERED DOSES) AEPB15	ASSURE PRISM MULTI TEST STRP72	ATROPINE SULFATE SOLN 1 % 195
ASMANEX (30 METERED DOSES) AEPB15	ASSURE TITANIUM BLOOD GLUCOSE DEVI103	ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)14
ASMANEX (60 METERED DOSES) AEPB15	ASSURE TITANIUM STRP72	AUBAGIO (Use teriflunomide) ...202
ASMANEX HFA AERO 15	ATACAND (Use candesartan cilexetil)34	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) 200
aspirin buffered (cal carb-mag carb-mag oxide)8	ATACAND HCT (Use candesartan	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML200
aspirin CHEW 8		AUGMENTIN TABS 125 MG-500 MG
ASPIRIN SUPP 300 MG 8		
aspirin TABS 325 MG8		

(Use amoxicillin & pot clavulanate) 200	AVMAPKI FAKZYNJA CO-PACK THPK PO 41	AZOR (Use amlodipine besylate- olmesartan medoxomil) 35
AUGTYRO 41	AVODART (Use dutasteride) 89	AZSTARYS 2
AUKELSO SOLN SC 120 MG/1.7ML 83	AVONEX PEN AJKT 202	AZULFIDINE EN-TABS TBEC (Use sulfasalazine) 87
AURYXIA 210 MG (Use ferric citrate) 88	AVONEX PREFILLED PSKT 202	AZULFIDINE TABS (Use sulfasalazine) 87
AUSTEDO TABS 202	AVOWISE TABS 184	bacitracin (topical) OINT 61
AUSTEDO XR PATIENT TITRATION TEPK 202	AVSOLA 87	bacitracin zinc OINT 61
AUSTEDO XR TB24 202	AVTOZMA SOAJ SC 162 MG/0.9ML 6	bacitracin-polymyxin b (ophth) ... 196
AUTO-LANCET MINI MISC 103	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML 6	bacitracin-polymyxin b OINT 61
AUTOLET LANCING DEVICE MISC . 103	AVTOZMA SOSY SC 162 MG/0.9ML 6	bacitracin-poly-neomycin-hc 197
AUTOLET LITE LANCING DEVICE MISC 103	AYVAKIT 40	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML 190
AUVELITY 21	AZASITE 196	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML 190
AUVI-Q SOAJ 210	azathioprine TABS 50 MG 142	baclofen SUSP 190
AVALIDE (Use irbesartan- hydrochlorothiazide) 35	azathioprine TABS 75 MG, 100 MG 142	baclofen TABS 190
AVAPRO 150 MG, 300 MG (Use irbesartan) 34	azelastine hcl (ophth) 198	BACMIN TABS 150
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 59	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY 190	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ... 36
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ... 59	azelastine hcl-fluticasone propionate SUSP 190	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ... 36
AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 59	AZILECT (Use rasagiline mesylate) . 44	BAFIERTAM 202
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ... 59	AZILSARTAN MEDOXOMIL 40 MG, 80 MG 34	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron) 54
AVEENO PROTECT+HYDRATE SPF60 LOTN 70	azithromycin SUSP 96	balsalazide disodium CAPS 87
AVERI TABS PO 54	azithromycin TABS 96	BALVERSA 41
	AZO HORMONAL HEALTH CYCLE CARE TABS 149	BAND-AID ALL-IN-ONE GAUZE LG PADS 97
	AZO HORMONAL HEALTH HAPPY CYCL TABS 150	BAND-AID GAUZE LARGE PADS 97
	AZOPT (Use brinzolamide) 198	BAND-AID GAUZE MEDIUM PADS 97

BAND-AID GAUZE SMALL PADS .97	BD INSULIN SYRINGE133	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...35
BAND-AID HURT-FREE NON-STICK PADS97	BD INSULIN SYRINGE HALF-UNIT .133	BENLYSTA SOAJ143
BAND-AID TRU-ABSORB GAUZE PADS97	BD INSULIN SYRINGE MICROFINE133	BENLYSTA SOLR143
BANZEL SUSP (Use rufinamide) ..18	BD INSULIN SYRINGE U/F133	BENLYSTA SOSY143
BANZEL TABS (Use rufinamide) ..18	BD INSULIN SYRINGE ULTRAFINE133	BENTYL SOLN IM (Use dicyclomine hcl)206
BAQSIMI ONE PACK POWD25	BD MICROTAINER LANCETS ..103	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)59
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BARACLUDE TABS (Use entecavir) .50	BD PEN NEEDLE MINI ULTRAFINE133	benzonatate 200 MG57
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BARIATRIC MULTIVITAMINS TABS .150	BD PEN NEEDLE NANO ULTRAFINE133	benzoyl peroxide CREA 10 %59
BARIATRIC MULTIVITAMINS/IRON CAPS150	BD PEN NEEDLE ORIG ULTRAFINE133	benzoyl peroxide GEL 2.5 %, 5 %, 10 %59
BASAGLAR KWIKPEN SOPN26	BD PEN NEEDLE SHORT ULTRAFINE133	benzoyl peroxide LIQD 4 %59
BASAGLAR TEMPO PEN SOPN .26	BD SAFETYGLIDE INSULIN SYRINGE133	benzoyl peroxide LIQD 5 %, 10 % .59
BASIC AM TABS150	BD VEO INSULIN SYR ULTRAFINE133	benzoyl peroxide LOTN 5 %, 10 % 59
BASIC PM TABS150	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT15	benzoyl peroxide-erythromycin GEL .59
BAXDELA SOLR86	BELBUCA FILM11	benztropine mesylate SOLN43
BAXDELA TABS86	BELSOMRA95	benztropine mesylate TABS43
BCG VACCINE208	benazepril & hydrochlorothiazide .35	bepotastine besilate198
b-complex vitamins CAPS145	benazepril hcl34	BEPREVE (Use bepotastine besilate)198
b-complex vitamins TABS145	BENEFIX KIT90	BEQVEZ90
b-complex w/ c & folic acid CAPS 145	BENICAR (Use olmesartan medoxomil)34	BERINERT KIT91
BD AUTOSHIELD DUO133		besifloxacin hcl 0.6 %196
BD INS SYR ULTRAFINE 1/2UNIT 133		BESIVANCE 0.6 % (Use besifloxacin hcl)196
BD INSULIN SYR ULTRAFINE II 133		betamethasone dipropionate (topical) CREA64

betamethasone dipropionate (topical) LOTN	64	estradiol-levomefolate calcium) ...	54	bisoprolol & hydrochlorothiazide ..	35
betamethasone dipropionate (topical) OINT	64	bicalutamide	39	bisoprolol fumarate	51
betamethasone dipropionate augmented CREA	64	BIKTARVY	47	BIVIGAM SOLN	199
betamethasone dipropionate augmented GEL 0.05 %	64	BILDYOS SOSY SC 60 MG/ML ...	83	BLOOD GLUCOSE MONITOR SYSTEM KIT	103
betamethasone dipropionate augmented LOTN	64	BILPREVDA SOLN SC 120 MG/1.7ML	83	BLOOD GLUCOSE MONITORING 333 DEVI	103
betamethasone dipropionate augmented OINT	64	bimatoprost SOLN	198	BLOOD GLUCOSE TEST STRIPS 333 STRP	72
betamethasone valerate CREA ...	64	BIMZELX SOAJ	62	BLOOD GLUCOSE TEST STRP ..	73
betamethasone valerate FOAM ...	64	BIMZELX SOSY	62	BLOOD SUGAR MANAGER TABS 150	
betamethasone valerate LOTN ...	65	BINOSTO TBEF	83	BLULINK CONTROL HIGH & LOW LIQD	103
betamethasone valerate OINT ...	65	BIO-35 GLUTEN-FREE CAPS ...	150	BLULINK GLUCOSE MONITORING SYS DEVI	103
BETAPACE AF (Use sotalol hcl (afib/af))	51	BIO-35 IRON FREE CAPS	150	BLULINK GLUCOSE TEST STRP .	73
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	51	BIOCAL CAPS	150	BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG- 0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT- 133.333 MG-66.667 MG-50 MCG- 83.333 MG-10 UNIT	150
BETASERON KIT	202	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	150	BOMYNTRA SOLN SC 120 MG/1.7ML	83
betaxolol hcl (ophth) SOLN	194	BIOTECT PLUS CAPS	150	BOMYNTRA SOSY SC 120 MG/1.7ML	83
betaxolol hcl	51	BIOTEL CARE BLOOD GLUCOSE KIT	103	BONEUP 3 PER DAY CAPS	150
bethanechol chloride	208	BIOTEL CARE TEST STRIPS STRP 72		BONEUP CAPS	150
BETHKIS NEBU (Use tobramycin) .	3	BIOTHRAX	208	BONEUP VEGETARIAN TABS ..	150
BETIMOL (Use timolol)	194	biotin CAPS 5 MG, 5000 MCG ...	211	BONJESTA TBCR	29
BETIMOL (Use timolol)	195	bisacodyl SUPP	96	BONSITY SOPN 560 MCG/2.24ML 83	
BETIMOL	195	bisacodyl TBEC	96		
BETOPTIC-S SUSP	195	bismuth subsalicylate CHEW 262 MG	28		
BEVESPI AEROSPHERE	16	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	28		
bexarotene	43	bismuth subsalicylate TABS	28		
BEXSERO 0.5 ML	208				
BEYAZ (Use drospirenone-ethinyl					

BOOSTNOW IMMUNE SUPPORT CAPS	150	BREATHE EASE SMALL DEVI ..	136	brompheniramine & phenyleph ELIX .	57
BOOSTRIX SUSP	205	BREATHERITE VALVED MDI		brompheniramine & pseudoeph ELIX	57
BOOSTRIX SUSY	205	CHAMBER DEVI	136	brompheniramine & pseudoeph LIQD	
BOSAYA SOSY SC 60 MG/ML	83	BREKIYA SOAJ SC 1 MG/ML	139	15 MG/5ML-1 MG/5ML	57
bosentan TABS	53	BREO ELLIPTA (Use fluticasone		BROMSITE (Use bromfenac sodium	
bosentan TBSO 32 MG	53	furoate-vilanterol)	16	(ophth))	198
BOSULIF CAPS	41	BREO ELLIPTA	16	BROVANA (Use arformoterol	
BOSULIF TABS	41	BREZTRI AEROSPHERE	16	tartrate)	16
BOTOX IJ	193	BRILINTA 60 MG, 90 MG (Use		BRUKINSA	41
B-PLEX PLUS TABS 500 MG-25		ticagrelor)	91	BRUKINSA PO 160 MG	41
MG-0.15 MG-0.8 MG-50 MCG-25		brimonidine tartrate	196	BRYNOVIN SOLN PO 25 MG/ML .	25
MG-20 MG-100 MG-5000 UNIT-27		brimonidine tartrate-timolol maleate .	195	budesonide (inhalation) SUSP	15
MG-20 MG-50 MG-22.5 MG-3 MG-5		BRINEURA	84	budesonide (intrarectal)	12
MG-0.1 MG-30 UNIT	150	brinzolamide	198	budesonide (nasal)	190
BPO FOAMING CLOTHS MISC 6 % .	59	BRIUMVI	202	budesonide CPEP	56
BPROTECTED MULTI-VITE LIQD 60		brivaracetam SOLN IV 50 MG/5ML		budesonide TB24	56
MG/15ML-2 MG/15ML-300		18		budesonide-formoterol fumarate	
MCG/15ML-1.5 MG/15ML-6		brivaracetam TABS 10 MG, 25 MG,		dihydrate	16
MCG/15ML-20 MG/15ML-10		50 MG, 75 MG, 100 MG	18	bumetanide TABS	82
MG/15ML-9 MG/15ML-3 MG/15ML-		BRIVIACT SOLN IV 50 MG/5ML		BUMEX TABS 0.5 MG (Use	
25 MCG/15ML-150 MCG/15ML-30		(Use brivaracetam)	18	bumetanide)	82
UNIT/15ML-25 MCG/15ML-2		BRIVIACT SOLN PO 10 MG/ML (Use		buprenorphine hcl SUBL	11
MG/15ML-1.7 MG/15ML	150	brivaracetam)	18	buprenorphine hcl-naloxone hcl	
BPROTECTED PEDIA POLY-VITE		BRIVIACT TABS 10 MG, 25 MG, 50		dihydrate FILM SL 0.5 MG-2 MG, 2	
SOLN PO	187	MG, 75 MG, 100 MG (Use		MG-8 MG	11
BPROTECTED PEDIA POLY-		brivaracetam)	18	buprenorphine hcl-naloxone hcl	
VITE/FE SOLN	187	BRIXADI (WEEKLY) SOSY	11	dihydrate FILM SL 1 MG-4 MG, 3	
BRAFTOVI 75 MG	41	BRIXADI SOSY 64 MG/0.18ML, 96		MG-12 MG	11
BREATHE COMFORT		MG/0.27ML, 128 MG/0.36ML	11	buprenorphine hcl-naloxone hcl	
CHAMBER/ADULT DEVI	136	bromfenac sodium (ophth)	198	dihydrate SUBL	11
BREATHE COMFORT		bromocriptine mesylate CAPS	44	buprenorphine PTWK	11
CHAMBER/CHILD DEVI	136	bromocriptine mesylate TABS 2.5		bupropion hcl (smoking deterrent)	
BREATHE EASE LARGE DEVI ..	136	MG	44		
BREATHE EASE MEDIUM DEVI	136				

204	BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl)	51	calcium acetate (phosphate binder) TABS	88
bupropion hcl TABS		21		
bupropion hcl TB12	CABENUVA 600 MG/2ML-400 MG/2ML	47	CALCIUM CARB- CHOLECALCIFEROL CHEW	141
bupropion hcl TB24 150 MG, 300 MG		21		
bupropion hcl TB24 300 MG, 450 MG	CABENUVA 900 MG/3ML-600 MG/3ML	47	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	12
BURIED TREASURE ACTIVE 55 PLUS LIQD		150	CALCIUM CARBONATE CHEW .	141
BURN RELIEF GEL	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	52	calcium carbonate TABS 1250 MG, 500 MG	141
buspirone hcl 15 MG		13	calcium carbonate-cholecalciferol TABS	141
buspirone hcl 5 MG, 10 MG		13	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	141
buspirone hcl 7.5 MG, 30 MG		13	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	141
butalbital-acetaminophen TABS 50 MG-325 MG		8	CALCIUM CHEW	141
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	caffeine citrate SOLN PO 60 MG/3ML	1	calcium citrate TABS	141
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG		8	calcium polycarbophil TABS	95
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	calcipotriene CREA	62	CALQUENCE	41
	CALCIPOTRIENE FOAM	62	CAMCEVI	39
butalbital-aspirin-caffeine CAPS	calcipotriene OINT	62	camphor & menthol LOTN	62
butalbital-aspirin-caffeine w/cod ...	calcipotriene SOLN	62	camphor-menthol-methyl salicylate CREA	68
	calcipotriene-betamethasone dipropionate OINT	65	camphor-menthol-methyl salicylate GEL	68
BUTRANS PTWK (Use buprenorphine)		11	camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %	68
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	calcitonin (salmon) IJ	83	CANASA SUPP (Use mesalamine) 87	
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	calcitonin (salmon) NA	83	candesartan cilexetil	34
BYLVAY (PELLETS) CPSP	calcitriol (topical)	63	candesartan cilexetil- hydrochlorothiazide	35
BYLVAY CAPS	calcitriol CAPS	84	capecitabine	38
BYQLOVI 0.05 %	CALCIUM 600 +D HIGH POTENCY TABS	141		
BYSTOLIC (Use nebivolol hcl)	calcium acetate (phosphate binder) CAPS	88		

