

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, visit **[SilverSummitHealthplan.com](https://www.silversummithealthplan.com)**. You can also call us at **1-844-366-2880** (TTY: 1-844-804-6086 or Relay: 711) Monday–Friday 8:00 a.m.–6:00 p.m.

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**

Pharmacy Program

SilverSummit Healthplan pays for prescription drugs and some over-the-counter medicines. Your doctor must write a prescription. Not all drugs are covered. Some drugs need prior authorization. Some drugs have limits on age, dose, or quantity.

You can get help by:

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

Pharmacy Benefit Manager

SilverSummit Healthplan works with Express Scripts, Inc. to process pharmacy claims. Express Scripts is our Pharmacy Benefit Manager.

Prior Authorizations (PA)

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

SilverSummit Healthplan 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 Preferred Drug List or request a prior authorization.

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 the 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 Preferred Drug List have age limits. These limits are based on Food and Drug Administration 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 Preferred Drug List (PDL), your doctor can make a medical necessity 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 edits when the pharmacy sends your medicine claim. These edits follow Food and Drug Administration 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 Medicines

Some over-the-counter drugs are covered if your doctor writes a prescription. These drugs are listed in the Preferred Drug List.

Filling a Prescription

You can get your medicine at an in-network pharmacy. To find one, call SilverSummit Healthplan 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 Healthplan.

Medical Benefits

Some drugs and medical services are part of SilverSummit Healthplan'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
 - » 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 Healthplan directly.



Newly Approved Products

New drugs are reviewed before they are added to the Preferred Drug List. These medicines will need a PA until they are added to the Preferred Drug List. 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** (TTY: 1-844-804-6086 or Relay: 711)

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

Pharmacy Services ESI Pharmacy Help Desk: **1-833-750-4490**

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

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/Limits	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.
Opioid	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. Additional restrictions may apply for members under the age of 18 years. Limits: • Daily Dose Max = 60 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids **MME = Morphine Milligram Equivalent
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
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	WAFR	Wafer
SOCT	Solution Cartridge	XR	Extended Release
SOLN	Solution		
SOLR	Solution Reconstituted		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate TABS</i>	NP	AL(At least 3 yrs old)
Amphetamines			<i>dextroamphetamine sulfate TABS</i>	PA	AL(At least 3 yrs old); PA
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)	DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	AL(At least 3 yrs old)	DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)	EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
amphetamine sulfate TABS	NP	AL(At least 3 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>lisdexamfetamine dimesylate CHEW</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	<i>methamphetamine hcl</i>	NP	AL(At least 3 yrs old)
amphetamine-dextroamphetamine TABS	PA	AL(At least 3 yrs old); PA	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	VYVANSE CAPS (Use lisdexamfetamine dimesylate)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	NP	QL(1 ML daily); AL(At least 6 yrs old)	VYVANSE CHEW (Use lisdexamfetamine dimesylate)	NP	QL(1 EA daily); AL(At least 6 yrs old)
DESOXYN (Use methamphetamine hcl)	NF	AL(At least 3 yrs old)	XELSTRYM	NP	AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)	Analeptics		
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)	caffeine citrate SOLN PO 60 MG/3ML	P	QL(45 ML per fill retail; 45 per fill mail)
			Anti-Obesity Agents		
			WEGOVY 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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			XELJANZ TABS 5 MG, 10 MG (<i>Use tofacitinib citrate</i>)	PA	QL(2 EA daily); SP; PA
Aminoglycosides			Antirheumatic Antimetabolites		
ARIKAYCE	P	SP; PA	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
BETHKIS NEBU (<i>Use tobramycin</i>)	P	SP	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	P	SP	Anti-TNF-alpha - Monoclonal Antibodies		
<i>neomycin sulfate</i> TABS	P		ABRILADA (1 PEN) AJKT	NP	SP
TOBI PODHALER CAPS	NP	SP	ABRILADA (2 PEN) AJKT	NP	SP
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP	ABRILADA (2 SYRINGE) PSKT	NP	SP
<i>tobramycin sulfate</i> SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	P		ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
<i>tobramycin sulfate</i> SOLR	P		ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
<i>tobramycin NEBU</i>	P	SP	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
<i>tobramycin NEBU</i>	NP	SP	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
OLUMIANT	PA	QL(1 EA daily); SP; PA	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
RINVOQ LQ SOLN	PA	QL(1 ML daily); SP; PA	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP
RINVOQ TB24	PA	QL(1 EA daily); SP; PA			
<i>tofacitinib citrate</i> SOLN 1 MG/ML	NP	SP			
<i>tofacitinib citrate</i> TABS 5 MG, 10 MG	NP	QL(2 EA daily); SP			
<i>tofacitinib citrate</i> TB24 11 MG, 22 MG	NP	QL(1 EA daily); SP			
XELJANZ XR TB24 11 MG, 22 MG (<i>Use tofacitinib citrate</i>)	NP	QL(1 EA daily); SP			
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	PA	SP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KINERET SOSY	PA	SP; PA	CELEBREX 400 MG (<i>Use celecoxib</i>)	NF	QL(1 EA daily)
Interleukin-1beta Blockers			CELEBREX 400 MG (<i>Use celecoxib</i>)	NP	QL(1 EA daily)
ILARIS SOLN	NP	SP	CELEBREX 50 MG (<i>Use celecoxib</i>)	NF	QL(8 EA daily)
Interleukin-6 Receptor Inhibitors			CELEBREX 200 MG (<i>Use celecoxib</i>)	NF	QL(2 EA daily)
ACTEMRA ACTPEN SOAJ	PA	SP; PA	<i>celecoxib 100 MG</i>	P	QL(4 EA daily)
ACTEMRA SOLN	PA	SP; PA	<i>celecoxib 50 MG</i>	P	QL(8 EA daily)
ACTEMRA SOSY	PA	SP; PA	<i>celecoxib 200 MG</i>	P	QL(2 EA daily)
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP	<i>celecoxib 400 MG</i>	P	QL(1 EA daily)
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	COXANTO CAPS (<i>Use oxaprozin</i>)	NP	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	COXANTO CAPS (<i>Use oxaprozin</i>)	NF	
KEVZARA SOAJ	NP	SP	DAYPRO TABS (<i>Use oxaprozin</i>)	NF	