CAPHOSOL SOLN	144	carbidopa-levodopa TBDP	44	CARETOUCH CONTROL SOL LEVEL 2 LIQD	104
CAPLYTA	44	carbidopa-levodopa-entacapone ..	44	CARETOUCH HYPODERMIC NEEDLE	133
CAPRELSA	41	carboxymethylcellulose sodium (ophth) GEL	194	CARETOUCH INSULIN SYRINGE 133	
capsaicin CREA 0.025 %	68	carboxymethylcellulose sodium (ophth) SOLN 0.5 %	194	CARETOUCH LANCING/EJECTOR MISC	104
capsaicin CREA 0.075 %	68	CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	51	CARETOUCH MONITOR SYSTEM KIT	104
capsaicin CREA 0.1 %	68	CARDIZEM LA TB24 (Use diltiazem hcl)	51	CARETOUCH SAFETY LANCETS 104	
capsaicin PTCH	68	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	51	CARETOUCH SAFETY LANCETS 26G	104
captopril & hydrochlorothiazide ...	35	CARDURA (Use doxazosin mesylate)	34	CARETOUCH TEST STRP	73
captopril	34	CARDURA 1 MG, 8 MG (Use doxazosin mesylate)	34	CARETOUCH TWIST LANCETS 28G	104
CAPVAXIVE	208	CARDURA XL	89	CARETOUCH TWIST LANCETS 30G	104
CAPZASIN-HP CREA (Use capsaicin)	68	CAREONE ADVANCED LANCING DEV MISC	103	CARETOUCH TWIST LANCETS 33G	104
CAPZASIN-P CREA 0.035 % (Use capsaicin)	68	CAREONE INSULIN SYRINGE .	133	CARETOUCH TWIST MC LANCETS 30G	104
CARAC CREA (Use fluorouracil (topical))	62	CAREONE LANCET SUPER THIN 30G	103	carisoprodol TABS 250 MG	190
CARAFATE SUSP (Use sucralfate) 206		CARESENS CONTROL SOLUTION A/B SOLN	103	carisoprodol TABS 350 MG	190
CARAFATE TABS (Use sucralfate) 206		CARESENS LANCETS 30G	103	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers)) 84	
carbamazepine CHEW	18	CARESENS N FELIZ BT DEVI ...	103	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	85
carbamazepine CP12	18	CARESENS N FELIZ DEVI	104	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	85
carbamazepine SUSP	18	CARESENS S CONTROL SOLN A/B LIQD	104	carteolol hcl (ophth)	195
carbamazepine TABS	18	CARESENS S FIT BLOOD GLUC MON DEVI	104	carvedilol	50
carbamazepine TB12	18	CARESENS S FIT BT BLOOD GLUC DEVI	104		
carbamide peroxide (otic) 6.5 % ..	199	CARESENS S GLUCOSE TEST STRP	73		
CARBATROL CP12 (Use carbamazepine)	18				
carbidopa	43				
carbidopa-levodopa CPCR	44				
carbidopa-levodopa TABS	44				
carbidopa-levodopa TBCR	44				

carvedilol phosphate	50	CELEBRATE MULTI-COMPLETE 45 CAPS	150	CENTRAVITES ADULTS TABS ..	151
CASGEVY	91	CELEBRATE MULTI-COMPLETE 60 CAPS	150	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	151
CASODEX (Use bicalutamide)	39	CELEBREX 100 MG (Use celecoxib) 6		CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	151
CATAPRES-TTS-1 PTWK (Use clonidine)	34	CELEBREX 200 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	151
CATAPRES-TTS-2 PTWK (Use clonidine)	34	CELEBREX 400 MG (Use celecoxib) 6		CENTRUM CARDIO TABS	151
CATAPRES-TTS-3 PTWK (Use clonidine)	34	CELEBREX 50 MG (Use celecoxib) 6		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-150 MCG/15ML-2500 UNIT/15ML, 60	
CAYA DPRH	99	celecoxib 100 MG	6		
CAYSTON	37	celecoxib 200 MG	6		
cefaclor CAPS	54	celecoxib 400 MG	6		
CEFACLOR ER TB12	54	celecoxib 50 MG	6		
cefadroxil CAPS	54	CELEXA TABS (Use citalopram hydrobromide)	22		
cefadroxil SUSR	54	CELLCEPT CAPS (Use mycophenolate mofetil)	142		
cefadroxil TABS	54	CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	142		
cefdinir CAPS	54	CELLCEPT SUSR (Use mycophenolate mofetil)	142		
cefdinir SUSR	54	CELLCEPT TABS (Use mycophenolate mofetil)	142		
cefixime CAPS	54	CELONTIN (Use methsuximide) ..	21		
cefixime SUSR	54	CENTANY AT KIT	61		
cefixime TABS	54	CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG ...	150		
cefpodoxime proxetil SUSR	54				
cefpodoxime proxetil TABS	54				
cefprozil SUSR	54				
cefprozil TABS	54				
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	54				
cefuroxime axetil TABS	54				
CELEBRATE MULTI-COMPLETE 18 CAPS	150				
CELEBRATE MULTI-COMPLETE 36 CAPS	150				

MG/15ML-2 MG/15ML-300	MG-8 MG-300 MG-1.1 MG-15 MG-	MCG-72 MG-2 MG 152
MCG/15ML-30 UNIT/15ML-1.1	100 MG-80 MG-50 MCG-150 MCG-	CENTRUM SILVER ULTRA
MG/15ML-400 UNIT/15ML-6	35 UNIT-20 MG-0.5 MG-5 MCG-2.3	WOMENS TABS152
MCG/15ML-1300 UNIT/15ML-10	MG-22 MCG-10 MCG-52 MCG-72	
MG/15ML-1.7 MG/15ML-20	MG-2 MG 151	CENTRUM SILVER WOMEN 50+
MG/15ML-9 MG/15ML-2 MG/15ML-	CENTRUM SILVER ADULT 50+	TABS 100 MG-30 MCG-400 MCG-
25 MCG/15ML-25 MCG/15ML-3	TABS 60 MG-3 MG-30 MCG-400	1.1 MG-14 MG-5 MG-5 MG-1.1 MG-
MG/15ML-150 MCG/15ML 153	MCG-500 UNIT-25 MCG-1.7 MG-30	300 MCG-25 MCG-15.8 MG-8 MG-
CENTRUM MEN TABS151	MCG-20 MG-250 MCG-2500 UNIT-	100 MG-2.3 MG-50 MCG-80 MG-52
CENTRUM MENOPAUSE HOT	10 MG-220 MG-300 MCG-1.5 MG-11	MCG-0.5 MG-15 MG-300 MG-150
FLASH TABS 151	MG-50 UNIT-50 MG-150 MCG-80	MCG-20 MG-22 MCG-1050 MCG-50
CENTRUM MENOPAUSE	MG-45 MCG-150 MCG-20 MG-0.5	MCG-50 MCG-72 MG 152
MIND/MOOD TABS 184	MG-5 MCG-2.3 MG-55 MCG-10	CENTRUM SPECIALIST HEART
CENTRUM MINIS ADULTS 50+	MCG-45 MCG-72 MG-2 MG, 60 MG-	TABS152
TABS151	30 MCG-400 MCG-1.5 MG-20 MG-3	CENTRUM SPECIALIST IMMUNE
CENTRUM MINIS MEN 50+ TABS	MG-10 MG-1.7 MG-250 MCG-300	TABS152
151	MCG-25 MCG-22.5 MG-50 MG-2.3	CENTRUM SPECIALIST VISION
CENTRUM MINIS WOMEN 50+	MG-45 MCG-80 MG-50 MCG-0.5	TABS152
TABS151	MG-11 MG-220 MG-150 MCG-20	CENTRUM ULTRA WOMENS TABS
CENTRUM MINIS WOMEN IMMUNE	MG-19 MCG-750 MCG-30 MCG-25	152
SUP TABS151	MCG-72 MG 152	CENTRUM WOMEN TABS 75 MG-2
CENTRUM SILVER 50+MEN TABS	CENTRUM SILVER MEN 50+ TABS	MG-40 MCG-400 MCG-1000 UNIT-6
120 MG-6 MG-30 MCG-300 MCG-	120 MG-30 MCG-300 MCG-1.5 MG-	MCG-1.1 MG-50 MCG-14 MG-3500
1000 UNIT-100 MCG-1.7 MG-60	20 MG-6 MG-100 MCG-10 MG-1.7	UNIT-15 MG-18 MG-200 MG-1.1
MCG-20 MG-30 MCG-3500 UNIT-10	MG-300 MCG-600 MCG-1000 UNIT-	MG-8 MG-100 MG-80 MG-50 MCG-
MG-210 MG-600 MCG-1.5 MG-15	27 MG-75 MG-4 MG-50 MCG-80	150 MCG-35 UNIT-20 MG-0.5 MG-5
MG-75 MG-80 MG-72 MG-50 MCG-	MG-60 MCG-0.5 MG-15 MG-210	MCG-10 MCG-1.8 MG-18 MCG-10
150 MCG-60 UNIT-20 MG-0.5 MG-5	MG-150 MCG-20 MG-21 MCG-1050	MCG-32 MCG-72 MG-2 MG, 75 MG-
MCG-4 MG-21 MCG-10 MCG-60	MCG-60 MCG-72 MG 152	40 MCG-400 MCG-1.1 MG-14 MG-2
MCG-72 MG-2 MG, 120 MG-6 MG-	CENTRUM SILVER TABS 400 UNIT-	MG-15 MG-1.1 MG-25 MCG-15.8
30 MCG-300 MCG-1000 UNIT-100	60 MG-3 MG-30 MCG-400 MCG-25	MG-18 MG-100 MG-1.8 MG-50
MCG-1.7 MG-60 MCG-20 MG-300	MCG-1.7 MG-10 MCG-20 MG-250	MCG-80 MG-32 MCG-0.5 MG-8 MG-
MCG-1050 MCG-10 MG-600 MCG-	MCG-3500 UNIT-10 MG-300 MCG-	200 MG-150 MCG-20 MG-18 MCG-
1.5 MG-15 MG-75 MG-80 MG-210	1.5 MG-15 MG-2 MG-45 UNIT-100	1050 MCG-50 MCG-6 MCG-72 MG
MG-50 MCG-150 MCG-27 MG-20	MG-80 MG-150 MCG-200 MG-75	153
MG-0.5 MG-4 MG-21 MCG-60 MCG-	MCG-150 MCG-48 MG-5 MCG-2	CENTURY MATURE TABS 90 MG-3
72 MG151	MG-150 MCG-20 MCG-10 MCG-72	MG-30 MCG-500 MCG-500 UNIT-25
CENTRUM SILVER 50+WOMEN	MG-2 MG, 60 MG-3 MG-30 MCG-	MCG-1.7 MG-30 MCG-20 MG-250
TABS 100 MG-5 MG-30 MCG-400	400 MCG-500 UNIT-25 MCG-1.7	MCG-2500 UNIT-10 MG-300 MCG-
MCG-1000 UNIT-50 MCG-1.1 MG-50	MG-30 MCG-20 MG-2500 UNIT-10	1.5 MG-11 MG-150 MCG-50 MG-80
MCG-14 MG-300 MCG-3500 UNIT-5	MG-1.5 MG-11 MG-150 MCG-50	MG-2 MG-220 MG-45 MCG-150
	MG-80 MG-220 MG-45 MCG-150	MCG-50 UNIT-110 MG-0.9 MG-5
	MCG-50 UNIT-20 MG-0.5 MG-5	
	MCG-2.3 MG-55 MCG-10 MCG-45	

MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	153	SENIOR/ANTIOXIDANT TABS ...	153	chlorpromazine hcl TABS 10 MG ..	46
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	153	CERTAVITE/ANTIOXIDANTS TABS .	153	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	46
CENVITE LIQD	153	CETAPHIL DAILY FACIAL SPF 50 LOTN	70	chlorthalidone 25 MG, 50 MG	83
cephalexin CAPS 250 MG, 500 MG 54		cetirizine hcl CAPS	31	chlorzoxazone TABS 250 MG, 375 MG, 750 MG	190
cephalexin SUSR	54	cetirizine hcl CHEW	31	chlorzoxazone TABS 500 MG	190
CEQUA SOLN	196	cetirizine hcl SOLN PO	31	CHOICEFUL MULTIVITAMIN CAPS .	153
CEQUR SIMPLICITY 2U DEVI ...	133	cetirizine hcl TABS	31	CHOLBAM	86
CEQUR SIMPLICITY INSERTER MISC	133	cetirizine-pseudoephedrine	57	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	210
CERAVE THERAPEUTIC HAND CREAM CREA	70	CETRAXAL (Use ciprofloxacin hcl (otic))	199	cholecalciferol CAPS	210
CERDELGA	91	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) .	204	cholecalciferol CHEW 400 UNIT .	210
CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium)	20	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ..	204	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	210
CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium)	20	CHANTIX TABS (Use varenicline tartrate)	204	cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	210
CEREZYME 400 UNIT	91	CHEMET	28	cholestyramine light PACK	32
CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	153	chenodiol	86	cholestyramine light POWD	32
CERTAVITE SENIOR TABS	153	chlordiazepoxide hcl CAPS	13	cholestyramine PACK	32
CERTAVITE		chlorhexidine gluconate (mouth- throat)	144	cholestyramine POWD	32
Index 17		chlorhexidine gluconate SOLN EX 4 %	47	choline fenofibrate	32
		chloroquine phosphate TABS 250 MG	37	CHOSEN LANCETS 30G	104
		chloroquine phosphate TABS 500 MG	37	CHOSEN LANCING DEVICE MISC 104	
		chlorpheniramine maleate SYRP ..	30	CHOSEN SAFETY LANCETS 28G 104	
		chlorpheniramine maleate TABS ..	30	CIALIS 5 MG (Use tadalafil)	53
		chlorpromazine hcl SOLN 25 MG/ML 46		CIBINQO	67
				cilostazol	91

CILOXAN OINT	196	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 187	CLEVER CHEK AUTO-CODE DEVI . 105
CIMDUO	47	cladribine (multiple sclerosis) 10 MG . 202	CLEVER CHEK AUTO-CODE SYSTEM DEVI
cimetidine hcl PO 300 MG/5ML ..	206	CLARINEX TABS (Use desloratadine)	105
cimetidine TABS	206	CLARINEX-D 12 HOUR TB12	57
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	87	clarithromycin SUSR	97
CIMZIA (2 SYRINGE) PSKT	87	clarithromycin TABS	97
CIMZIA KIT	87	clarithromycin TB24	97
CIMZIA-STARTER PSKT	87	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	31
CINQAIR	14	CLARITIN CHEW (Use loratadine) 31	CLEVER CHEK AUTO-CODE VOICE DEVI
CINRYZE SOLR IV	91	CLARITIN CHILDRENS CHEW (Use loratadine)	31
CINVANTI EMUL	30	CLARITIN REDITABS TBDP (Use loratadine)	31
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	199	CLARITIN SOLN (Use loratadine) .31	CLEVER CHEK SYSTEM KIT
CIPRO SUSR	86	CLARITIN TABS (Use loratadine) .31	105
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	86	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	57
ciprofloxacin hcl (ophth) SOLN ...	196	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	57
ciprofloxacin hcl (otic)	199	CLASSIC PRENATAL TABS	187
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	86	CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	31
ciprofloxacin-dexamethasone	199	CLEOCIN (Use clindamycin palmitate hydrochloride)	36
ciprofloxacin-fluocinolone acetonide . 199		CLEOCIN CREA (Use clindamycin phosphate vaginal)	209
ciprofloxacin-hydrocortisone	199	CLEOCIN SUPP	209
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use citalopram hydrobromide)	22	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	59
citalopram hydrobromide CAPS 30 MG	22		
citalopram hydrobromide SOLN ...	22		
citalopram hydrobromide TABS ...	22		
CITRACAL +D3 TABS	154		
			CLEVER CHOICE AUTO-CODE SYSTEM DEVI
			105
			CLEVER CHEK AUTO-CODE TEST STRP
			73
			CLEVER CHEK AUTO-CODE VOICE DEVI
			105
			CLEVER CHEK AUTO-CODE VOICE STRP
			73
			CLEVER CHEK LANCETS
			105
			CLEVER CHEK SYSTEM KIT
			105
			CLEVER CHEK TEST STRP
			73
			CLEVER CHOICE AUTO-CODE SYSTEM DEVI
			105
			CLEVER CHOICE AUTO-CODE TEST STRP
			73
			CLEVER CHOICE COMFORT EZ 105
			CLEVER CHOICE GLUCOSE CONTROL LIQD
			105
			CLEVER CHOICE HOLDING CHAMBER DEVI
			136
			CLEVER CHOICE LANCETS 23G 105
			CLEVER CHOICE LANCETS 28G 105
			CLEVER CHOICE MICRO SYSTEM KIT
			105
			CLEVER CHOICE MICRO TEST STRP
			73
			CLEVER CHOICE MINI SYSTEM DEVI
			105
			CLEVER CHOICE NO CODING STRP
			73