KEVZARA SOSY	NP	SP	<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 100 MG (<i>Use celecoxib</i>)	NP	QL(4 EA daily)	<i>flurbiprofen TABS 50 MG</i>	P	
CELEBREX 50 MG (<i>Use celecoxib</i>)	NP	QL(8 EA daily)	<i>ibuprofen-acetaminophen TABS</i>	P	
CELEBREX 200 MG (<i>Use celecoxib</i>)	NP	QL(2 EA daily)	<i>ibuprofen CAPS</i>	P	
CELEBREX 100 MG (<i>Use celecoxib</i>)	NF	QL(4 EA daily)	<i>ibuprofen CHEW</i>	P	
			<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TBPB	PA	QL(2 EA daily); SP; PA
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	PA	QL(0.143 ML daily); SP; PA
ORENCIA SOLR	PA	SP; PA
ORENCIA SOSY 125 MG/ML	PA	QL(0.143 ML daily); SP; PA
ORENCIA SOSY 50 MG/0.4ML	PA	QL(0.058 ML daily); SP; PA
ORENCIA SOSY 87.5 MG/0.7ML	PA	QL(0.1 ML daily); SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	PA	QL(0.143 ML daily); SP; PA
ENBREL SURECLICK SOAJ	PA	QL(0.143 ML daily); SP; PA
ENBREL SOLN	PA	QL(0.143 ML daily); SP; PA
ENBREL SOSY	PA	QL(0.143 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)
<i>ESGIC TABS (Use butalbital-acetaminophen-caffeine)</i>	NF	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
JOURNAVX	P	QL(3 EA daily; 29 EA per fill retail; 29 per fill mail ; 29 EA per 60 day(s) retail; 29 EA per 60 days mail); AL(At least 18 yrs old)
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin CHEW</i>	P	
ASPIRIN SUPP 300 MG	P	
<i>aspirin TABS 325 MG</i>	P	
<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>diflunisal TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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			<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)
Opioid Agonists			<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)
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>methadone hcl CONC</i>	NP	
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>methadone hcl SOLN PO</i>	NP	
CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>methadone hcl TABS</i>	NP	
CONZIP CP24 (Use <i>tramadol hcl</i>)	NP	AL(At least 18 yrs old)	<i>methadone hcl TBSO</i>	NP	
DEMEROL SOLN IJ (Use <i>meperidine hcl</i>)	NF		METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP	
DILAUDID TABS (Use <i>hydromorphone hcl</i>)	NF	QL(8 EA daily)	METHADOSE CONC (Use <i>methadone hcl</i>)	NP	
DISKETTS TBSO 40 MG (Use <i>methadone hcl</i>)	NP		<i>morphine sulfate beads</i>	P	QL(1 EA daily)
<i>fentanyl citrate LPOP 400 MCG, 800 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 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 SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)	<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)	<i>morphine sulfate TABS 30 MG</i>	P	
<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)	<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)
			MS CONTIN TBCR 100 MG (Use <i>morphine sulfate</i>)	NF	QL(3 EA daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XYOSTED SOAJ	PA	PA	<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-400 MG/5ML</i>	P	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
Intrarectal Steroids			<i>alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML, 400 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-400 MG/5ML, 800 MG/10ML-800 MG/10ML</i>	P	
<i>budesonide (intrarectal)</i>	NP		Antacids - Aluminum Salts		
<i>CORTENEMA (Use hydrocortisone (intrarectal))</i>	NF	QL(420 ML per fill retail; 420 per fill mail)	<i>ALUMINUM HYDROXIDE GEL SUSP</i>	P	
<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail; 420 per fill mail)	Antacids - Bicarbonate		
<i>UCERIS (Use budesonide (intrarectal))</i>	NF		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(16.54 EA daily)
Rectal Combinations			Antacids - Calcium Salts		
<i>HEMORRHOIDAL 0.25 %-85.5 %-3 %</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP		Antacids - Magnesium Salts		
<i>LIDOCORT CREA EX 0.5 %-3 % (Use lidocaine-hydrocortisone acetate (rectal))</i>	NF		<i>magnesium oxide TABS 400 MG</i>	P	
<i>SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Rectal Local Anesthetics			Nitrates		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)	<i>ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)</i>	NF	
<i>PROCTOFOAM FOAM EX 1 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)	<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
Rectal Steroids			<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
<i>ANUSOL-HC EX (Use hydrocortisone (rectal))</i>	NF				
<i>hydrocortisone (rectal) EX</i>	P				
ANTACIDS					
Antacid Combinations					
<i>alum & mag hydrox-simethicone CHEW</i>	P				

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

Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	AL(At least 18 yrs old); SP
EXDENSUR SOSY SC 100 MG/ML	NP	Maximum 180 day supply allowed; QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); AL(At least 12 yrs old); SP
FASENRA PEN SOAJ	PA	SP; PA
FASENRA SOSY	PA	SP; PA
NUCALA SOAJ	PA	AL(At least 6 yrs old); SP; PA
NUCALA SOLR	PA	AL(At least 6 yrs old); SP; PA
NUCALA SOSY	PA	AL(At least 6 yrs old); SP; PA
TEZSPIRE SOAJ	NP	QL(0.07 ML daily); AL(At least 12 yrs old); SP
TEZSPIRE SOSY	NP	QL(0.07 ML daily); AL(At least 12 yrs old); SP
XOLAIR SOAJ 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 62.5 MCG/ACT (<i>Use umeclidinium bromide</i>)	P	MP
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	P	
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	P	MP
SPIRIVA RESPIMAT AERS IN	P	MP
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	MP
TUDORZA PRESSAIR	NP	MP
<i>umeclidinium bromide 62.5 MCG/INH</i>	NP	
YUPELRI IN 175 MCG/3ML	NP	MP
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NF	
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	P	
<i>montelukast sodium TABS</i>	P	

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	NP		APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	NP	
<i>perampanel SUSP 0.5 MG/ML</i>	NP		BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	P		BANZEL TABS (<i>Use rufinamide</i>)	NP	SP
Anticonvulsants - Benzodiazepines			<i>brivaracetam SOLN IV 50 MG/5ML</i>	NP	SP
<i>clobazam SUSP</i>	P		<i>brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	NP	SP
<i>clobazam TABS</i>	P		BRIVIACT SOLN IV 50 MG/5ML (<i>Use brivaracetam</i>)	NF	SP
<i>clonazepam TABS</i>	P	AL(At least 18 yrs old)	BRIVIACT SOLN PO 10 MG/ML (<i>Use brivaracetam</i>)	NP	SP
<i>clonazepam TBDP</i>	P		BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (<i>Use brivaracetam</i>)	NP	SP
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF		<i>carbamazepine CHEW</i>	P	
<i>diazepam (anticonvulsant) GEL</i>	P		<i>carbamazepine CP12</i>	P	
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	AL(At least 18 yrs old)	<i>carbamazepine SUSP</i>	P	
LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)	<i>carbamazepine TABS</i>	P	
NAYZILAM	PA	PA	<i>carbamazepine TB12</i>	P	
ONFI SUSP (<i>Use clobazam</i>)	NP		CARBATROL CP12 (<i>Use carbamazepine</i>)	NP	
ONFI TABS (<i>Use clobazam</i>)	NP		DIACOMIT CAPS	NP	SP
SYMPAZAN FILM	NP		DIACOMIT PACK	NP	SP
VALTOCO 10 MG DOSE LIQD	PA	PA	ELEPSIA XR TB24	NP	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA	EPIDIOLEX	PA	SP; PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA	EPRONTIA SOLN 25 MG/ML (<i>Use topiramate</i>)	NP	
VALTOCO 5 MG DOSE LIQD	PA	PA	<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	NP	
Anticonvulsants - Misc.			FINTEPLA	NP	SP
			<i>gabapentin CAPS</i>	P	
			<i>gabapentin SOLN</i>	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 PO 100 MG/ML (Use <i>levetiracetam</i>)	NP		LYRICA SOLN (Use <i>pregabalin</i>)	NF	
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i>)	NF		LYRICA SOLN (Use <i>pregabalin</i>)	P	
KEPPRA TABS (Use <i>levetiracetam</i>)	NP		MOTPOLY XR CP24	NP	
<i>lacosamide SOLN IV 200 MG/20ML</i>	P		MYSOLINE (Use <i>primidone</i>)	NF	
<i>lacosamide TABS</i>	P		NEURONTIN CAPS (Use <i>gabapentin</i>)	P	
LAMICTAL ODT KIT (Use <i>lamotrigine</i>)	NP		NEURONTIN SOLN (Use <i>gabapentin</i>)	P	
LAMICTAL ODT TBDP (Use <i>lamotrigine</i>)	NP		NEURONTIN SOLN (Use <i>gabapentin</i>)	NF	
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 (Use <i>topiramate</i>)	NF	
<i>lamotrigine TBDP</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 SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use <i>levetiracetam</i>)	NP	
<i>levetiracetam TABS</i>	P		SPRITAM TB3D	NP	
<i>levetiracetam TB24</i>	P		SUBVENITE SUSP PO 10 MG/ML	NP	