CLEVER CHOICE TALK SYSTEM DEVI	105	clobetasol propionate emollient base 0.05 %	65	clotrimazole vaginal CREA 2 % ..	210
CLEVER CHOICE TALK SYSTEM STRP	73	clobetasol propionate emulsion ..	65	clotrimazole w/ betamethasone CREA	61
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	86	clobetasol propionate FOAM	65	clotrimazole w/ betamethasone LOTN	61
CLINDAGEL GEL (Use clindamycin phosphate (topical))	59	clobetasol propionate GEL 0.05 %	65	clozapine TABS	46
clindamycin hcl 150 MG, 300 MG .	36	clobetasol propionate LIQD	65	clozapine TBDP	46
clindamycin palmitate hydrochloride .	36	clobetasol propionate LOTN	65	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	46
clindamycin phosphate (topical)		clobetasol propionate OINT 0.05 %	65	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	46
FOAM	59	clobetasol propionate SHAM	65	CO MONITOR DEVI	136
clindamycin phosphate (topical) GEL		clobetasol propionate SOLN 0.05 % .	65	COAGADDEX	90
59		CLOBEX LOTN 0.05 % (Use clobetasol propionate)	65	COAGUCHEK LANCETS	105
clindamycin phosphate (topical)		CLOBEX SHAM (Use clobetasol propionate)	65	coal tar extract SHAM 0.5 %	71
LOTN	59	CLOBEX SPRAY LIQD (Use clobetasol propionate)	65	COARTEM	37
clindamycin phosphate (topical)		clocortolone pivalate	65	COBENFY CAPS	46
SOLN	59	CLODERM (Use clocortolone pivalate)	65	COBENFY STARTER PACK CPPK 46	
clindamycin phosphate (topical)		clomipramine hcl	23	codeine sulfate TABS 30 MG	9
SWAB	59	clonazepam TABS	18	CODEINE SULFATE TABS	9
clindamycin phosphate vaginal CREA		clonazepam TBDP	18	COLAZAL CAPS (Use balsalazide disodium)	87
.....	209	clonidine hcl (adhd) TB12	2	colchicine CAPS	89
clindamycin phosphate-benzoyl peroxide (refrigerate)	59	clonidine hcl TABS	34	colchicine TABS	89
clindamycin phosphate-benzoyl peroxide GEL	59	clonidine PTWK	34	colchicine w/ probenecid	89
clindamycin phosphate-tretinoin ..	59	clopidogrel bisulfate	91	colesevelam hcl PACK	32
CLINDESSE	209	clorazepate dipotassium TABS	13	colesevelam hcl TABS	32
clobazam SUSP	18	clotrimazole (topical) CREA	61	COLESTID GRAN (Use colestipol hcl)	32
clobazam TABS	18	clotrimazole (topical) SOLN	61	COLESTID TABS (Use colestipol hcl)	32
clobetasol propionate CREA 0.05 % .	65	clotrimazole vaginal CREA 1 % ..	209	colestipol hcl GRAN	32

colestipol hcl PACK	32	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	154	CONTOUR NEXT GEN MONITOR KIT	106
colestipol hcl TABS	32			CONTOUR NEXT LINK KIT	106
COLLAVERA GEL 2 %	68			CONTOUR NEXT MONITOR KIT 106	
COMBIGAN (Use brimonidine tartrate-timolol maleate)	195	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	154	CONTOUR NEXT ONE KIT	106
COMBIPATCH PTTW	85			CONTOUR NEXT TEST STRP	73
COMBIVENT RESPIMAT AERS ..	16	COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	47	CONTOUR PLUS BLUE KIT	106
COMETRIQ (100 MG DAILY DOSE) KIT	41			CONTOUR PLUS TEST STRP	73
COMETRIQ (140 MG DAILY DOSE) KIT	41	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	154	CONTOUR TEST STRP	73
COMETRIQ (60 MG DAILY DOSE) KIT	41			CONTROL SOLN	106
COMFORT ASSURED LANCETS 28G	105			CONZIP CP24 (Use tramadol hcl) ..	9
COMFORT ASSURED LANCETS 33G	105			COPA ISLAND BORDERED FOAM PADS	97
COMFORT EZ INSULIN SYRINGE 133		COMPLETE NATAL DHA	187	COPA PLUS HYDROPHILIC FOAM PADS	97
COMFORT TOUCH LANCETS 31G	105	COMPLETENATE CHEW	187	COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	202
COMFORT TOUCH PLUS LANCETS 30G	106	COMPLETIA DIABETIC MULTIVIT TABS	154	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	202
COMIRNATY SUSY	208	CONCEPT DHA	187	COPIKTRA	41
COMPACT SPACE CHAMBER DEVI	137	CONCEPT OB	187	COPPERTONE BABY PURE & SIMPLE LOTN	70
COMPACT SPACE CHAMBER/LG MASK DEVI	136	CONCERTA TBCR (Use methylphenidate hcl)	2	COPPERTONE COMPLETE SPF30 LOTN	70
COMPACT SPACE CHAMBER/MED MASK DEVI	136	CONEXXENCE SOSY SC 60 MG/ML	83	COPPERTONE GLOW PROTECT & TAN LOTN	70
COMPACT SPACE CHAMBER/SM MASK DEVI	137	CONJUPRI (Use levamlodipine maleate)	51	COPPERTONE GLOW SHIMMER SPF15 LOTN	70
COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30 MCG-3500 UNIT-5 MG-100 MG-20		CONTOUR CONTROL LIQD	106	COPPERTONE GLOW SHIMMER SPF30 LOTN	70
		CONTOUR MONITOR DEVI	106	COPPERTONE GLOW SHIMMER SPF50 LOTN	70
		CONTOUR NEXT CONTROL SOLN	106	COPPERTONE KIDS PURE &	
		CONTOUR NEXT EZ KIT	106		

SIMPLE LOTN	70	(intrarectal))	12	MG/ACT	190
COPPERTONE LIMITED EDITION LOTN	70	CORTISONE ACETATE TABS ...	56	cromolyn sodium (ophth)	198
COPPERTONE OIL FREE FACE SPF30 LOTN	70	COSENTYX (300 MG DOSE) SOSY .	63	cromolyn sodium NEBU	14
COPPERTONE OIL FREE FACE SPF50 LOTN	70	COSENTYX SENSOREADY (300 MG) SOAJ	63	CTEXLI TABS PO 250 MG	86
COPPERTONE PURE & SIMPLE FACE LOTN	70	COSENTYX SENSOREADY PEN SOAJ	63	CULTURELLE PROBIOTIC MEN DAILY CAPS	154
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	70	COSENTYX SOLN	63	CUPRIMINE CAPS (Use penicillamine)	142
COPPERTONE SPORT CLEAR LOTN	70	COSENTYX SOSY 150 MG/ML ...	63	CURITY ALL PURPOSE SPONGES PADS	97
COPPERTONE TANNING SPF 8 LOTN	70	COSENTYX SOSY 75 MG/0.5ML .	63	CURITY AMD ANTIMICROBIAL SPNGE PADS	97
COPPERTONE TANNING SPF15 LOTN	70	COSENTYX UNOREADY SOAJ ..	63	CURITY COVER SPONGE PADS .	97
COPPERTONE ULTRAGUARD SPF70+ LOTN	71	COSOPT (Use dorzolamide hcl- timolol maleate)	195	CURITY DRESSING SPONGES PADS	97
COPPERTONE WATERBABIES SPF50 LOTN	71	COSOPT PF (Use dorzolamide hcl- timolol maleate)	195	CURITY GAUZE PADS	97
CORAL CALCIUM PLUS CAPS ..	154	COTELLIC	41	CURITY GAUZE SPONGE PADS .	97
COREG (Use carvedilol)	50	COTEMPLA XR-ODT TBED	2	CURITY NON-ADHERENT STRIPS PADS	97
COREG CR (Use carvedilol phosphate)	50	COVRSITE COVER DRESSING PADS	97	CURITY SPONGES PADS	97
COREVIA TABS	154	COVRSITE PLUS COMPOSITE DRESS PADS	97	CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	89
CORGARD TABS 20 MG, 40 MG (Use nadolol)	51	COXANTO CAPS (Use oxaprozin) .	6	CUTAQUIG	199
CORIFACT	90	COZAAR (Use losartan potassium)	34	CUVITRU SOLN	199
CORLANOR SOLN	54	CREON CPEP	82	CUVRIOR	142
CORLANOR TABS (Use ivabradine hcl)	54	CRESTOR TABS 10 MG (Use rosuvastatin calcium)	33	CVS ADHESIVE PAD 4"X4" PADS	97
CORTEF TABS (Use hydrocortisone)	56	CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)	33	CVS ADHESIVE PAD 6"X6" PADS	98
CORTENEMA (Use hydrocortisone		CRESTOR TABS 5 MG (Use rosuvastatin calcium)	33	CVS ADHESIVE PADS 2.25"X3" PADS	98
		CREXONT CPCR	44	CVS ADULT 50+ EYE HEALTH CAPS	154
		cromolyn sodium (nasal) 5.2		CVS ADVANCED GLUCOSE TEST	

2.3 MG-100 MCG-10 MCG-35 MCG-72 MG-2 MG	156	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	156	microemulsion) CAPS	142
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	156	CVS TRUE METRIX GLUCOSE TEST STRP	74	cyclosporine modified (for microemulsion) SOLN	142
CVS SPECTRAVITE ULTRA MEN 50+ TABS	156	CVS VISION HEALTH CAPS	156	cyclosporine SOLN IV 50 MG/ML	143
CVS SPECTRAVITE ULTRA MENS TABS	156	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	157	CYLTEZO (2 PEN) AJKT	5
CVS SPECTRAVITE ULTRA WOMEN TABS	156	cyanocobalamin SOLN IJ 1000 MCG/ML	92	CYLTEZO (2 SYRINGE) PSKT	5
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	156	cyclobenzaprine hcl CP24	190	CYMBALTA CPEP 20 MG (Use duloxetine hcl)	23
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	156	cyclobenzaprine hcl TABS 7.5 MG 190		CYMBALTA CPEP 30 MG, 60 MG (Use duloxetine hcl)	23
CVS SPECTRAVITE WOMENS		cyclobenzaprine hcl TABS	190	cyproheptadine hcl SYRP	31
		CYCLOGYL (Use cyclopentolate hcl)	195	cyproheptadine hcl TABS	31
		CYCLOGYL 0.5 %	195	CYTOGAM SOLN	199
		CYCLOGYL 2 %	195	CYTOMEL TABS (Use liothyronine sodium)	205
		cyclopentolate hcl 1 %	195	CYTOTEC (Use misoprostol)	207
		cyclophosphamide CAPS	38	CYTRA K CRYSTALS PACK 1002 MG-3300 MG	89
		CYCLOPHOSPHAMIDE TABS 50 MG	38	dabigatran etexilate mesylate CAPS .	17
		CYCLOSET	25	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	157
		cyclosporine (ophth) EMUL	196	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	157
		cyclosporine CAPS	142	DAILY MULTIPLE VITAMINS TABS .	184
		cyclosporine modified (for		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-3000 UNIT-10 MG-1.5 MG-45	methylphenidate)2
MG-10 MCG-130 MG-40 MG-150	MG-30 UNIT 184	DAYVIGO 95
MCG-30 UNIT-100 MG-15 MG-2	dalfampridine202	DDAVP PF SOLN IJ (Use
MG-2.5 MG-10 MCG-10 MCG ... 157	DALIRESP (Use roflumilast) 15	desmopressin acetate) 85
DAILY MULTIVITAMIN CAPS 2 MG-	DANTRIUM CAPS 25 MG (Use	DDAVP SOLN IJ 4 MCG/ML (Use
30 MCG-30 UNIT-200 MCG-2000	dantrolene sodium) 190	desmopressin acetate) 85
UNIT-6 MCG-10 MG-1.7 MG-100	dantrolene sodium CAPS190	DDAVP TABS (Use desmopressin
MCG-20 MG-2 MG-30 MG-500	DANZITEN 41	acetate) 85
MCG-1 MG-1.5 MG-15 MG-40 MG-	dapagliflozin free base-metformin hcl	DECUBI-VITE CAPS 157
120 MG-2 MG-5000 UNIT-75 MCG-	TB24 PO 1000 MG-10 MG, 1000	deferasirox TABS 28
150 MCG-120 MCG-70 MCG 157	MG-5 MG 24	deflazacort SUSP56
DAILY VALUE MULTIVITAMIN TABS	dapagliflozin TABS PO 5 MG, 10 MG	deflazacort TABS 56
400 UNIT-60 MG-2 MG-300 MCG-3028	DEKAS PLUS CAPS 157
UNIT-400 MCG-1.5 MG-6 MCG-5000	dapagliflozin-saxagliptin24	DEKAS PLUS OCEAN CAPS157
UNIT-1.7 MG-20 MG-10 MG, 400	dapsone (topical)59	DELSTRIGO 47
UNIT-60 MG-2 MG-300 MCG-400	dapsone 36	DELZICOL CPDR (Use mesalamine)
MCG-1.5 MG-6 MCG-5000 UNIT-1.7	DAPTACEL 205	87
MG-20 MG-10 MG-30 UNIT 184	darifenacin hydrobromide207	DEMEROL SOLN IJ (Use meperidine
DAILY VITAMINS TABS 60 MG-2	darunavir TABS 600 MG47	hcl)9
MG-0.4 MG-1.5 MG-400 UNIT-6	darunavir TABS 800 MG47	DENAVIR (Use penciclovir)64
MCG-1.7 MG-20 MG-5000 UNIT .184	dasatinib41	DENGVAIXIA208
DAILY VITE MULTIVITAMIN/IRON	DAURISMO39	DEPAKOTE ER TB24 (Use
TABS 50 MG-2 MG-400 MCG-400	DAVIMET-FLUORIDE CHEW186	divalproex sodium)21
UNIT-6 MCG-1.7 MG-20 MG-5000	DAWNZERA SOAJ SC 80 MG/0.8ML	DEPAKOTE ER TB24 250 MG (Use
UNIT-15 MG-1.5 MG 14591	divalproex sodium)21
DAILY VITE TABS 400 UNIT-60 MG-	DAYAVITE TABS157	DEPAKOTE SPRINKLES CSDR
2 MG-30 UNIT-400 MCG-6 MCG-1.7	DAYBUE 193	(Use divalproex sodium)21
MG-20 MG-5000 UNIT-10 MG-1.5	DAYBUE STIX PO 5000 MG, 6000	DEPAKOTE TBEC (Use divalproex
MG, 60 MG-2 MG-400 UNIT-6 MCG-	MG, 8000 MG193	sodium) 21
1.7 MG-20 MG-5000 UNIT-10 MG-	DAYHIST ALLERGY 12 HOUR	DEPEN TITRATABS TABS (Use
1.5 MG-30 UNIT 184	RELIEF TABS31	penicillamine) 142
DAILY VITES TABS 60 MG-2 MG-	DAYPRO TABS (Use oxaprozin) ... 6	DEPLIN MA CAPS157
0.4 MG-1.5 MG-6 MCG-5000 UNIT-	DAYTRANA PTCH (Use	DEPLINPRO MOOD HEALTH CAPS
10 MG-1.7 MG-20 MG-400 UNIT-30 157	157
UNIT 184		
DAILY-VITE MULTIVITAMIN TABS		
60 MG-2 MG-400 MCG-20 MG-1.5		
MG-10 MCG-6 MCG-1.7 MG-1500		
MCG 184		
DAILY-VITE TABS 60 MG-2 MG-400		
MCG-400 UNIT-6 MCG-1.7 MG-20		

DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	56	MG, 75 MG, 100 MG, 150 MG	23	DETROL TABS (Use tolterodine tartrate)	208
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	56	desipramine hcl TABS 25 MG	23	dexamethasone ELIX	56
DEPO-SUBQ PROVERA 104 SUSY SC	56	DESLORATADINE SOLN PO 0.5 MG/ML	31	DEXAMETHASONE INTENSOL CONC	56
DERMACEA DRAIN SPONGES PADS	98	desloratadine TABS	31	dexamethasone sodium phosphate (ophth)	197
DERMACEA GAUZE SPONGE PADS	98	desloratadine TBDP	31	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	56
DERMACEA IV DRAIN SPONGES PADS	98	desmopressin acetate SOLN IJ	85	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	56
DERMACEA IV SPONGES PADS	98	desmopressin acetate spray	85	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	56
DERMACEA NON-WOVEN SPONGES PADS	98	desmopressin acetate spray refrigerated 0.01 %	85	dexamethasone SOLN	56
DERMACEA TYPE VII GAUZE PADS	98	desmopressin acetate TABS	85	dexamethasone TABS	56
DERMACEA X-RAY SPONGES PADS	98	desogestrel & ethinyl estradiol	54	DEXATRAN CAPS	157
DERMACINRX MULTITAM TABS	157	desogestrel-ethinyl estradiol (biphasic)	54	dexchlorpheniramine maleate SOLN	30
DERMACINRX RIBOTIN-E TABS	157	desogestrel-ethinyl estradiol (triphasic)	54	DEXCOM G6 RECEIVER	106
DERMACINRX ZINTREXYL-C TABS	157	desonide CREA	65	DEXCOM G6 SENSOR	106
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	65	desonide LOTN	65	DEXCOM G6 TRANSMITTER	106
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	65	desonide OINT	65	DEXCOM G7 15 DAY SENSOR	106
DERMAVITE TABS	157	desoximetasone CREA	65	DEXCOM G7 RECEIVER	107
DERMOTIC (Use fluocinolone acetonide (otic))	199	desoximetasone GEL	65	DEXCOM G7 SENSOR	107
DESCOVY	47	desoximetasone LIQD	65	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	1
desipramine hcl TABS 10 MG, 50		desoximetasone OINT	65	DEXILANT (Use dexlansoprazole)	206
		DESOXYN (Use methamphetamine hcl)	1	dexlansoprazole	206
		DESTRESS-IRON TABS	145	dexmethylphenidate hcl CP24	2
		DESVENLAFAXINE ER	23	dexmethylphenidate hcl TABS	2
		desvenlafaxine succinate	23	DEXTENZA INST	197
		DETROL LA CP24 (Use tolterodine tartrate)	207		
		DETROL TABS (Use tolterodine tartrate)	207		

dextran 70-hypromellose 0.3 %-0.1 %	194	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	157	diazoxide	25
dextroamphetamine sulfate CP24 ...	1			dibucaine	68
dextroamphetamine sulfate SOLN ..	1			DICLEGIS TBEC (Use doxylamine-pyridoxine)	30
dextroamphetamine sulfate TABS ..	1			diclofenac epolamine PTCH EX ...	62
dextromethorphan polistirex SUER 57		DIACOMIT CAPS	18	diclofenac potassium TABS 50 MG .	6
dextromethorphan-doxylamine-acetaminophen LIQD	57	DIACOMIT PACK	18	diclofenac sodium (actinic keratoses) EX	62
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	57	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	157	diclofenac sodium (ophth)	198
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	58	DIALYVITE SUPREME D TABS .	158	diclofenac sodium (topical) GEL EX 62	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	58	diaper rash products OINT	67	diclofenac sodium (topical) SOLN EX 1.5 %	62
dextromethorphan-guaifenesin TB12 600 MG-30 MG	58	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	18	diclofenac sodium (topical) SOLN EX 2 %	62
dextromethorphan-phenylephrine-acetaminophen CAPS	58	DIATROL TABS	158	diclofenac sodium TB24	6
dextrose (diabetic use) CHEW 4 GM .	25	DIATRUE CONTROL LEVEL 1 SOLN	107	diclofenac sodium TBEC	6
dextrose (diabetic use) GEL	25	DIATRUE CONTROL LEVEL 2 SOLN	107	diclofenac w/ misoprostol TBEC	6
DHIVY TABS	44	DIATRUE CONTROL LEVEL 3 SOLN	107	dicloxacillin sodium	201
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		DIATRUE PLUS BLOOD GLUCOSE DEVI	107	dicyclomine hcl CAPS	206
		DIATRUE PLUS TEST STRP	74	dicyclomine hcl SOLN PO	206
		diazepam (anticonvulsant) GEL ...	18	dicyclomine hcl TABS	206
		diazepam CONC	13	DIFFERIN CREA (Use adapalene) 59	
		diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	13	DIFFERIN GEL (Use adapalene) ..	60
		DIAZEPAM SOLN IJ 5 MG/ML	13	DIFFERIN GEL 0.1 % (Use adapalene)	59
		diazepam SOLN PO 5 MG/5ML ...	13	DIFFERIN LOTN	60
		diazepam TABS	13	DIFICID SUSR	97
				DIFICID TABS 200 MG (Use fidaxomicin)	97
				diflorasone diacetate CREA	65
				diflorasone diacetate OINT	65