<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP		TEGRETOL SUSP (Use <i>carbamazepine</i>)	NP	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 (Use bupropion hcl)	NP	AL(At least 18 yrs old)
WELLBUTRIN XL TB24 (Use bupropion hcl)	NF	AL(At least 18 yrs old)
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	P	AL(At least 18 yrs old); SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	P	
MARPLAN	P	
NARDIL (Use phenelzine sulfate)	NF	
PARNATE (Use tranylcypromine sulfate)	NF	
phenelzine sulfate	P	
tranylcypromine sulfate	P	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA
SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (Use citalopram hydrobromide)	NP	AL(At least 18 yrs old)
citalopram hydrobromide CAPS 30 MG	P	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use citalopram hydrobromide)	P	AL(At least 18 yrs old)
citalopram hydrobromide SOLN	P	AL(At least 18 yrs old)
citalopram hydrobromide TABS	P	AL(At least 18 yrs old)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS (<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 50 MG, 100 MG (<i>Use sertraline hcl</i>)	NF		EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	
ZOLOFT TABS 25 MG (<i>Use sertraline hcl</i>)	NF	AL(At least 18 yrs old)	EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NF	AL(At least 18 yrs old)
Serotonin Modulators			FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)	FETZIMA CP24	NP	AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)	PRISTIQ 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	AL(At least 18 yrs old)
<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)	PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NP	AL(At least 18 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)	VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
<i>trazodone hcl TABS</i>	P	AL(At least 18 yrs old)	<i>venlafaxine hcl CP24</i>	P	AL(At least 18 yrs old)
TRINTELLIX	NP	AL(At least 18 yrs old)	<i>venlafaxine hcl TABS</i>	P	AL(At least 18 yrs old)
VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	AL(At least 18 yrs old)	<i>venlafaxine hcl TB24</i>	P	AL(At least 18 yrs old)
<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)	Tricyclic Agents		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>amitriptyline hcl TABS</i>	P	
CYMBALTA CPEP 30 MG, 60 MG (<i>Use duloxetine hcl</i>)	NF		<i>amoxapine</i>	P	
CYMBALTA CPEP 20 MG (<i>Use duloxetine hcl</i>)	NP	AL(At least 18 yrs old)	ANAFRANIL (<i>Use clomipramine hcl</i>)	NF	
DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)	<i>clomipramine hcl</i>	P	
<i>desvenlafaxine succinate</i>	P	AL(At least 18 yrs old)	<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)	<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P	
<i>duloxetine hcl CPEP</i>	P	AL(At least 18 yrs old)	<i>doxepin hcl CAPS</i>	P	
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP	AL(At least 18 yrs old)	<i>doxepin hcl CONC</i>	P	
			<i>imipramine hcl TABS</i>	P	
			<i>imipramine pamoate</i>	P	
			NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF	
			NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NF	QL(2 EA daily)
			<i>nortriptyline hcl CAPS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)
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	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NP	MP
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NP	MP
JENTADUETO XR TB24	P	MP
JENTADUETO TABS	P	MP
<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
<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	MP
SOLQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP
STEGLUJAN	NP	MP
SYNJARDY XR TB24	P	MP
SYNJARDY TABS	P	MP
TRIJARDY XR	NP	MP
XIGDUO XR TB24 PO	P	MP
XIGDUO XR TB24 PO (<i>Use dapagliflozin free base-metformin hcl</i>)	P	MP
XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP
ZITUVIMET XR TB24	P	MP

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

Drug Name	Drug Tier	Requirements/ Limits
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	
PROGLYCEM (<i>Use diazoxide</i>)	NF	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)
TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA 25 MG, 50 MG, 100 MG (<i>Use sitagliptin phosphate</i>)	NP	MP
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl</i>	NP	MP
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	P	MP
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	NP	MP
TRADJENTA	P	MP
ZITUVIO 25 MG, 50 MG, 100 MG (<i>Use sitagliptin</i>)	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	PA	QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP; PA	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
exenatide SOPN 10 MCG/0.04ML	NP	QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
exenatide SOPN 5 MCG/0.02ML	NP	QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP	OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
liraglutide	NP	QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old)	OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA
MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	PA	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP; PA	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
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	PA	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 18 yrs old); MP; PA	TRULICITY	PA	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	P	MP
<i>glipizide TABS</i>	P	MP
<i>glipizide TB24</i>	P	MP
GLUCOTROL XL TB24 5 MG (<i>Use glipizide</i>)	NP	MP
GLUCOTROL XL TB24 10 MG (<i>Use glipizide</i>)	NF	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	MP
<i>glyburide TABS</i>	P	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	P	
<i>bismuth subsalicylate TABS</i>	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl CAPS</i>	P	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox TABS</i>	P	SP; PA
JADENU TABS (<i>Use deferasirox</i>)	NF	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>Use naloxone hcl</i>)	NF	RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	PA	SP; PA
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	P	QL(2 EA per fill retail; 2 per fill mail)
GRANISOL SOLN PO	NP	QL(30 ML per fill retail; 30 per fill mail)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl SOSY</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail)
<i>ondansetron hcl TABS 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NF	RX/OTC
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NF	
<i>dimenhydrinate TABS</i>	P	
<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	P	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	P	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	PA	PA
DRONABINOL SOLN 5 MG/ML	PA	PA

Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	PA	PA
MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>aprepitant CAPS 40 MG, 80 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>aprepitant CAPS 125 MG</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>aprepitant CPPK PO</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
EMEND BIPACK CAPS 80 MG (<i>Use aprepitant</i>)	NP	QL(2 EA per fill retail; 2 per fill mail)
EMEND TRIPACK CPPK PO (<i>Use aprepitant</i>)	NP	QL(3 EA per fill retail; 3 per fill mail)
EMEND SOLR (<i>Use fosaprepitant dimeglumine</i>)	NP	QL(1 EA per fill retail; 1 per fill mail)
EMEND SUSR	NP	QL(1 EA per fill retail; 1 per fill mail)
FOCINVEZ SOLN	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>fosaprepitant dimeglumine SOLR</i>	P	QL(1 EA per fill retail; 1 per fill mail)
NAVITRUX SOLR 150 MG	NP	QL(1 EA per fill retail; 1 per fill mail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize TABS</i>	P		DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
<i>griseofulvin ultramicrosize</i>	P		<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P		<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>nystatin TABS</i>	P	QL(6 EA daily)	<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
Imidazole-Related Antifungals			Antihistamines - Non-Sedating		
DIFLUCAN SUSR 40 MG/ML (<i>Use fluconazole</i>)	NF	QL(70 ML per fill retail; 70 per fill mail)	ALLEGRA ALLERGY TABS (<i>Use fexofenadine hcl</i>)	NF	
DIFLUCAN TABS 200 MG (<i>Use fluconazole</i>)	NF	QL(2 EA daily)	<i>cetirizine hcl CAPS</i>	NP	
DIFLUCAN TABS 100 MG (<i>Use fluconazole</i>)	NF	QL(1 EA daily)	<i>cetirizine hcl CHEW</i>	P	
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail; 70 per fill mail)	<i>cetirizine hcl SOLN PO</i>	P	RX/OTC
<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)	<i>cetirizine hcl TABS</i>	P	
<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)	CLARINEX TABS (<i>Use desloratadine</i>)	NP	
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)	CLARINEX TABS (<i>Use desloratadine</i>)	NF	
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)	CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA	CLARITIN CHILDRENS CHEW (<i>Use loratadine</i>)	NF	
ANTI-HISTAMINES - Drugs to Treat Allergies			CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
Antihistamines - Alkylamines			CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)	CLARITIN CHEW (<i>Use loratadine</i>)	NF	
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)	CLARITIN SOLN (<i>Use loratadine</i>)	NF	
<i>dexchlorpheniramine maleate SOLN</i>	P		CLARITIN TABS (<i>Use loratadine</i>)	NF	
Antihistamines - Ethanolamines			DESLOLATADINE SOLN PO 0.5 MG/ML	NP	
CLEMASZ TABS 2.68 MG (<i>Use clemastine fumarate</i>)	NF		<i>desloratadine TABS</i>	NP	
			<i>desloratadine TBDP</i>	NP	
			<i>fexofenadine hcl SUSP</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP		EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA
<i>levocetirizine dihydrochloride SOLN</i>	P	RX/OTC	Antihyperlipidemics - Combinations		
<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC	<i>ezetimibe-simvastatin</i>	P	MP
<i>loratadine CHEW</i>	P		NEXLIZET	NP	
<i>loratadine SOLN</i>	P		VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	MP
<i>loratadine TABS</i>	P		Antihyperlipidemics - Misc.		
<i>loratadine TBDP 10 MG</i>	P		<i>icosapent ethyl</i>	NP	
ZYRTEC ALLERGY CAPS (Use <i>cetirizine hcl</i>)	NF		LOVAZA (Use <i>omega-3-acid ethyl esters</i>)	NF	
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NF		<i>omega-3-acid ethyl esters</i>	P	
Antihistamines - Phenothiazines			VASCEPA (Use <i>icosapent ethyl</i>)	NF	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)	Bile Acid Sequestrants		
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)	<i>cholestyramine light PACK</i>	NP	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	<i>cholestyramine light PACK</i>	P	
Antihistamines - Piperidines			<i>cholestyramine light POWD</i>	P	
<i>cyproheptadine hcl SYRP</i>	P		<i>cholestyramine light POWD</i>	NP	
<i>cyproheptadine hcl TABS</i>	P		<i>cholestyramine PACK</i>	P	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>cholestyramine POWD</i>	P	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			<i>colesevelam hcl PACK</i>	P	
NEXLETOL	NP		<i>colesevelam hcl TABS</i>	P	
Angiopoietin-like Protein Inhibitors			COLESTID GRAN (Use <i>colestipol hcl</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	COLESTID PACK (Use <i>colestipol hcl</i>)	NF	
			COLESTID TABS (Use <i>colestipol hcl</i>)	NP	
			<i>colestipol hcl GRAN</i>	P	
			<i>colestipol hcl PACK</i>	P	
			<i>colestipol hcl TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits
ZETIA (Use ezetimibe)	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	P	
niacin (antihyperlipidemic) TBCR	P	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use quinapril hcl)	NP	MP
ALTACE CAPS 1.25 MG, 5 MG (Use ramipril)	NP	MP
ALTACE CAPS 10 MG (Use ramipril)	NF	
benazepril hcl	P	MP