DIFLUCAN SUSR (Use fluconazole) . 30	dimenhydrinate TABS29	divalproex sodium TBEC 21
DIFLUCAN TABS 100 MG (Use fluconazole)30	dimethicone (topical) CREA 1 % ..70	docosanol 64
DIFLUCAN TABS 200 MG (Use fluconazole)30	dimethyl fumarate CDPK 202	docusate calcium96
diflunisal TABS9	dimethyl fumarate CPDR202	docusate sodium CAPS 100 MG, 250 MG 96
difluprednate197	DIOVAN HCT (Use valsartan- hydrochlorothiazide) 35	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML96
digoxin SOLN PO 0.05 MG/ML52	DIOVAN TABS (Use valsartan)34	DOCUSATE SODIUM SYRP96
digoxin TABS 125 MCG, 250 MCG 52	DIPENTUM87	docusate sodium TABS96
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dihydroergotamine mesylate SOLN NA 4 MG/ML139	diphenhydramine hcl (sleep) LIQD 94	DOLOBID TABS9
DILANTIN (Use phenytoin sodium extended) 21	diphenhydramine hcl (sleep) TABS 25 MG94	donepezil hydrochloride TABS ...201
DILANTIN21	diphenhydramine hcl (sleep) TABS 50 MG94	donepezil hydrochloride TBDP ...201
DILANTIN INFATABS CHEW (Use phenytoin)21	diphenhydramine hcl CAPS31	DORAL (Use quazepam) 94
DILANTIN SUSP (Use phenytoin) .21	diphenhydramine hcl ELIX 12.5 MG/5ML31	dorzolamide hcl 198
DILANTIN-125 SUSP (Use phenytoin)21	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML31	dorzolamide hcl-timolol maleate .195
DILAUDID TABS (Use hydromorphone hcl)9	diphenoxylate w/ atropine LIQD ...28	DOVATO 47
diltiazem hcl coated beads CP24 ..51	diphenoxylate w/ atropine TABS ...28	doxazosin mesylate 34
diltiazem hcl CP1251	DIPROLENE OINT (Use betamethasone dipropionate augmented) 65	doxepin hcl (antipruritic)62
diltiazem hcl CP2451	dipyridamole91	doxepin hcl (sleep)94
diltiazem hcl extended release beads51	DISKETS TBSO 40 MG (Use methadone hcl)9	doxepin hcl CAPS23
diltiazem hcl TABS51	disopyramide phosphate CAPS ...13	doxepin hcl CONC23
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG51	disulfiram 250 MG201	doxycycline (monohydrate) CAPS 50 MG, 100 MG205
diltiazem hcl TB2451	divalproex sodium CSDR21	doxycycline (monohydrate) TABS 50 MG, 100 MG205
	divalproex sodium TB2421	doxycycline hyclate CAPS205
		doxycycline hyclate TABS 100 MG 205
		doxylamine succinate (sleep)94
		doxylamine-pyridoxine TBEC30
		DRISDOL CAPS (Use ergocalciferol)

211	DUAKLIR PRESSAIR	16	EASIVENT MASK SMALL MISC .	137	
DRIZALMA SPRINKLE CSDR	23	DUETACT (Use pioglitazone hcl- glimepiride)	24	EASIVENT MISC	137
dronabinol CAPS	30	DUEXIS (Use ibuprofen-famotidine) . 6	EASY COMFORT INSULIN SYRINGE	133	
droperidol SOLN 2.5 MG/ML	13	DULCOLAX TBEC (Use bisacodyl) 96	EASY COMFORT LANCETS	108	
DROPLET GENTEEL LANCING DEVICE MISC	107	DULERA	16	EASY COMFORT LANCETS TWIST TOP	108
DROPLET INSULIN SYRINGE ..	133	duloxetine hcl CPEP	23	EASY FLOW BLACK/BLUE DEVI 137	
DROPLET LANCETS ULTRA THIN 30G	107	DUOPA SUSP	44	EASY FLOW BLACK/ORANGE DEVI	137
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DROPLET PERSONAL LANCETS 30G	107	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	67	EASY FLOW BLACK/WHITE DEVI 137	
DROPSAFE ACTI-LANCE 23G .	107	DUREX EXTRA SENSITIVE THIN DEVI	99	EASY FLOW BLACK/YELLOW DEVI	137
DROPSAFE MEDLANCE LANCET 30G	107	DUREX EXTRA SENSITIVE THIN MISC	99	EASY FLOW WHITE/BLUE DEVI 137	
DROPSAFE SAFETY SYRINGE/NEEDLE	133	DUREX TROPICAL MISC	99	EASY FLOW WHITE/GREEN DEVI 137	
drospirenone-ethinyl estradiol	54	DUREZOL (Use difluprednate) ..	197	EASY FLOW WHITE/PINK DEVI .	137
drospirenone-ethinyl estradiol- levomefolate calcium	54	DURYSTA IMPL	198	EASY FLOW WHITE/WHITE DEVI 137	
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DRUG MART ON-THE-GO LANCET 30G	107	dutasteride-tamsulosin hcl	89	EASY FLOW WHITE/YELLOW DEVI 137	
DRUG MART UNILET LANCETS 28G	107	DUVYZAT	191	EASY MINI EJECT LANCING DEVICE MISC	108
DRUG MART UNILET LANCETS 30G	107	DYANAVEL XR SUER	1	EASY PLUS II CONTROL SOLN .	108
DRUG MART UNILET LANCETS 33G	107	DYANAVEL XR TBCR	1	EASY PLUS II GLUCOSE SYSTEM DEVI	108
DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	158	DYMISTA SUSP (Use azelastine hcl- fluticasone propionate)	190	EASY PLUS II GLUCOSE TEST STRP	74
DRYMAX EXTRA PADS	98	DYSPORT	193	EASY STEP CONTROL SOLN ...	108
		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	97	EASY STEP GLUCOSE MONITOR DEVI	108
		EASIVENT MASK LARGE MISC .	137		
		EASIVENT MASK MEDIUM MISC 137			

EASY STEP TEST STRP	74	EASY TOUCH LANCETS 32G/TWIST	109	EASYMAX NG BLOOD GLUCOSE KIT	110
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	108	EASY TOUCH LANCETS 33G/TWIST	109	EASYMAX TEST STRP	75
EASY TALK BLOOD GLUCOSE TEST STRP	74	EASY TOUCH LANCING DEVICE MISC	109	EASYMAX V BLOOD GLUCOSE DEVI	110
EASY TALK CONTROL SOLN ...	108	EASY TOUCH SAFETY LANCETS 21G	109	EBGLYSS SOAJ	67
EASY TALK PLUS II CONTROL SOLN	108	EASY TOUCH SAFETY LANCETS 23G	109	EBGLYSS SOSY	67
EASY TALK PLUS II TEST STRIPS STRP	74	EASY TOUCH SAFETY LANCETS 26G	109	EC-NAPROSYN TBEC (Use naproxen)	6
EASY TOUCH CONTROL HIGH & LOW SOLN	108	EASY TOUCH SAFETY LANCETS 28G	109	econazole nitrate CREA	61
EASY TOUCH FLIPLOCK INSULIN SY	133	EASY TOUCH SHEATHLOCK SYRINGE	133	EDARBI	34
EASY TOUCH GLUCOSE SYSTEM KIT	108	EASY TOUCH TEST STRP	74	EDARBYCLOR	35
EASY TOUCH HEALTHPRO GLUCOSE KIT	108	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	109	EDLUAR SUBL	94
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	108	EASY TOUCH TEST STRP	74	EDURANT 25 MG (Use rilpivirine hcl)	47
EASY TOUCH INSULIN SAFETY SYR	133	EASY TRAK BLOOD GLUCOSE TEST STRP	74	EDURANT PED PO 2.5 MG	47
EASY TOUCH INSULIN SYRINGE 133		EASY TRAK CONTROL SOLN ..	109	efavirenz CAPS 200 MG	47
EASY TOUCH LANCETS 21G ..	108	EASY TRAK II BLOOD GLUCOSE SYS DEVI	109	efavirenz CAPS 50 MG	47
EASY TOUCH LANCETS 23G ..	108	EASY TRAK II CONTROL LIQD .	109	efavirenz TABS	48
EASY TOUCH LANCETS 26G ..	108	EASY TRAK II GLUCOSE TEST STRP	74	efavirenz-emtricitabine-tenofovir disoproxil fumarate	47
EASY TOUCH LANCETS 28G ..	108	EASYGLUCO KIT	110	efavirenz-emtricitabine-tenofovir disoproxil fumarate	47
EASY TOUCH LANCETS 28G/TWIST	109	EASYGLUCO STRP	74	EFFER-K TBEF 25 MEQ	142
EASY TOUCH LANCETS 30G ..	109	EASYMAX 15 LEVEL 2 CONTROL SOLN	110	EFFEXOR XR CP24 (Use venlafaxine hcl)	23
EASY TOUCH LANCETS 30G/TWIST	109	EASYMAX 15 TEST STRP	74	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	23
EASY TOUCH LANCETS 32G ..	109	EASYMAX CONTROL SOLN	110	EFFIENT (Use prasugrel hcl)	91
EASYMAX NG BLOOD GLUCOSE DEVI	110	EASYMAX NG BLOOD GLUCOSE DEVI	110	EFUDEX CREA (Use fluorouracil (topical))	62
				EKTERLY TABS PO 300 MG	91
				ELEMENT COMPACT CONTROL 2	

SOLN	110	ELEVIDYS 26.5-27.4 KG	191	ELEVIDYS 56.5-57.4 KG	192
ELEMENT COMPACT CONTROL 3 SOLN	110	ELEVIDYS 27.5-28.4 KG	191	ELEVIDYS 57.5-58.4 KG	192
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	110	ELEVIDYS 28.5-29.4 KG	191	ELEVIDYS 58.5-59.4 KG	192
ELEMENT COMPACT TEST STRP 75		ELEVIDYS 29.5-30.4 KG	191	ELEVIDYS 59.5-60.4 KG	192
ELEMENT COMPACT V GLUCOSE SYS DEVI	110	ELEVIDYS 30.5-31.4 KG	192	ELEVIDYS 60.5-61.4 KG	192
ELEMENT CONTROL LIQD	110	ELEVIDYS 31.5-32.4 KG	192	ELEVIDYS 61.5-62.4 KG	192
ELEMENT PLUS DEVI	110	ELEVIDYS 32.5-33.4 KG	192	ELEVIDYS 62.5-63.4 KG	193
ELEMENT TEST STRP	75	ELEVIDYS 33.5-34.4 KG	192	ELEVIDYS 63.5-64.4 KG	193
ELEPSIA XR TB24	18	ELEVIDYS 34.5-35.4 KG	192	ELEVIDYS 64.5-65.4 KG	193
eletriptan hydrobromide	139	ELEVIDYS 35.5-36.4 KG	192	ELEVIDYS 65.5-66.4 KG	193
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ELEVIDYS 13.5-14.4 KG	191	ELEVIDYS 40.5-41.4 KG	192	ELFABRIO	85
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ELEVIDYS 15.5-16.4 KG	191	ELEVIDYS 42.5-43.4 KG	192	ELIDEL (Use pimecrolimus)	67
ELEVIDYS 16.5-17.4 KG	191	ELEVIDYS 43.5-44.4 KG	192	ELIGARD KIT SC 22.5 MG	39
ELEVIDYS 17.5-18.4 KG	191	ELEVIDYS 44.5-45.4 KG	192	ELIGARD KIT SC 7.5 MG	39
ELEVIDYS 18.5-19.4 KG	191	ELEVIDYS 45.5-46.4 KG	192	ELIGARD SC 30 MG	39
ELEVIDYS 19.5-20.4 KG	191	ELEVIDYS 46.5-47.4 KG	192	ELIGARD SC 45 MG	39
ELEVIDYS 20.5-21.4 KG	191	ELEVIDYS 47.5-48.4 KG	192	ELIMITE CREA (Use permethrin) .	71
ELEVIDYS 21.5-22.4 KG	191	ELEVIDYS 48.5-49.4 KG	192	ELIQUIS (1.5 MG PACK) TBSO PO .	17
ELEVIDYS 22.5-23.4 KG	191	ELEVIDYS 49.5-50.4 KG	192	ELIQUIS (2 MG PACK) TBSO PO .	17
ELEVIDYS 23.5-24.4 KG	191	ELEVIDYS 50.5-51.4 KG	192	ELIQUIS CPSP PO 0.15 MG	17
ELEVIDYS 24.5-25.4 KG	191	ELEVIDYS 51.5-52.4 KG	192	ELIQUIS DVT/PE STARTER PACK TBPK	17
ELEVIDYS 25.5-26.4 KG	191	ELEVIDYS 52.5-53.4 KG	192	ELIQUIS TABS	17
		ELEVIDYS 53.5-54.4 KG	192	ELIQUIS TBSO PO 0.5 MG	17
		ELEVIDYS 54.5-55.4 KG	192	ELLA	55
		ELEVIDYS 55.5-56.4 KG	192		

ELOCTATE	90	EMBRACE PRESSURE ACTIVATED 21G	111	EMGALITY SOAJ	139
ELYXYB	139	EMBRACE PRESSURE ACTIVATED 28G	111	EMGALITY SOSY	139
EMBECTA AUTOSHIELD DUO ..	133	EMBRACE PRO GLUCOSE CONTROL LIQD	111	emollient OINT	67
EMBECTA INS SYR U/F 1/2 UNIT 133		EMBRACE PRO GLUCOSE METER DEVI	111	EMSAM	22
EMBECTA INSULIN SYR ULTRAFINE	133	EMBRACE PRO GLUCOSE TEST STRP	75	emtricitabine CAPS	48
EMBECTA INSULIN SYRINGE ..	134	EMBRACE TALK BLOOD GLUCOSE DEVI	111	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	48
EMBECTA INSULIN SYRINGE U- 100	134	EMBRACE TALK GLUCOSE CONTROL SOLN	111	emtricitabine-tenofovir disoproxil fumarate	48
EMBECTA PEN NEEDLE NANO 134		EMBRACE TALK GLUCOSE TEST STRP	75	EMTRIVA CAPS (Use emtricitabine) . 48	
EMBECTA PEN NEEDLE NANO 2 GEN	134	EMBRACE TALK MONITORING SYSTEM KIT	111	EMTRIVA SOLN	48
EMBECTA PEN NEEDLE ULTRAFINE	134	EMBRACE WAVE GLUCOSE CONTROL LIQD	111	enalapril maleate & hydrochlorothiazide	35
EMBRACE BLOOD GLUCOSE MONITOR DEVI	110	EMBRACE WAVE GLUCOSE METER DEVI	111	enalapril maleate SOLN	34
EMBRACE BLOOD GLUCOSE TEST STRP	75	EMCYT	39	enalapril maleate TABS	34
EMBRACE CONTROL SOLN	110	EMEND BIPACK CAPS 80 MG (Use aprepitant)	30	ENBRACE HR	188
EMBRACE EVO BLOOD GLUCOSE TEST STRP	75	EMEND SOLR (Use fosaprepitant dimeglumine)	30	ENBREL MINI SOCT	8
EMBRACE EVO CONTROL LEVEL 1 LIQD	110	EMEND SUSR	30	ENBREL SOLN	8
EMBRACE EVO GLUCOSE MONITOR DEVI	110	EMEND TRIPACK CPPK PO (Use aprepitant)	30	ENBREL SOSY	8
EMBRACE EVO GLUCOSE MONITORING KIT	110	EMFLAZA SUSP (Use deflazacort) 56		ENBREL SURECLICK SOAJ	8
EMBRACE GLUCOSE CONTROL LIQD	110	EMFLAZA TABS (Use deflazacort) 56		ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	187
EMBRACE LANCETS ULTRA THIN 30G	110	EMGALITY (300 MG DOSE) SOSY 139		ENGERIX-B SUSP 20 MCG/ML .	208
EMBRACE LANCING DEVICE/EJECTOR MISC	110			ENGERIX-B SUSY	208
				ENOBYSOSY SC 60 MG/ML	83
				enoxaparin sodium SOLN IJ 300 MG/3ML	17
				enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	17
				enoxaparin sodium SOSY 30 MG/0.3ML	17
				enoxaparin sodium SOSY 40	

MG/0.4ML	17	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	210	EQ ONE DAILY MENS HEALTH TABS	158
enoxaparin sodium SOSY 60 MG/0.6ML	17	EPIVIR SOLN (Use lamivudine) ...	48	EQ ONE DAILY WOMENS 50+ TABS	158
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	17	EPIVIR TABS 150 MG (Use lamivudine)	48	EQ ONE DAILY WOMENS HEALTH TABS	158
ENSACOVE CAPS PO 25 MG, 100 MG	41	EPIVIR TABS 300 MG (Use lamivudine)	48	EQ SPACE CHAMBER ANTI-STATIC DEVI	137
ENSPRYNG	143	EPOGEN 10000 UNIT/ML	92	EQ SPACE CHAMBER ANTI-STATIC L DEVI	137
ENSTILAR FOAM	65	EPOGEN 2000 UNIT/ML	92	EQ SPACE CHAMBER ANTI-STATIC M DEVI	137
entacapone	43	EPOGEN 20000 UNIT/ML	92	EQ SPACE CHAMBER ANTI-STATIC S DEVI	137
entecavir TABS	50	EPOGEN 3000 UNIT/ML	92	EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG ...	158
ENTRESTO CPSP	52	EPOGEN 4000 UNIT/ML	92	EQL CENTURY MATURE ADULTS 50+ TABS	158
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan)	52	EPRONTIA SOLN 25 MG/ML (Use topiramate)	18	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	158
ENTYVIO PEN SOAJ	87	EPSOLAY CREA	60	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-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG	158
ENTYVIO SOLR	87	EQ BLOOD GLUCOSE TEST STRP . 75		EQL CENTURY MATURE WOMEN	
EOHILIA SUSP	56	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	158		
EPANED SOLN (Use enalapril maleate)	34	EQ COMPLETE MULTIVITAMIN-ADULT TABS	158		
EPCLUSA PACK	50	EQ GAUZE PADS	98		
EPCLUSA TABS	50	EQ ONE DAILY MENS 50+ TABS			
EPIDIOLEX	18				
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	60				
EPIDUO GEL (Use adapalene-benzoyl peroxide)	60				
EPIFOAM FOAM	65				
epinastine hcl (ophth)	198				
epinephrine (anaphylaxis) SOAJ .	210				
epinephrine hcl (nasal)	191				
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	210				

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	158	EQL CENTURY MENS TABS	158	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	159	EQL CENTURY WOMENS TABS	159	EQL GAUZE PADS	98	EQL GAUZE STERILE PADS	98	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	159	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	159	EQL ONE DAILY MENS TABS	159	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	159	EQL PRENATAL FORMULA TABS	188	EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	159	EQUETRO	44	ergocalciferol CAPS	211	ergocalciferol SOLN PO 200 MCG/ML	211	ergoloid mesylates TABS	204	ERIVEDGE	39	ERLEADA	39	erlotinib hcl	38	ERVEBO	209	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	97	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	97	erythromycin (acne aid) GEL	60	erythromycin (acne aid) PADS	60	erythromycin (acne aid) SOLN	60	erythromycin (ophth)	196	erythromycin base CPEP	97	erythromycin base TABS	97	erythromycin base TBEC	97	erythromycin ethylsuccinate SUSR	97	erythromycin ethylsuccinate TABS	97	erythromycin stearate TABS 250 MG	97	ERZOFRI	45	ESBRIET CAPS (Use pirfenidone)	205	ESBRIET TABS (Use pirfenidone)	205	ESCITALOPRAM OXALATE CAPS PO 15 MG	22	escitalopram oxalate SOLN	22	escitalopram oxalate TABS	22	ESGIC TABS (Use butalbital-acetaminophen-caffeine)	8	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	18	esomeprazole magnesium CPDR	206	esomeprazole magnesium PACK	206	ESPEROCT	90	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	159	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	159	estazolam	94	ESTRACE CREA (Use estradiol vaginal)	210	ESTRACE TABS (Use estradiol)	86
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estradiol & norethindrone acetate TABS	85	sulfate)	1	EXCILON IV SPONGES PADS ...	98
estradiol PTTW	86	EVERITY	83	EXDENSUR SOSY SC 100 MG/ML 14	
estradiol PTWK	86	everolimus (immunosuppressant) 143		EXELON (Use rivastigmine)	201
estradiol TABS	86	everolimus TABS	41	exemestane	39
estradiol vaginal CREA	210	everolimus TBSO	41	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	25
estradiol vaginal TABS	210	EVERSENSE 365 SENSOR/HOLDER	111	EXFORGE (Use amlodipine besylate-valsartan)	35
ESTROFACTORS TABS	184	EVERSENSE 365 SMART TRANSMIT	111	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	35
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	86	EVERSENSE E3 SENSOR/HOLDER	111	EXONDYS 51	193
ESTROVEN MENOPAUSE SUPPLEMENT TABS	159	EVERSENSE E3 SMART TRANSMITTER	111	EXTENDED INFUSION SET 23"/6MM MISC	111
eszopiclone	94	EVERVITA TABS	159	EXTENDED INFUSION SET 23"/9MM MISC	111
ethambutol hcl TABS	37	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	205	EXTENDED INFUSION SET 32"/6MM MISC	111
ethosuximide CAPS	21	EVISTA (Use raloxifene hcl)	84	EXTENDED INFUSION SET 32"/9MM MISC	111
ethosuximide SOLN	21	EVKEEZA 1200 MG/8ML	32	EXTENDED INFUSION SET 43"/6MM MISC	111
ethynodiol diacet & eth estrad	54	EVKEEZA 345 MG/2.3ML	32	EXTENDED INFUSION SET 43"/9MM MISC	111
etodolac CAPS	6	EVOLUTION AUTOCODE DEVI ..	111	EXTENDED RESERVOIR 3ML MISC	111
etodolac TABS	6	EVOLUTION AUTOCODE STRP ..	75	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	23
etodolac TB24	6	EVOLUTION CONTROL SOLN ..	111	EXXUA TITRATION PACK TB24 PO 18.2 MG	23
etonogestrel-ethinyl estradiol	55	EVOTAZ	48	EYE HEALTH + LUTEIN TABS ..	159
etoposide CAPS	43	EVRYSDI	193	EYE HEALTH AREDS 2 CAPS ..	159
etravirine 100 MG	48	EVRYSDI PO 5 MG	193	EYE HEALTH CAPS	159
etravirine 200 MG	48	EXCILON AMD DRAIN SPONGES PADS	98	EYE MULTIVITAMIN/SODIUM TABS	159
EUCERIN INTENSIVE REPAIR OINT	67	EXCILON AMD NON-WOVEN SPONGES PADS	98		
EUCERIN REDNESS RELIEF DAY LOTN	71	EXCILON DRAIN SPONGES PADS .	98		
EUCRISA	70				
EULEXIN	39				
EVEKEO TABS (Use amphetamine					

EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	159	felbamate SUSP	20	ferrous sulfate dried TBCR	93
EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG	159	felbamate TABS	20	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	93
EYSUVIS SUSP	197	FELBATOL SUSP (Use felbamate)	20	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	93
ezetimibe	33	FELBATOL TABS (Use felbamate)	20	ferrous sulfate TABS	94
ezetimibe-simvastatin	32	felodipine	52	ferrous sulfate TBEC	94
famciclovir	50	FEMARA (Use letrozole)	39	fesoterodine fumarate	208
famotidine SOLN 20 MG/2ML	206	FEMCAP DEVI	99	FETZIMA CP24	23
FAMOTIDINE SOLN	206	FEMLYV TBDP	55	FETZIMA TITRATION C4PK	23
famotidine SUSR	206	fenofibrate CAPS	32	FEVERALL INFANTS SUPP	8
famotidine TABS 10 MG, 20 MG .	206	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	32	FEVERALL JUNIOR STRENGTH SUPP	8
famotidine TABS	206	fenofibrate TABS 40 MG, 120 MG .	32	fexofenadine hcl SUSP	31
famotidine-calcium carbonate-magnesium hydroxide	207	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	32	fexofenadine hcl TABS 60 MG, 180 MG	31
FANAPT	45	fenofibric acid	32	fexofenadine-pseudoephedrine TB12	58
FANAPT TITRATION PACK A	45	FENOGLIDE TABS (Use fenofibrate)	32	fexofenadine-pseudoephedrine TB24	58
FANAPT TITRATION PACK B	45	FENSOLVI (6 MONTH) SC	84	FIASP FLEXTOUCH SOPN	26
FANAPT TITRATION PACK C	45	fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG	9	FIASP PENFILL SOCT	26
FANTASY LUBRICATED MISC ...	99	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	9	FIASP PUMPCART SOCT	26
FANTASY LUBRICATED/SPERMICIDE MISC	99	FERRETTS TABS	93	FIASP SOLN	26
FARESTON (Use toremifene citrate)	39	ferric citrate	88	FIBRICOR 105 MG (Use fenofibric acid)	32
FARXIGA TABS PO (Use dapagliflozin)	28	ferrous fumarate TABS	93	FIBRICOR 35 MG (Use fenofibric acid)	32
FASENRA PEN SOAJ	14	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	93	FIBRYGA	90
FASENRA SOSY	14	ferrous gluconate TABS 324 MG ..	93	fidaxomicin TABS 200 MG	97
FC2 FEMALE CONDOM	99	ferrous gluconate TABS	93	FIFTY50 SUPERIOR COMFORT SYR	134
febuxostat	89	FILSPARI	89		
FEIBA	90				

FILSUEVZ	71	FLORAVITA MINI TABS	145	fluorometholone (ophth) SUSP ...	197
finasteride	89	FLORRAVITE TABS	160	fluorouracil (topical) CREA 0.5 % ..	62
FINAZOL TABS	159	FLORRAXYL TABS	160	fluorouracil (topical) CREA 5 % ...	62
FINGERSTIX LANCETS	111	FLOTREX CHEW 0.5 MG	186	fluorouracil (topical) SOLN	62
fingolimod hcl	202	FLOVENT HFA 44 MCG/ACT (Use		fluoxetine hcl (pmdd) TABS	204
FINTEPLA	18	fluticasone propionate hfa)	15	fluoxetine hcl CAPS	22
FIORICET/CODEINE 30 MG-40 MG-		FLUAD	209	fluoxetine hcl CPDR	22
50 MG-300 MG (Use butalbital-		FLUARIX SUSY	209	fluoxetine hcl SOLN	22
acetaminophen-caffeine w/ codeine) .		FLUBLOK SOSY	209	FLUOXETINE HCL TABS (Use	
10		FLUCELVAX SUSP	209	fluoxetine hcl)	22
FIRAZYR SOSY (Use icatibant		FLUCELVAX SUSY	209	fluoxetine hcl TABS	22
acetate)	90	fluconazole SUSR	30	fluphenazine decanoate	46
FIRVANQ SOLR PO (Use		fluconazole TABS 100 MG	30	fluphenazine hcl CONC	46
vancomycin hcl)	36	fluconazole TABS 150 MG	30	fluphenazine hcl ELIX	46
FITNESS TABS FOR MEN AM/PM		fluconazole TABS 200 MG	30	fluphenazine hcl SOLN	46
TABS	160	fluconazole TABS 50 MG	30	fluphenazine hcl TABS	46
FITNESS TABS FOR WOMEN		fludrocortisone acetate TABS	57	flurandrenolide LOTN	66
AM/PM TABS	160	FLULAVAL SUSY	209	flurazepam hcl	94
FLAREX	197	FLUMIST	209	flurbiprofen sodium	198
flavoxate hcl	208	flunisolide (nasal)	190	flurbiprofen TABS 100 MG	6
flecainide acetate	14	fluocinolone acetonide (otic)	199	flurbiprofen TABS 50 MG	6
FLECTOR PTCH EX (Use diclofenac		fluocinolone acetonide CREA	65	fluticasone furoate (inhalation) 50	
epolamine)	62	fluocinolone acetonide OIL	65	MCG/ACT, 100 MCG/ACT, 200	
FLEET ENEMA PR (Use sodium		fluocinolone acetonide OINT	65	MCG/ACT	15
phosphate monobasic-sodium		fluocinolone acetonide SOLN	65	fluticasone furoate-vilanterol	16
phosphate dibasic)	95	fluocinonide CREA	65	fluticasone propionate (inhalation)	
FLEQSUVY SUSP (Use baclofen)		fluocinonide emulsified base	65	AEPB	15
190		fluocinonide GEL	65	fluticasone propionate (nasal) SUSP .	
FLEXICHAMBER DEVI	137	fluocinonide OINT	65	190	
FLORAFOL FE PEDIATRIC SOLN		fluocinonide SOLN	66	fluticasone propionate CREA 0.05 %	
186				66	
FLORAFOL PEDIATRIC CHEW .	186			fluticasone propionate hfa 110	
FLORAFOL PEDIATRIC SUSP 0.25					
MG/ML	186				

MCG/ACT, 220 MCG/ACT	15	FOLAREX TABS	160	112
fluticasone propionate hfa 44 MCG/ACT	15	FOLASYNC DHA CAPS	160	FORA D20 BLOOD GLUCOSE TEST STRP
fluticasone propionate LOTN	66	FOLATEN TABS	160	76
fluticasone propionate OINT	66	FOLAWISE TABS	184	FORA D40/G31 BLOOD GLUCOSE STRP
fluticasone-salmeterol AEPB	16	FOLCYTEINE TABS	184	76
fluticasone-salmeterol AERO	16	folic acid TABS 1 MG	92	FORA G20 BLOOD GLUCOSE SYSTEM KIT
fluvastatin sodium CAPS	33	folic acid TABS 400 MCG, 800 MCG . 92		112
fluvastatin sodium TB24	33	FOLIFLEX TABS	160	FORA G20 BLOOD GLUCOSE TEST STRP
fluvoxamine maleate CP24	22	FOLITIN-Z TABS	160	76
fluvoxamine maleate TABS	22	FOLIVANE-OB	188	FORA G30/PREM V10 GLUCOSE TEST STRP
FLUZONE HIGH-DOSE SUSY ...	209	FOLIXIA TABS	160	76
FLUZONE SUSP	209	FOLYRA TABS	160	FORA G30A BLOOD GLUCOSE SYSTEM DEVI
FLUZONE SUSY	209	fondaparinux sodium	17	112
FML FORTE SUSP	197	FONDCIRCLE BLOOD GLUCOSE MONIT KIT	112	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	197	FONDCIRCLE BLOOD GLUCOSE TEST STRP	75	112
FOCALIN TABS (Use dexmethylphenidate hcl)	3	FONDCIRCLE CONTROL SOLUTION LIQD	112	FORA GD50 BLOOD GLUCOSE TEST STRP
FOCALIN TABS 10 MG (Use dexmethylphenidate hcl)	3	FONDCIRCLE LANCING DEVICE MISC	112	76
FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl)	2	FONDCIRCLE SINGLE USE LANCETS	112	76
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT STRP	75	FORA GTEL BLOOD GLUCOSE TEST STRP
FOCALIN XR CP24 40 MG (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT/GTEL TEST STRP	75	76
FOCINVEZ SOLN	30	FORA BLOOD GLUCOSE TEST STRP	75	FORA GTEL BLOOD KETONE TEST
FOLAGENT DHA CAPS	160	FORA CONTROL SOLN	112	76
FOLAMAX TABS	160	FORA D15G BLOOD GLUCOSE TEST STRP	75	FORA LANCETS
FOLAMED DHA CAPS	160	FORA D20 2-IN-1 MONITOR DEVI		112
FOLAPRIME TABS	160			FORA LANCING DEVICE MISC .
				112
				FORA PREMIUM V10 BLE SYSTEM DEVI
				112
				FORA TEST N' GO MONITOR DEVI 112
				FORA TEST N'GO ADV-VOICE-6 CON
				76
				FORA TN'G ADVANCE PRO STRP 76
				FORA TN'G VOICE KIT
				112