Drug Name	Drug Tier	Requirements/ Limits
captopril	P	MP
enalapril maleate SOLN	P	AL(Up to 10 yrs old); MP
enalapril maleate TABS	P	MP
EPANED SOLN (Use enalapril maleate)	NP	AL(Up to 10 yrs old); MP
fosinopril sodium	NP	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	NP	MP
moexipril hcl	NP	MP
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	MP
quinapril hcl	NP	MP
ramipril CAPS	P	MP
trandolapril	NP	MP
VASOTEC TABS (Use enalapril maleate)	NF	
ZESTRIL TABS (Use lisinopril)	NF	
ZESTRIL TABS (Use lisinopril)	NP	MP
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	MP
ATACAND (Use candesartan cilexetil)	NP	MP
AVAPRO 150 MG, 300 MG (Use irbesartan)	NP	MP
azilsartan medoxomil 40 MG, 80 MG	NP	MP
BENICAR (Use olmesartan medoxomil)	NP	MP
candesartan cilexetil	NP	MP
COZAAR (Use losartan potassium)	NP	MP
DIOVAN TABS (Use valsartan)	NP	MP

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
XATMEP SOLN PO	PA	PA
XELODA 500 MG (<i>Use capecitabine</i>)	PA	SP; PA
XELODA (<i>Use capecitabine</i>)	NF	SP
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	PA	SP; PA
INLYTA	PA	SP; PA
LENVIMA (10 MG DAILY DOSE)	PA	SP; PA
LENVIMA (12 MG DAILY DOSE)	PA	SP; PA
LENVIMA (14 MG DAILY DOSE)	PA	SP; PA
LENVIMA (18 MG DAILY DOSE)	PA	SP; PA
LENVIMA (20 MG DAILY DOSE)	PA	SP; PA
LENVIMA (24 MG DAILY DOSE)	PA	SP; PA
LENVIMA (4 MG DAILY DOSE)	PA	SP; PA
LENVIMA (8 MG DAILY DOSE)	PA	SP; PA
Antineoplastic - Antibodies		
LOQTORZI	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	PA	SP; PA
TUKYSA	PA	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPB	PA	SP; PA
VENCLEXTA TABS	PA	SP; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	PA	SP; PA
<i>gefitinib</i>	PA	SP; PA
GILOTRIF	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IRESSA (<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 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIGARD SC 45 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	LIFYORLI (125 MG DOSE) CPPK PO	PA	SP; PA
ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA	LIFYORLI (150 MG DOSE) CPPK PO	PA	SP; PA
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	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
EMCYT	P	SP	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
ERLEADA	PA	SP; PA	LUPRON DEPOT (4-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA
EULEXIN	P		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>exemestane</i>	PA	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
FARESTON (Use <i>toremifene citrate</i>)	PA	MP; PA	LYSODREN	PA	SP; PA
FEMARA (Use <i>letrozole</i>)	PA	PA	<i>megestrol acetate SUSP</i>	P	
INLURIYO TABS PO 200 MG	PA	SP; PA	<i>megestrol acetate TABS</i>	PA	PA
<i>letrozole</i>	PA	PA	NILANDRON (Use <i>nilutamide</i>)	NF	
<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>nilutamide</i>	PA	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
NUBEQA	PA	SP; PA	Antineoplastic - XPO1 Inhibitors		
ORGOVYX	PA	SP; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA
ORSERDU	PA	SP; PA	XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA
SOLTAMOX SOLN	PA	MP; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA
<i>tamoxifen citrate TABS</i>	PA	MP; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA
<i>toremifene citrate</i>	PA	MP; PA	XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA	XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA
TRELSTAR MIXJECT 3.75 MG	PA	SP; PA	XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA
VEPPANU TABS PO 100 MG, 200 MG	PA	PA	Antineoplastic Combinations		
XTANDI CAPS	PA	SP; PA	AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA
XTANDI TABS	PA	SP; PA	INQOVI	PA	SP; PA
YONSA	PA	SP; PA	LONSURF	PA	SP; PA
ZOLADEX	P	SP; PA	Antineoplastic Enzyme Inhibitors		
ZYTIGA (<i>Use abiraterone acetate</i>)	PA	SP; PA	AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	PA	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			AFINITOR TABS (<i>Use everolimus</i>)	PA	SP; PA
WELIREG	PA	SP; PA	ALECENSA	PA	SP; PA
Antineoplastic - Immunomodulators			ALUNBRIG TABS	PA	SP; PA
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	PA	SP; PA	ALUNBRIG TBPk	PA	SP; PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	PA	SP; PA	AUGTYRO	PA	SP; PA
Antineoplastic - Menin Inhibitors			BALVERSA	PA	SP; PA
KOMZIFTI CAPS PO 200 MG	PA	SP; PA	BOSULIF CAPS	PA	SP; PA
REVUFORJ	PA	SP; PA	BOSULIF TABS 100 MG, 400 MG, 500 MG (<i>Use bosutinib</i>)	PA	SP; PA
REVUFORJ 25 MG	PA	PA	<i>bosutinib TABS 100 MG, 400 MG, 500 MG</i>	PA	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			BRAFTOVI 75 MG	PA	SP; PA
AYVAKIT	PA	SP; PA	BRUKINSA	PA	SP; PA
Antineoplastic - Protease Activators			BRUKINSA PO 160 MG	PA	SP; PA
MODEYSO CAPS PO 125 MG	PA	SP; PA			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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	
SINEMET TABS 100 MG-10 MG (Use <i>carbidopa-levodopa</i>)	NP	
SINEMET TABS 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NF	
STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
VYALEV SOLN SC	NP	SP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (Use <i>rasagiline mesylate</i>)	NP	
<i>rasagiline mesylate</i>	NP	
<i>selegiline hcl CAPS</i>	NP	
<i>selegiline hcl TABS</i>	NP	
XADAGO	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	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
LATUDA (Use <i>lurasidone hcl</i>)	NP	AL(At least 18 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
Benzisoxazoles		
BYSANTI TITRATION PACK A TBPB PO	NP	AL(At least 18 yrs old)
BYSANTI TITRATION PACK B TBPB PO	NP	AL(At least 18 yrs old)
BYSANTI TITRATION PACK C TBPB PO	NP	AL(At least 18 yrs old)
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	AL(At least 18 yrs old)
ERZOFRI	PA	AL(At least 18 yrs old); SP; PA
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
INVEGA 3 MG, 6 MG, 9 MG (Use <i>paliperidone</i>)	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA	HALDOL DECANOATE (Use haloperidol decanoate)	NF	
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA	haloperidol decanoate	P	
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA	haloperidol lactate CONC	P	
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA	haloperidol lactate SOLN	P	