FORA TN'G/TN'G VOICE STRP ...76	FORFIVO XL TB24 (Use bupropion hcl) 22	77
FORA V10 BLOOD GLUCOSE SYSTEM DEVI112	FORMALDEHYDE SOLN47	FREESTYLE LANCETS 113
FORA V10 BLOOD GLUCOSE TEST STRP76	formoterol fumarate NEBU16	FREESTYLE LIBRE 14 DAY READER 113
FORA V10/V12/D10/D20 TEST KIT 112	FORTEO SOPN (Use teriparatide) 83	FREESTYLE LIBRE 14 DAY SENSOR113
FORA V12 BLOOD GLUCOSE SYSTEM DEVI112	FORTESTA GEL TD (Use testosterone) 11	FREESTYLE LIBRE 2 PLUS SENSOR113
FORA V12 BLOOD GLUCOSE TEST STRP76	FOSAMAX PLUS D 83	FREESTYLE LIBRE 2 READER .113
FORA V20 BLOOD GLUCOSE SYSTEM DEVI112	FOSAMAX TABS 70 MG (Use alendronate sodium) 83	FREESTYLE LIBRE 2 SENSOR 113
FORA V20 BLOOD GLUCOSE TEST STRP76	fosamprenavir calcium TABS48	FREESTYLE LIBRE 3 PLUS SENSOR113
FORA V30A BLOOD GLUCOSE SYSTEM DEVI113	fosaprepitant dimeglumine SOLR . 30	FREESTYLE LIBRE 3 READER .113
FORA V30A BLOOD GLUCOSE SYSTEM KIT 113	fosinopril sodium & hydrochlorothiazide35	FREESTYLE LIBRE 3 SENSOR 113
FORA V30A BLOOD GLUCOSE TEST STRP77	fosinopril sodium 34	FREESTYLE LITE DEVI113
FORACARE GD40 MONITOR DEVI . 113	fosphenytoin sodium 100 MG PE/2ML21	FREESTYLE LITE KIT 113
FORACARE GD40 TEST STRP ...77	fosphenytoin sodium 500 MG PE/10ML 21	FREESTYLE LITE TEST STRP ... 77
FORACARE GDH CONTROL SOLN . 113	FOSRENOL CHEW (Use lanthanum carbonate)88	FREESTYLE PRECISION NEO SYSTEM KIT 113
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	griseofulvin ultramicrosize30	
	GRISEOFULVIN ULTRAMICROSIZED 165 MG30	
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MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG 162	HEALTHWISE INSULIN SYR/NEEDLE134	HEPLISAV-B SOSY209
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HUMALOG MIX 75/25 SUSP	26	HYDREA (Use hydroxyurea)	43	HYDROCORTISONE COMPLETE KIT THPK	66
HUMALOG SOCT	26	hydrochlorothiazide CAPS	83	HYDROCORTISONE GEL 2 %	66
HUMALOG SOLN IJ	27	hydrochlorothiazide TABS	83	hydrocortisone TABS	57
HUMALOG TEMPO PEN SOPN ..	26	hydrocodone bitartrate CP12	9	hydrocortisone vaginal	210
HUMATE-P SOLR	90	hydrocodone bitartrate T24A	9	hydrocortisone valerate CREA	66
HUMATROPE CART IJ	84	hydrocodone bitartrate-homatropine methylbromide SOLN	57	hydrocortisone valerate OINT	66
HUMIRA (2 PEN) AJKT	5	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	10	hydrocortisone w/acetic acid	199
HUMIRA (2 SYRINGE) PSKT	5	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	10	HYDROMORPHONE HCL SUPP ..	9
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HUMULIN R SOLN IJ	27	hydrocortisone (topical) LOTN 1 %	66	hydroxyzine hcl TABS	13
HUMULIN R U-500 KWIKPEN SOPN SC	27	hydrocortisone (topical) LOTN 2.5 %	66	hydroxyzine pamoate CAPS	13
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HW EMBRACE PRO GLUCOSE TEST STRP	78	HYOSCYAMINE SULFATE ELIX	206	hyoscyamine sulfate SOLN PO 0.125 MG/ML	206
HW EMBRACE TALK BLOOD GLUCOSE DEVI	117	hyoscyamine sulfate SOLN PO 0.125 MG	206	hyoscyamine sulfate TB12 0.375 MG	206
HW EMBRACE TALK GLUCOSE TEST STRP	78	hyoscyamine sulfate TBDP 0.125 MG	206	HYOSCYAMINE SULFATE TBDP 0.125 MG	206
HYCAMTIN CAPS	43	HYPERHEP B SOLN IM	200		
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	57				

HYPERHEP B SOSY 110 UNIT/0.5ML	200	ibuprofen TABS 400 MG	7	STR STRP	78
HYPERRAB SOLN	200	ibuprofen TABS 600 MG	6	IHEALTH CONTROL SOLUTION LIQD	117
HYPOLANCE AST LANCING KIT 117		ibuprofen TABS 800 MG	6	IHEALTH GLUCO+ KIT 10 KIT ...	117
HYQVIA	200	ibuprofen-acetaminophen TABS ...	6	ILARIS SOLN	6
HYRIMOZ SOAJ	5	ibuprofen-famotidine	6	ILET CONTACT DETACH 23" 6MM MISC	117
HYRIMOZ SOSY	5	ICAPS AREDS FORMULA TABS 163		ILET INFUSION-FLEX 23" 6MM MISC	117
HYRIMOZ-CROHNS/UC STARTER SOAJ	5	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	163	ILET INFUSION-INSET 23" 6MM MISC	117
HYRIMOZ-PED<40KG CROHN STARTER SOSY	5	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	163	ILET INFUSION-INSET 32" 6MM MISC	117
HYRIMOZ-PED>/=40KG CROHN START SOSY	5	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	163	ILET INSULIN PUMP DEVI	117
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HYZAAR (Use losartan potassium & hydrochlorothiazide)	35	ICOTYDE TABS PO 200 MG	63	ILEVRO	198
ibandronate sodium SOLN	83	IDACIO-CROHNS/UC STARTER AJKT	5	ILUMYA	63
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ibuprofen CHEW	6			imipramine pamoate	23
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	6			imiquimod 5 %	67
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	7			IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	140

IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	140	indomethacin CAPS 25 MG, 50 MG 7	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	27
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	140	indomethacin CPR	7	INSULIN GLARGINE-YFGN SOLN 27
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	140	indomethacin SUPP	7	INSULIN GLARGINE-YFGN SOPN 27
IMITREX TABS 25 MG (Use sumatriptan succinate)	140	indomethacin SUSP	7	INSULIN LISPRO (1 UNIT DIAL) SOPN
IMITREX TABS 50 MG, 100 MG (Use sumatriptan succinate)	140	INFANRIX	205	INSULIN LISPRO JUNIOR KWIKPEN SOPN
IMKELDI SOLN	42	INFINITY BLOOD GLUCOSE SYSTEM KIT	117	INSULIN LISPRO PROT & LISPRO SUPN
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IN-CHECK INSPIRATORY FLOW MTR DEVI	137	INLYTA	38	INTUNIV (Use guanfacine hcl (adhd))
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indapamide TABS 1.25 MG, 2.5 MG . 83		INPEFA	53	INVEGA HAFYERA 1092 MG/3.5ML . 45
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		INSPIREASE RESERVOIR BAGS 137		INVEGA TRINZA 410 MG/1.32ML 45
		INSULIN ASPART FLEXPEN SOPN . 27		INVEGA TRINZA 546 MG/1.75ML 45
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ISENTRESS HD TABS	48	J & J GAUZE SPONGES 16-PLY MISC	98	JYLAMVO SOLN PO	38
ISENTRESS PACK	48	J & J GAUZE SPONGES 8-PLY MISC	98	JYNARQUE TBPK 15 MG (Use tolvaptan)	85
ISENTRESS TABS	48	J & J NON-STICK LARGE PADS	98	JYNNEOS	209
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levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	55	lidocaine PTCH 5 %	69	lisinopril & hydrochlorothiazide	35
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LOQTORZI	38	LOTREL 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate- benazepril hcl)	35	LUPRON DEPOT (3-MONTH) KIT IM	40
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lorazepam SOLN	13				

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PAXLOVID (300/100 & 150/100) .	49	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	10	phenelzine sulfate	22	PHARMACIST CHOICE AUTOCODE SYS KIT	121
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MEQ, 20 MEQ	142	SOLN 15 MG/5ML	57	MG-10 MCG-12 MCG-3 MG-20 MG-	
potassium citrate (alkalinizer) TBCR	89	prednisolone sodium phosphate		1200 MCG-27 MG-200 MG-1.84 MG-	
89		SOLN 20 MG/5ML	57	25 MG-2 MG-10 MG	189
povidone-iodine SOLN 10 %	47	prednisolone sodium phosphate		PRENATAL TABS	189
PRADAXA CAPS (Use dabigatran		SOLN 5 MG/5ML	57	prenatal vit w/ ferrous fumarate-l	
etexilate mesylate)	17	prednisolone SOLN	57	methylfolate-folic acid	188
PRADAXA CAPS 75 MG (Use		prednisolone TABS	57	prenatal vit w/ iron carbonyl-folic acid	
dabigatran etexilate mesylate)	17	PREDNISONE INTENSOL CONC	57	TABS 120 MG-10 MG-1.25 MG-315	
PRADAXA PACK	17			UNIT-15 MCG-3.4 MG-10 MG-1 MG-	
				2 MG-15 MG-10 MG-20 UNIT-2100	

UNIT-50 MG	188	PRENATE PIXIE	189	PREZISTA TABS 150 MG	48
PRENATAL VITAMIN AND MINERAL TABS	188	PRENATE RESTORE	189	PREZISTA TABS 600 MG (Use darunavir)	48
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	188	PRENATVITE RX TABS	189	PREZISTA TABS 75 MG	48
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	188	PRESCRIPTION SUPPORT MULTIVIT CAPS	176	PREZISTA TABS 800 MG (Use darunavir)	48
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	189	PRESERVISION AREDS 2 CAPS 176		PRILOSEC OTC TBEC (Use omeprazole magnesium)	207
PRENATE	189	PRESERVISION AREDS 2+COQ10 CAPS	176	PRILOSEC PACK	207
PRENATE AM	189	PRESERVISION AREDS 2+MULTI VIT CAPS	176	PRILOVIX KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	69
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	189	PRESERVISION AREDS CAPS .	176	PRILOVIX PLUS KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	69
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 .	189	PRESERVISION AREDS TABS .	176	PRIMACARE	189
PRENATE ENHANCE	189	PRESERVISION/LUTEIN CAPS .	176	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	37
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	189	PREVACID 24HR CPDR (Use lansoprazole)	207	primaquine phosphate TABS	37
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 .	189	PREVACID CPDR 30 MG (Use lansoprazole)	207	primidone	19
		PREVACID SOLUTAB TBDD (Use lansoprazole)	207	PRIORIX SUSR	209
		PREVENT CAPS	176	PRISTIQ (Use desvenlafaxine succinate)	23
		PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 144		PRISTIQ 50 MG (Use desvenlafaxine succinate)	23
		PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	144	PRIVIGEN SOLN	200
		PREVIDENT GEL (Use sodium fluoride (dental))	144	PRO COMFORT INSULIN SYRINGE	134
		PREVIDENT SOLN (Use sodium fluoride (dental))	144	PRO COMFORT LANCETS 30G 122	
		PREVNAR 20	208	PRO COMFORT LANCETS 31G 122	
		PREV-RX TABS	176	PRO COMFORT SAFETY LANCETS 30G	122
		PREZCOBIX	48	PRO COMFORT SPACER ADULT MISC	138
		PREZISTA SUSP	48		

PRO COMFORT SPACER CHILD MISC	138	PROCRIT 40000 UNIT/ML	93	(ophth))	198
PRO COMFORT SPACER INFANT DEVI	138	PROCTOFOAM FOAM EX 1 % ...	12	PROLIA SOSY	83
PRO VOICE V8 GLUCOSE SYSTEM DEVI	122	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	122	promethazine & phenylephrine SYRP	58
PRO VOICE V8/V9 GLUCOSE STRP	80	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	122	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	31
PRO VOICE V9 GLUCOSE SYSTEM DEVI	122	PRODIGY CONTROL SOLUTION SOLN	122	promethazine hcl SUPP	31
PROAIR RESPICLICK AEPB	16	PRODIGY INSULIN SYRINGE ..	134	promethazine hcl TABS	31
probenecid	89	PRODIGY LANCETS 28G	122	promethazine w/codeine SOLN ...	58
PROBIOTICS + BARIATRIC MULTI CAPS	176	PRODIGY LANCING DEVICE MISC .	122	promethazine w/codeine SYRP ...	58
PRO-CAL TABS	176	PRODIGY NO CODING BLOOD GLUC STRP	80	promethazine-dm SYRP	58
PROCARDIA XL TB24 30 MG, 60 MG (Use nifedipine)	52	PRODIGY POCKET BLOOD GLUCOSE KIT	122	PROMETRIUM CAPS (Use progesterone)	201
PROCARDIA XL TB24 60 MG, 90 MG (Use nifedipine)	52	PRODIGY SAFETY LANCETS 26G .	122	propafenone hcl TABS	14
PROCARE SPACER/ADULT MASK DEVI	138	PRODIGY TWIST TOP LANCETS 28G	122	propranolol hcl CP24	51
PROCARE SPACER/CHILD MASK DEVI	138	PRODIGY VOICE BLOOD GLUCOSE KIT	123	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	51
PROCERV HP TABS	176	PROFILNINE	90	propranolol hcl TABS	51
PROCHAMBER VHC DEVI	138	PROFOLA TABS	176	propylthiouracil	205
prochlorperazine	46	progesterone CAPS	201	PROQUAD SUSR	209
prochlorperazine edisylate 10 MG/2ML	46	PROGLYCEM (Use diazoxide) ...	25	PRORENAL + D TABS	176
prochlorperazine maleate TABS ...	46	PROGRAF CAPS (Use tacrolimus)	143	PRORENAL + D W/ OMEGA-3 CAPS	176
PROCRIT 10000 UNIT/ML	93	PROGRAF PACK	143	PROSCAR (Use finasteride)	89
PROCRIT 2000 UNIT/ML	93	PROGRAF SOLN 5 MG/ML (Use tacrolimus)	143	PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG .	176
PROCRIT 20000 UNIT/ML	93	PROLATE SOLN	11	PROTECT CARDIO AF CAPS ...	176
PROCRIT 3000 UNIT/ML	93	PROLATE TABS	11	PROTECT PLUS SO CAPS	176
PROCRIT 4000 UNIT/ML	93	PROLENSA (Use bromfenac sodium		PROTEGRA CAPS	176

PROTONIX TBEC (Use pantoprazole sodium)	207	PURE COMFORT LANCETS 30G 123	QC ADVANCED LANCING DEVICE MISC	123
protriptyline hcl	24	PURE COMFORT SAFETY LANCET 30G	QC ALL PURPOSE DRESSINGS PADS	99
PROVENTIL HFA AERS (Use albuterol sulfate)	16	PURE COMFORT SPACER CHAMBER DEVI	QC BORDER ISLAND GAUZE PADS	99
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) ...	201	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)	QC CHILDRENS VITAMINS/IRON CHEW 15 MG	187
PROVIDA OB	189	PX ADVANCED LANCING DEVICE MISC	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	176
PROVIGIL (Use modafinil)	3	PX INSULIN SYRINGE	134	
PROVIT TABS	176	PX LANCETS MICROTHIN 33G	123	
PROXIVOL GEL 2 %	70	PX LANCETS ULTRA THIN 28G 123		
PROZAC CAPS (Use fluoxetine hcl) . 22		pyrazinamide	38	
prucalopride succinate	86	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	71	
PRUDOXIN (Use doxepin hcl (antipruritic))	62	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	71	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 58		PYRIDIDIUM TABS (Use phenazopyridine hcl)	89	
pseudoephedrine hcl TABS	191	pyridostigmine bromide TABS 60 MG	37	
pseudoephedrine hcl TB12	191	pyridostigmine bromide TBCR	37	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG 58		pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	211	
pseudoephedrine-ibuprofen TABS 58		PYRUKYND TABS	91	
psyllium CAPS 0.52 GM	95	PYRUKYND TAPER PACK TBPK .91		
psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	95	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	63	
PULMICORT FLEXHALER AEPB .15		PYZCHIVA SC 45 MG/0.5ML	63	
PULMICORT SUSP (Use budesonide (inhalation))	15	QALSODY	191	
PULMOZYME	205	QBRELIS SOLN	34	
PURE COMFORT 3-BALL BREATHE EX DEVI	138			
				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
				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
				QC LANCETS SUPER THIN 30G 123
				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	QFITLIA SOAJ SC 50 MG/0.5ML .90	quinapril-hydrochlorothiazide 35
MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG 176	QFITLIA SOLN SC 20 MG/0.2ML . 90	quinidine gluconate TBCR 13
QC MULTI-VITE 50 & OVER TABS	QINLOCK 42	quinidine sulfate TABS 13
60 MG-3 MG-30 MCG-400 MCG-500	QIVIGY SOLN IV 5 GM/50ML, 10	QUINTABS TABS 185
UNIT-25 MCG-1.7 MG-30 MCG-20	GM/100ML 200	QUINTABS-M TABS 177
MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80	QNASL 190	QUINTET AC BLOOD GLUCOSE
MG-150 MCG-220 MG-45 MCG-150	QNASL CHILDRENS 190	DEVI 123
MCG-50 UNIT-20 MG-0.5 MG-5	QUADRACEL SUSP 206	QUINTET AC BLOOD GLUCOSE
MCG-2.3 MG-55 MCG-10 MCG-45	QUADRACEL SUSY 206	TEST STRP 80
MCG-72 MG-2 MG 177	QUAKE DEVI 138	QUINTET BLOOD GLUCOSE
QC MULTI-VITE TABS 177	quazepam 95	SYSTEM DEVI 123
QC OCUHEALTH VISION	QUDEXY XR CS24 150 MG, 200 MG	QUINTET BLOOD GLUCOSE TEST
SUPPORT 2 CAPS 177	(Use topiramate) 19	STRP 80
QC PRENATAL TABS 189	QUDEXY XR CS24 25 MG, 50 MG,	QUINTET CONTROL
QC STERILE PADS PADS 99	100 MG (Use topiramate) 19	HIGH/NORMAL SOLN 123
QC THERIN-M TABS 90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12	QUESTRAN LIGHT POWD (Use	QULIPTA 139
MCG-3.4 MG-28 MCG-20 MG-5000	cholestyramine light) 32	QUTENZA (2 PATCH) 70
UNIT-10 MG-9 MG-3 MG-100 MG-15	QUESTRAN PACK (Use	QUTENZA (4 PATCH) 70
MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2	cholestyramine) 32	QUTENZA 70
MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG 177	QUESTRAN POWD (Use	QUVIVIQ 95
QC TRIACTING DAYTIME	cholestyramine) 32	QVAR REDIHALER 15
CHILDRENS SYRP 58	quetiapine fumarate TABS 46	RABAVERT 209
QC UNILET LANCETS 28G 123	quetiapine fumarate TB24 46	rabeprazole sodium TBEC 207
QC UNILET LANCETS MICRO THIN 123	QUFLORA FE 183	RAGWITEK SUBL 3
QC WOMENS DAILY	QUFLORA FE PEDIATRIC LIQD 186	RALDESY SOLN PO 10 MG/ML . . 23
MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5	QUFLORA PEDIATRIC CHEW . . 187	raloxifene hcl 84
MCG-2500 UNIT-1.7 MG-25 MCG-10	QUFLORA PEDIATRIC SUSP 0.25	ramelteon 95
MG-5 MG-15 MG-450 MG-5 MG-50	MG/ML, 0.5 MG/ML 187	ramipril CAPS 34
MG-15 MG-30 UNIT-2 MG-2 MG-120	QUILLICHEW ER CHER 3	RAPAFLO (Use silodosin) 89
MCG-20 MCG 177	QUILLIVANT XR SRER 3	RAPAMUNE SOLN (Use sirolimus)
QDOLO SOLN (Use tramadol hcl) .10	QUIN B STRONG TABS 177	143
QELBREE 2	quinapril hcl 34	RAPAMUNE TABS (Use sirolimus)

143	REFUAH PLUS GLUCOSE CONTROL SOLN	123	RELION PREMIER VOICE MONITOR DEVI	124
RAPIVAB	50	REFUAH PLUS MONITORING SYSTEM KIT	123	RELION PRIME MONITOR DEVI 124
rasagiline mesylate	44	REGLAN TABS (Use metoclopramide hcl)	87	RELION PRIME TEST STRP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	RELCARE TABS	185	RELION TRUE MET AIR GLUC METER KIT
RAYALDEE	85	RELENZA DISKHALER	50	RELION TRUE METRIX TEST STRIPS STRP
RAYASAL CREA	68	RELEUKO SOSY	93	RELION ULTIMA GLUCOSE SYSTEM KIT
RAYAVIT TABS	177	RELEXXII TBCR (Use methylphenidate hcl)	3	RELION ULTIMA TEST STRP
RAY-TEC X-RAY DETECTABLE SPNGE MISC	99	RELEXXII TBCR	3	RELION ULTRA THIN LANCETS 30G
REALITY INSULIN SYRINGE ...	134	RELION ALL-IN-ONE	123	RELION ULTRA THIN LANCETS 30G
REALITY LATEX CONDOMS MISC .	99	RELION BLOOD GLUCOSE TEST STRP	80	REL PAX (Use eletriptan hydrobromide)
REALITY LATEX/ULTRA TEXTURED DEVI	99	RELION CONFIRM GLUCOSE MONITOR KIT	123	REL PAX 40 MG (Use eletriptan hydrobromide)
REALITY LATEX/ULTRA THIN DEVI	99	RELION CONFIRM/MICRO TEST STRP	80	REMEDIENT CAPS
REBIF REBIDOSE SOAJ	203	RELION INSULIN SYRINGE ...	134	REMERON SOLTAB TBDP (Use mirtazapine)
REBIF REBIDOSE TITRATION PACK SOAJ	203	RELION KETONE TEST STRP ...	80	REMERON TABS 15 MG, 30 MG (Use mirtazapine)
REBIF SOSY	203	RELION LANCET DEVICES 30G 124		REMICADE
REBIF TITRATION PACK SOSY	203	RELION LANCETS MICRO-THIN 33G	124	RENAL CAPS 1 MG
REBINYN	90	RELION LANCETS THIN 26G ...	124	RENAL MULTIVITAMIN TABS ...
REBLOZYL	93	RELION MICRO KIT	124	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 ..
RECOMBINATE SOLR	90	RELION PREMIER BLU MONITOR DEVI	124	RENAPLEX-D TABS
RECOMBIVAX HB SUSP	209	RELION PREMIER CLASSIC DEVI 124		REN FLEXIS
RECOMBIVAX HB SUSY	209	RELION PREMIER COMPACT SYSTEM KIT	124	RENO CAPS CAPS 1 MG
REFRESH	194	RELION PREMIER TEST STRP ..	81	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG

REVELA PACK (Use sevelamer carbonate)	88	RETOVIR SOLN	48	RIGHTEST GC300 CONTROL LIQD	124
REVELA TABS (Use sevelamer carbonate)	88	RETOVIR SYRP (Use zidovudine) .	49	RIGHTEST GD500 LANCING DEVICE MISC	124
repaglinide	28	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	53	RIGHTEST GL300 LANCETS ...	124
REPATHA PUSHTRONEX SYSTEM SOCT	33	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	53	RIGHTEST GM100 BLOOD GLUCOSE KIT	124
REPATHA SOSY	33	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	53	RIGHTEST GM300 BLOOD GLUCOSE KIT	124
REPATHA SURECLICK SOAJ	33	REVLIMID (Use lenalidomide) ...	142	RIGHTEST GM550 BLOOD GLUCOSE KIT	125
RESTASIS EMUL (Use cyclosporine (ophth))	196	REVUFORJ	40	RIGHTEST GS100 BLOOD GLUCOSE STRP	81
RESTASIS MULTIDOSE EMUL ..	196	REVUFORJ 25 MG	40	RIGHTEST GS300 BLOOD GLUCOSE STRP	81
RESTORE CONTACT LAYER PADS	99	REYRA TABS	177	RIGHTEST GS550 BLOOD GLUCOSE STRP	81
RESTORE FOAM DRESSING PADS	99	REXTOVY LIQD	29	RIGHTEST GT333 BLOOD GLUCOSE DEVI	125
RESTORE ODOR ABSORBING DRESS PADS	99	REXULTI	47	RIGHTEST GT333 BLOOD GLUCOSE STRP	81
RESTORE TRIO ABSORBENT DRESS PADS	99	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	49	RIGHTEST GT333 BLOOD GLUCOSE TEST STRP	81
RESTORIL (Use temazepam)	95	REYATAZ PACK	49	rilpivirine hcl 25 MG	49
RETACRIT	93	REYVOW	140	rimantadine hydrochloride TABS ..	50
RETEVMO CAPS	42	REZDIFFRA	87	RINVOQ LQ SOLN	4
RETEVMO TABS	42	REZLIDHIA	42	RINVOQ TB24	4
RETIN-A CREA (Use tretinoin)	60	REZVOGLAR KWIKPEN	28	RIOMET SOLN (Use metformin hcl) .	25
RETIN-A GEL (Use tretinoin)	60	RHAPSIDO TABS PO 25 MG	142	risedronate sodium TABS	83
RETIN-A MICRO (Use tretinoin microsphere)	60	RHOPRESSA	196	risedronate sodium TBEC	83
RETIN-A MICRO PUMP (Use tretinoin microsphere)	60	RIASTAP	90	RISPERDAL CONSTA (Use risperidone microspheres)	45
RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)	60	ribavirin (hepatitis c) CAPS	50	RISPERDAL SOLN (Use risperidone)	45
RETISERT	197	ribavirin (hepatitis c) TABS 200 MG	50		
RETROVIR CAPS (Use zidovudine) .		50			
		riboflavin TABS 50 MG, 100 MG .	211		
		rifabutin	38		
		rifampin CAPS	38		

RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 45	ROLVEDON93	MG, 95 MG-23.75 MG (Use carbidopa-levodopa)44
RISPERDAL TABS 3 MG (Use risperidone)45	romidepsin SOLR42	RYZNEUTA SOSY SC 20 MG/ML .93
risperidone microspheres45	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG42	SABRIL PACK (Use vigabatrin) ... 20
risperidone SOLN45	ropinirole hydrochloride TABS44	SABRIL TABS (Use vigabatrin)20
risperidone TABS45	ropinirole hydrochloride TB24 44	sacubitril-valsartan TABS52
risperidone TBDP45	rosuvastatin calcium TABS 10 MG 33	SAFETY LANCET 30G/PRESSURE ACT 125
RITALIN LA CP24 (Use methylphenidate hcl)3	rosuvastatin calcium TABS 20 MG, 40 MG33	SAFETY LANCETS 21G125
RITALIN TABS (Use methylphenidate hcl)3	rosuvastatin calcium TABS 5 MG .33	SAFETY LANCETS 23G125
RITEFLO DEVI 139	ROTARIX SUSP209	SAFETY LANCETS 28G125
ritonavir TABS49	ROTATEQ SOLN209	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)55
rivaroxaban SUSR 1 MG/ML 17	ROWASA (Use mesalamine w/ cleanser) 87	SALAGEN 5 MG (Use pilocarpine hcl (oral)) 145
rivaroxaban TABS 2.5 MG17	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl) 10	saline SOLN 0.65 %190
rivastigmine201	ROZEREM (Use ramelteon) 95	salsalate 9
rivastigmine tartrate CAPS201	ROZLYTREK CAPS 42	SANCUSO PTCH29
RIVFLOZA SOLN89	ROZLYTREK PACK 42	SANDIMMUNE CAPS (Use cyclosporine)143
RIVFLOZA SOSY89	RUBRACA42	SANDIMMUNE SOLN IV 50 MG/ML . 143
RIXUBIS SOLR90	RUCONEST91	SANDIMMUNE SOLN PO 100 MG/ML143
rizatriptan benzoate TABS140	rufinamide SUSP19	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate) 85
rizatriptan benzoate TBDP 140	rufinamide TABS19	SAPHNELO144
ROBINUL TABS (Use glycopyrrolate)206	RUKOBIA49	SAPHNELO PEN SC 120 MG/0.8ML 144
ROBINUL-FORTE TABS (Use glycopyrrolate)206	RYALTRIS 190	SAPHRIS (Use asenapine maleate) . 46
ROCALTROL CAPS (Use calcitriol) 85	RYBELSUS TABS26	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)46
ROCKLATAN 196	RYDAPT42	SAPS HEALTH PLUS LANCETS
ROCTAVIAN 90	RYKINDO SRER45	
roflumilast15	RYPLAZIM 91	
	RYSTIGGO 142	
	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25	

125	selenium sulfide LOTN 1 %	64	17.2 MG	96
SAPS HEALTH TWIST TOP LANCETS	selenium sulfide LOTN 2.5 %	64	sennosides-docusate sodium TABS	96
SAPS TWIST TOP LANCETS	selenium sulfide SHAM 1 %	64	SENSILANCE SAFETY LANCETS 21G	125
SAVAYSA	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	64	SENSILANCE SAFETY LANCETS 26G	125
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use milnacipran hcl)	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	64	SENSILANCE SAFETY LANCETS 28G	125
202	SELSUN BLUE LOTN (Use selenium sulfide)	64	SENTRY SENIOR MENS 50+ TABS	177
SAVELLA TITRATION PACK MISC (Use milnacipran hcl)	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	64	SENTRY SENIOR TABS	177
saxagliptin hcl	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	64	SENTRY SENIOR/LUTEIN TABS	177
saxagliptin-metformin hcl	SELZENTRY SOLN	49	SENTRY TABS	177
SB FIB LAX ORANGE POWD 30 %, 33 %	SELZENTRY TABS 150 MG (Use maraviroc)	49	SEREVENT DISKUS	16
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	SELZENTRY TABS 300 MG (Use maraviroc)	49	SEROQUEL TABS (Use quetiapine fumarate)	46
SB INSULIN SYRINGE	SEMGLEE (YFGN) SOLN	28	SEROQUEL XR TB24 (Use quetiapine fumarate)	46
SCSEMBLIX	SEMGLEE (YFGN) SOPN	28	SEROSTIM SC 4 MG, 5 MG, 6 MG	84
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	SE-NATAL 19 CHEW	189	SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)	22
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	SE-NATAL 19 TABS	189	sertraline hcl CAPS 150 MG, 200 MG	22
SECUADO	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	177	sertraline hcl CONC	22
SEGLUROMET	senna SYRP 176 MG/5ML	96	sertraline hcl TABS	23
SELARSDI SOLN SC 45 MG/0.5ML	sennosides LIQD	96	sevelamer carbonate PACK	88
63	sennosides SYRP	96	sevelamer carbonate TABS	88
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	sennosides TABS 8.6 MG, 15 MG,		sevelamer hcl	88
63			SEVENFACT	90
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SELECT-OB+DHA MISC				
selegiline hcl CAPS				
selegiline hcl TABS				

SF GEL 1.1 % (Use sodium fluoride (dental))	144	SIMPONI SOAJ	5	SM ADHESIVE PADS 2"X3" PADS	99
SFROWASA ENEM	87	SIMPONI SOSY	5	SM IPECAC SYRUP	29
SHINGRIX	209	simvastatin TABS	33	SM PRENATAL VITAMINS TABS	189
SHINGRIX IM 50 MCG/0.5ML	209	SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa)	44	SM STERILE PADS	99
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SILVADENE (Use silver sulfadiazine)	64	sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	24	SMARTEST PRONTO STARTER KIT	126
silver sulfadiazine	64	sitagliptin free base-metformin hcl TB24	24	SMARTEST PROTEGE DEVI	126
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simethicone SUSP	86	SKIN HAIR & NAILS ADVANCED CAPS	177	SOD CITRATE-CITRIC ACID	89
SIMLANDI (1 PEN) AJKT	5	SKYCLARYS	191	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12
SIMLANDI (1 SYRINGE) PSKT	5	SKYLA	56	sodium chloride (gu irrigant) 0.9 %	89
SIMLANDI (2 PEN) AJKT	5	SKYRIZI PEN SOAJ	63	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	58
SIMLANDI (2 SYRINGE) PSKT	5	SKYRIZI SOCT	88	SODIUM CHLORIDE SOLN IJ 0.9 %	142
SIMPLE DIAGNOSTICS LANCING DEV MISC	125	SKYRIZI SOLN	88	sodium chloride SOLN IV 0.9 %	142
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		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	60	sumatriptan succinate SOAJ 6 MG/0.5ML	140
		sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	60	sumatriptan succinate SOLN 6 MG/0.5ML	140
		sulfacetamide sodium w/ sulfur FOAM	60	sumatriptan succinate TABS 25 MG . 140	
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T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI 127	TAFINLAR TBSO 43	TANDEM T:SLIM ASFT XC PK10 23" MISC127
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI 127	tafluprost 198	TANDEM T:SLIM ASFT XC PK14 23" MISC127
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179		MCG-10 MCG-72 MG-2 MG	release beads)	52
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MG-150 MCG-200 MG-80 MG-75		15 MG-18 MG-500 MG-700 MCG-4.5		
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		MG, 90 MG, 120 MG		
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tobramycin sulfate SOLR	4	topiramate CPSP 50 MG	20	trandolapril	34
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TOPICORT OINT 0.05 % (Use desoximetasone)	66	TRAMADOL HCL SOLN (Use tramadol hcl)	10	tretinoin (chemotherapy)	43
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		tramadol hcl TABS 25 MG, 75 MG, 100 MG	10	tretinoin GEL 0.01 %, 0.025 % ...	61
		tramadol hcl TABS 50 MG	10	tretinoin GEL 0.05 %	61
				tretinoin microsphere 0.08 %	61

TRETTEN	90	TRILEPTAL SUSP (Use oxcarbazepine)	20	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	180
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	38	TRILEPTAL TABS (Use oxcarbazepine)	20	tropicamide SOLN	195
TREXIMET (Use sumatriptan- naproxen sodium)	139	TRILIPIX (Use choline fenofibrate) 32		trospium chloride CP24	208
TREXION CAPS	180	trimethoprim TABS	36	trospium chloride TABS	208
triamcinolone acetonide (mouth)	144	trimipramine maleate CAPS	24	TRUE COMFORT INSULIN SYRINGE	134
triamcinolone acetonide (nasal) AERO	190	TRINATAL RX 1 TABS	189	TRUE COMFORT PRO INSULIN SYR	134
triamcinolone acetonide (topical) CREA	66	TRINTELLIX	23	TRUE COMFORT SAFETY LANCETS	128
triamcinolone acetonide (topical) LOTN	67	TRIPHROCAPS CAPS 1 MG	145	TRUE COMFORT TWIST TOP LANCETS	128
triamcinolone acetonide (topical) OINT	67	TRIPTODUR	84	TRUE COVER DEVI	100
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	82	TRISTART DHA	189	TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG- 10 MCG-1500 MCG-6 MCG	186
triamterene & hydrochlorothiazide TABS	82	TRIUMEQ PD TBSO	49	TRUE METRIX AIR GLUCOSE METER KIT	128
triazolam	95	TRIUMEQ TABS	49	TRUE METRIX BLOOD GLUCOSE TEST STRP	81
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	36	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	187	TRUE METRIX GO GLUCOSE METER KIT	128
TRICARE TABS	189	TROGARZO	49	TRUE METRIX LEVEL 1 SOLN ..	128
TRICOR TABS (Use fenofibrate) ..	32	TROJAN BARESKIN DEVI	99	TRUE METRIX LEVEL 2 SOLN ..	128
TRIESENCE	198	TROJAN MAGNUM MISC	99	TRUE METRIX LEVEL 3 SOLN ..	128
trifluoperazine hcl TABS	46	TROJAN ULTRA THIN MISC	100	TRUE METRIX METER DEVI	128
trifluridine	196	TROJAN ULTRA THIN/SPERMICIDAL MISC	99	TRUE METRIX METER KIT	128
trihexyphenidyl hcl SOLN	43	TROJAN-ENZ LUBRICATED MISC 100		TRUE MULTIVITAMIN TABS	186
trihexyphenidyl hcl TABS	43	TROJAN-ENZ/SPERMICIDAL MISC . 100		TRUEDRAW LANCING DEVICE MISC	128
TRIJARDY XR	24	TROKENDI XR CP24 (Use topiramate)	20		
TRIKAFTA TBPK	205	TROKENDI XR CP24 25 MG, 100 MG, 200 MG (Use topiramate)	20		
TRIKAFTA THPK	205	TROPICAL LIQUID NUTRITION LIQD 90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300			

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TRUEPLUS GLUCOSE ON THE GO CHEW25	LUBRICATED/SPERMICIDE MISC 100	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen) 8
TRUEPLUS INSULIN SYRINGE 135	TRUSTEX NATURAL CONDOMS + LUBE MISC100	TYMLOS 83
TRUEPLUS LANCETS 28G 128	TRUSTEX RIA LUB/SPERMICIDE MISC100	TYPHIM VI SOLN 208
TRUEPLUS LANCETS 30G 129	TRUSTEX RIA LUBRICATED MISC . 100	TYPHIM VI SOSY 208
TRUEPLUS LANCETS 33G 129	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC100	TYRUKO CONC IV 300 MG/15ML 203
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TRUSTEX COLOR CONDOMS + LUBE MISC100	TWINRIX SUSY 209	UCERIS (Use budesonide (intrarectal)) 12
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ULTRA FLO INSULIN SYR 1/2 UNIT	MCG-18 MG-300 MCG-100 MG-15	diphenhydramine hcl (sleep))94
.....135	MG-3.5 MG-0.5 MG-100 MG-2 MG-	UNISTIK 2130
ULTRA FLO INSULIN SYRINGE	13 MCG-1 MG-200 MCG-165 MG-	UNISTIK 2 COMFORT130
135	150 MCG-200 MCG-60 UNIT-80 MG-	UNISTIK 2 EXTRA130
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				VELSIPITY	88

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VENEXA FE TABS	181	VERIFINE UNIVERSAL LANCETS 30G	VIJOICE TBPk	143
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venlafaxine hcl TABS	23	VERQUVO	VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	20
venlafaxine hcl TB24	23	VERSACLOZ SUSP	VIMPAT TABS (Use lacosamide) .	20
VENOFER 20 MG/ML (Use iron sucrose)	94	VERSAPAP DEVI	VIOKACE TABS	82
VENTOLIN HFA AERS (Use albuterol sulfate)	16	VERSAPAP W/UNIVERSAL TUBING DEVI	VIRACEPT TABS 250 MG	49
VENTRIXYL FE TABS	181	VERZENIO	VIRACEPT TABS 625 MG	49
VENTRIXYL TABS	181	VESICARE LS SUSP	VIREAD POWD	49
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VERAPAMIL HCL ER CP24 (Use verapamil hcl)	52	V-GO 20 KIT	VIRELIX TABS	186
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VERELAN CP24 (Use verapamil hcl) 52		VIBRAMYCIN CAPS (Use doxycycline hyclate)	VISION HEALTH CAPS	181
VERELAN PM CP24 (Use verapamil hcl)	52	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	VISION OPTIMIZER CAPS	181
VERIFINE INSULIN SYRINGE ..	135	VICTOZA (Use liraglutide)	VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	181
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VISTA ADVANCED DRY EYE FORMULA CAPS	181	vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	211	VITEYES AREDS 2 FORMULA CAPS	182		
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	13	vitamin a TABS 10000 UNIT	211	VITEYES AREDS 2 FORMULA MINI CAPS	182		
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT 186		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 ..	182	VITEYES CLASSIC ADVANCED CAPS	182		
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	181	VITAMIN D3 COMPLETE TABS ..	182	VITEYES CLASSIC MACULAR SUPPOR CAPS	182		
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	181	VITAMIN D3 LIQD PO 125 MCG/ML ..	211	VITEYES CLASSIC MULTIVITAMIN TABS	182		
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VITABASIC SENIOR TABS	182	VITAMIN E CAPS	211	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	182	VITEYES OPTIC NERVE SUPPORT TABS	182
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VITAFOL FE+	189	VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	182				
VITAFOL GUMMIES	189	vitamins w/ lipotropics CAPS	189				
VITAFOL ULTRA	189	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	182				
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VITAFOL-ONE CAPS	189	VITATRUM TABS	182				
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VITRION TABS	186	VONVENDI	90	VYVANSE CAPS	1
VITRUM 50+ ADULT-MULTI TABS 183		VOQUEZNA DUAL PAK	207	VYVANSE CHEW	1
VITRUM 50+ SENIOR MULTI TABS 183		VOQUEZNA TRIPLE PAK	207	VYVGART	142
VIVAGUARD INO CONTROL SOLUTION LIQD	132	VORANIGO	43	VYVGART HYTRULO	142
VIVAGUARD INO GLUCOSE METER DEVI	132	VORTEX HOLD CHMBR/MASK/CHILD DEVI	139	VYVGART HYTRULO SC	142
VIVAGUARD INO GLUCOSE METER KIT	132	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	139	VYZULTA	198
VIVAGUARD INO SMART GLUC METER DEVI	132	VORTEX VALVE CHAMBER-PEDI MASK DEVI	139	WAINUA	204
VIVAGUARD INO TEST STRIPS STRP	82	VORTEX VALVED HOLDING CHAMBER DEVI	139	WAINUA SC 45 MG/0.8ML	204
VIVAGUARD LANCETS	132	VOSEVI	50	WAKIX	2
VIVAGUARD LANCETS 30G	132	VOTRIENT (Use pazopanib hcl) ..	43	warfarin sodium TABS	16
VIVAGUARD LANCING DEVICE MISC	132	VOXZOGO	85	WATER BABIES SPF50 LOTN (Use sunscreens)	71
VIVAGUARD SAFETY LANCETS 28G	133	VOYDEYA TABS	91	WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2
VIVELLE-DOT PTTW (Use estradiol) 86		VOYDEYA TBPK	91	WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	1
VIVITROL	29	VPRIV	91	WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	2
VIVJOA	30	VRAYLAR CAPS	45	WELCHOL PACK (Use colesevelam hcl)	32
VIVOTIF	208	VTAMA	63	WELCHOL TABS (Use colesevelam hcl)	32
VIZIMPRO	39	VUITY SOLN 1.25 % (Use pilocarpine hcl)	196	WELIREG	40
VOGELXO GEL TD (Use testosterone)	11	VUMERITY	203	WELLBUTRIN SR TB12 (Use bupropion hcl)	22
VOGELXO GEL TD (Use testosterone)	12	VYALEV SOLN SC	44	WELLBUTRIN XL TB24 (Use bupropion hcl)	22
VOGELXO PUMP GEL TD (Use testosterone)	11	VYEPTI	139	WELLFOLA TABS	183
		VYJUVEK	71	WESCAP-C DHA	189
		VYNDAMAX	54	WESCAP-PN DHA	189
		VYNDAQEL	54	WESNATAL DHA COMPLETE ..	189
		VYONDYS 53	193	WESNATE DHA CAPS	189
		VYSCOXIA PO 10 MG/ML	7		
		VYTORIN (Use ezetimibe-			

WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	141	WOMENS LIFE PACK TABS 400 MCG-400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-80 MG-150 MCG-0.75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-120 MCG-20 MCG-10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-150 MCG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG .	183	rivaroxaban)	17
WESTAB PLUS TABS	189	WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG-1.7 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG-100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	183	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use rivaroxaban)	17
WESTGEL DHA	189	WOMENS MULTIVITAMIN TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-665 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-3.4 MG-1.8 MG-25 MCG-27.5 MCG .	183	XARELTO TABS	17
white petrolatum-mineral oil	194	WYOST SOLN SC 120 MG/1.7ML	83	XATMEP SOLN PO	38
WIDAPLIK TABS PO	36	XACIATO GEL	210	XCOPRI (250 MG DAILY DOSE) TBPK	20
WIDE-SEAL DIAPHRAGM 60 ...	100	XADAGO	44	XCOPRI (350 MG DAILY DOSE) TBPK	20
WIDE-SEAL DIAPHRAGM 65 ...	100	XALATAN SOLN (Use latanoprost)	198	XCOPRI TABS	20
WIDE-SEAL DIAPHRAGM 70 ...	100	XALKORI CAPS	43	XCOPRI TBPK	20
WIDE-SEAL DIAPHRAGM 75 ...	100	XALKORI CPSP	43	XELJANZ SOLN	4
WIDE-SEAL DIAPHRAGM 80 ...	100	XANAX TABS (Use alprazolam) ...	13	XELJANZ TABS	4
WIDE-SEAL DIAPHRAGM 85 ...	100	XARELTO STARTER PACK TBPK	17	XELJANZ XR TB24	4
WIDE-SEAL DIAPHRAGM 90 ...	100	XARELTO SUSR 1 MG/ML (Use		XELODA (Use capecitabine)	38
WIDE-SEAL DIAPHRAGM 95 ...	100			XELSTRYM	1
WILATE KIT	90			XEMBIFY	200
WINLEVI	61			XENAZINE (Use tetrabenazine) .	202
WINREVAIR	53			XEOMIN	193
WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	183			XEPI	61
WOMENS 50+ MULTI VITAMIN TABS	183			XGEVA SOLN	83
WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.5 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	183			XHANCE EXHU	190
				XIAFLEX	142
				XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl)	24
				XIGDUO XR TB24 PO	24
				XIIDRA	196
				XIPERE	198
				XOFLUZA (40 MG DOSE) 40 MG .	50
				XOFLUZA (80 MG DOSE) 80 MG .	50
				XOLAIR SOAJ 150 MG/ML	14

XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	14	YASMIN 28 (Use drospirenone- ethinyl estradiol)	55	ZARONTIN SOLN (Use ethosuximide)	21
XOLAIR SOLR	14	YAZ (Use drospirenone-ethinyl estradiol)	55	ZARXIO	93
XOLAIR SOSY	14	YELETS TEENAGE FORMULA TABS	183	ZAVESCA (Use miglustat)	91
XOLREMDI	94	YESINTEK SOLN 45 MG/0.5ML ..	63	ZAVZPRET	139
XOPENEX HFA (Use levalbuterol tartrate)	16	YESINTEK SOSY	63	ZEGALOGUE SOAJ	25
XOSPATA	43	YEZTUGO SOLN 463.5 MG/1.5ML 49		ZEGALOGUE SOSY	25
XPHOZAH	85	YEZTUGO TABS PO 300 MG	49	ZEJULA TABS	43
XPOVIO (100 MG ONCE WEEKLY) 50 MG	41	YONSA	40	ZELBORAF	43
XPOVIO (40 MG ONCE WEEKLY) 41		YORVIPATH 168 MCG/0.56ML ...	85	ZEMBRACE SYMTOUCH SOAJ .	141
XPOVIO (40 MG TWICE WEEKLY) 40 MG	41	YORVIPATH 294 MCG/0.98ML ...	85	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	82
XPOVIO (60 MG ONCE WEEKLY) 60 MG	41	YORVIPATH 420 MCG/1.4ML	85	ZEPATIER	50
XPOVIO (60 MG TWICE WEEKLY) . 41		YUFLYMA (1 PEN) AJKT	5	ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	2
XPOVIO (80 MG ONCE WEEKLY) 41		YUFLYMA (2 PEN) AJKT	5	ZEPBOUND SOAJ	2
XPOVIO (80 MG TWICE WEEKLY) . 41		YUFLYMA (2 SYRINGE) PSKT	5	ZEPBOUND SOLN	2
XTANDI CAPS	40	YUFLYMA-CD/UC/HS STARTER AJKT	5	ZEPOSIA 7-DAY STARTER PACK CPPK	203
XTANDI TABS	40	YUPELRI IN 175 MCG/3ML	14	ZEPOSIA CAPS	203
XTRENBO SOLN SC 120 MG/1.7ML 83		YUSIMRY	5	ZEPOSIA STARTER KIT CPPK .	203
XULTOPHY	24	YUTIQ	198	ZERVIATE	198
XYNTHA	90	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	53	ZESTORETIC (Use lisinopril & hydrochlorothiazide)	36
XYNTHA SOLOFUSE	90	zafirlukast	15	ZESTRIL TABS (Use lisinopril)	34
XYOSTED SOAJ	12	zaleplon	95		
XYREM SOLN (Use sodium oxybate)	201	ZANAFLEX CAPS (Use tizanidine hcl)	190		
XYWAV	201	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	190		
		ZARONTIN CAPS (Use ethosuximide)	21		

ZETIA (Use ezetimibe)	33	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	33	ZOLGENSMA 5.1-5.5 KG	194
ZETONNA AERS	190	ZOLADEX	40	ZOLGENSMA 5.6-6.0 KG	194
ZEVRX INSULIN SYRINGE	135	ZOLGENSMA 20.6-21.0 KG	193	ZOLGENSMA 6.1-6.5 KG	194
ZEVRX TWIST TOP LANCETS 30G 133		ZOLGENSMA 10.1-10.5 KG	193	ZOLGENSMA 6.6-7.0 KG	194
ZIAGEN SOLN (Use abacavir sulfate)	49	ZOLGENSMA 10.6-11.0 KG	193	ZOLGENSMA 7.1-7.5 KG	194
ZIANA (Use clindamycin phosphate- tretinoin)	61	ZOLGENSMA 11.1-11.5 KG	193	ZOLGENSMA 7.6-8.0 KG	194
zidovudine CAPS	49	ZOLGENSMA 11.6-12.0 KG	193	ZOLGENSMA 8.1-8.5 KG	194
zidovudine SYRP	49	ZOLGENSMA 12.1-12.5 KG	193	ZOLGENSMA 8.6-9.0 KG	194
zidovudine TABS	49	ZOLGENSMA 12.6-13.0 KG	193	ZOLGENSMA 9.1-9.5 KG	194
ZIEXTENZO	93	ZOLGENSMA 13.1-13.5 KG	193	ZOLGENSMA 9.6-10.0 KG	194
zileuton TB12	15	ZOLGENSMA 13.6-14.0 KG	193	ZOLINZA	43
zinc oxide (topical) OINT 20 %	70	ZOLGENSMA 14.1-14.5 KG	194	zolmitriptan SOLN	141
zinc sulfate CAPS	142	ZOLGENSMA 14.6-15.0 KG	194	zolmitriptan TABS 2.5 MG	141
ZIOPTAN (Use tafluprost)	198	ZOLGENSMA 15.1-15.5 KG	194	zolmitriptan TABS 5 MG	141
ziprasidone hcl	45	ZOLGENSMA 15.6-16.0 KG	194	zolmitriptan TBDP	141
ZITHROMAX SUSR (Use azithromycin)	96	ZOLGENSMA 16.1-16.5 KG	194	ZOLOFT CONC (Use sertraline hcl) 23	
ZITHROMAX TABS 250 MG (Use azithromycin)	96	ZOLGENSMA 16.6-17.0 KG	194	ZOLOFT TABS (Use sertraline hcl) 23	
ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	96	ZOLGENSMA 17.1-17.5 KG	194	ZOLOFT TABS 25 MG (Use sertraline hcl)	23
ZITHROMAX TRI-PAK TABS (Use azithromycin)	96	ZOLGENSMA 17.6-18.0 KG	194	ZOLPIDEM TARTRATE CAPS	95
ZITHROMAX Z-PAK TABS (Use azithromycin)	96	ZOLGENSMA 18.1-18.5 KG	194	zolpidem tartrate SUBL	95
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin free base-metformin hcl)	24	ZOLGENSMA 18.6-19.0 KG	194	zolpidem tartrate TABS	95
ZITUVIMET XR TB24	24	ZOLGENSMA 19.1-19.5 KG	194	zolpidem tartrate TBCR	95
ZITUVIO 25 MG, 50 MG, 100 MG (Use sitagliptin)	25	ZOLGENSMA 19.6-20.0 KG	194	ZOLYMBUS GEL OP 0.01 %	199
		ZOLGENSMA 2.6-3.0 KG	194	ZOMACTON SOLR SC	84
		ZOLGENSMA 20.1-20.5 KG	194	ZOMIG SOLN (Use zolmitriptan) .	141
		ZOLGENSMA 3.1-3.5 KG	194	ZONALON (Use doxepin hcl (antipruritic))	62
		ZOLGENSMA 3.6-4.0 KG	194	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	20
		ZOLGENSMA 4.1-4.5 KG	194		
		ZOLGENSMA 4.6-5.0 KG	194		

ZONISADE SUSP	20	ZYNTEGLO	92
zonisamide CAPS	20	ZYPITAMAG 2 MG, 4 MG	33
ZORTRESS (Use everolimus (immunosuppressant))	143	ZYPREXA RELPREVV	46
ZORYVE CREA EX 0.05 %	70	ZYPREXA TABS (Use olanzapine) 46	
ZORYVE CREA EX 0.15 %	70	ZYPREXA TABS 2.5 MG, 5 MG, 10 MG, 20 MG (Use olanzapine)	46
ZORYVE CREA EX 0.3 %	70	ZYPREXA TABS 7.5 MG, 15 MG (Use olanzapine)	46
ZORYVE FOAM EX	70	ZYPREXA ZYDIS TBDP (Use olanzapine)	46
ZOVIRAX CREA (Use acyclovir topical)	64	ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	31
ZOVIRAX OINT (Use acyclovir topical)	64	ZYRTEC ALLERGY TABS (Use cetirizine hcl)	31
ZTALMY	20	ZYTIGA (Use abiraterone acetate) 40	
ZTLIDO PTCH	70	ZYVOX SOLN (Use linezolid)	37
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	11	ZYVOX SUSR (Use linezolid)	37
ZUBSOLV SUBL 2.1 MG-8.6 MG .	11	ZYVOX TABS (Use linezolid)	37
ZUBSOLV SUBL 2.9 MG-11.4 MG	11		
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	201		
ZURNAI IJ 1.5 MG/0.5ML	29		
ZURZUVAE	22		
ZYBIC SUSP 7.5 MG/5ML (Use meloxicam)	7		
ZYDELIG	43		
ZYFLO TABS	15		
ZYKADIA TABS	43		
ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin)	198		
ZYMFENTRA (1 PEN) AJKT	88		
ZYMFENTRA (2 PEN) AJKT	88		
ZYMFENTRA (2 SYRINGE) PSKT	88		