paliperidone	P	AL(At least 18 yrs old)	haloperidol TABS 0.5 MG, 1 MG, 10 MG	P	QL(3 EA daily)
PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA	haloperidol TABS 2 MG, 5 MG, 20 MG	P	
RISPERDAL CONSTA (Use risperidone microspheres)	PA	AL(At least 18 yrs old); SP; PA	Dibenzapines		
RISPERDAL SOLN (Use risperidone)	NP	AL(At least 18 yrs old)	asenapine maleate	P	AL(At least 18 yrs old)
RISPERDAL TABS 3 MG (Use risperidone)	NF	AL(At least 18 yrs old)	clozapine TABS	P	AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	AL(At least 18 yrs old)	clozapine TBDP	P	AL(At least 18 yrs old)
risperidone microspheres	NP	AL(At least 18 yrs old); SP	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	NP	AL(At least 18 yrs old)
risperidone SOLN	P	AL(At least 18 yrs old)	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	NF	AL(At least 18 yrs old)
risperidone TABS	P	AL(At least 18 yrs old)	loxapine succinate	P	QL(4 EA daily)
risperidone TBDP	P	AL(At least 18 yrs old)	olanzapine TABS	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP	olanzapine TBDP	P	AL(At least 18 yrs old)
UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA	quetiapine fumarate TABS	P	AL(At least 18 yrs old)
Butyrophenones			quetiapine fumarate TB24	P	AL(At least 18 yrs old)
			SAPHRIS (Use asenapine maleate)	NP	AL(At least 18 yrs old)
			SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	NF	AL(At least 18 yrs old)
			SECUADO	NP	AL(At least 18 yrs old)
			SEROQUEL XR TB24 (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
			SEROQUEL TABS (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
			VERSACLOZ SUSP	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); SP; PA
ZYPREXA ZYDIS TBDP (Use <i>olanzapine</i>)	NF	AL(At least 18 yrs old)
ZYPREXA ZYDIS TBDP (Use <i>olanzapine</i>)	NP	AL(At least 18 yrs old)
ZYPREXA TABS (Use <i>olanzapine</i>)	NF	AL(At least 18 yrs old)
ZYPREXA TABS (Use <i>olanzapine</i>)	NP	AL(At least 18 yrs old)
Dihydroindolones		
<i>molindone hcl</i>	P	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
Phenothiazines		
<i>chlorpromazine hcl SOLN 25 MG/ML</i>	P	
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 EA daily)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 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		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY ASIMTUFII PRSY	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA PRSY	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	PA	AL(At least 18 yrs old); SP; PA
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 18 yrs old); SP
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG	NP	AL(At least 18 yrs old); SP
ABILIFY TABS (Use <i>aripiprazole</i>)	NP	AL(At least 18 yrs old)
<i>aripiprazole SOLN PO</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TABS</i>	P	AL(At least 18 yrs old)
<i>aripiprazole TBDP</i>	P	AL(At least 18 yrs old)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	PA	AL(At least 18 yrs old); SP; PA
ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	PA	AL(At least 18 yrs old); SP; PA
ARISTADA INITIO	PA	AL(At least 18 yrs old); SP; PA
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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>sodium hypochlorite SOLN EX</i>	P		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
Iodine Antiseptics			<i>efavirenz TABS</i>	P	QL(1 EA daily)
<i>povidone-iodine SOLN 10 %</i>	P		<i>emtricitabine CAPS</i>	P	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>emtricitabine-ralpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
Antiretrovirals			<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	EMTRIVA CAPS (Use <i>emtricitabine</i>)	NF	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	EMTRIVA SOLN	P	QL(24 ML daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	EPIVIR SOLN (Use <i>lamivudine</i>)	NF	QL(30 ML daily)
APRETUDE	P		EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	NF	QL(1 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	NF	QL(2 EA daily)
<i>atazanavir sulfate CAPS</i>	P	QL(2 EA daily)	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA	EVOTAZ	P	QL(1 EA daily)
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
CIMDUO	P	QL(1 EA daily)	FUZEON SOLR	P	SP
COMPLERA 200 MG-300 MG-25 MG (Use <i>emtricitabine-ralpivirine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	GENVOYA	P	QL(1 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	IDVYNOS TABS PO	P	
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	INTELENCE 100 MG (Use <i>etravirine</i>)	NF	QL(4 EA daily)
DELSTRIGO	P	QL(1 EA daily)	INTELENCE 25 MG	P	QL(4 EA daily)
DESCOVY	P	QL(1 EA daily)	INTELENCE 200 MG (Use <i>etravirine</i>)	NF	QL(2 EA daily)
DOVATO	P		ISENTRESS HD TABS	P	QL(2 EA daily)
EDURANT 25 MG (Use <i>ralpivirine hcl</i>)	NF	QL(1 EA daily)	ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
EDURANT PED PO 2.5 MG	P		ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)			
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
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)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(30 ML daily)
<i>zidovudine CAPS</i>	P	QL(6 EA daily)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)
<i>zidovudine TABS</i>	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)
CMV Agents		

Drug Name	Drug Tier	Requirements/ Limits
LIVTENCITY	PA	AL(At least 12 yrs old); SP; PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 EA daily)
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	P	
BARACLUDE TABS (<i>Use entecavir</i>)	NF	
<i>entecavir TABS</i>	P	
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOVALDI TABS	NP	QL(28 EA per fill retail; 28 per fill mail ; 28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP	Alpha-Beta Blockers		
VOSEVI	NP	SP	<i>carvedilol</i>	P	MP
ZEPATIER	NP	SP	<i>carvedilol phosphate</i>	NP	MP
Herpes Agents			COREG (<i>Use carvedilol</i>)	NF	
<i>acyclovir CAPS</i>	P		COREG CR (<i>Use carvedilol phosphate</i>)	NF	
<i>acyclovir SUSP</i>	P		<i>labetalol hcl TABS</i>	P	MP
<i>acyclovir TABS PO</i>	P		Beta Blockers Cardio-Selective		
<i>famciclovir</i>	P		<i>acebutolol hcl CAPS</i>	P	MP
<i>valacyclovir hcl</i>	P		<i>atenolol TABS</i>	P	MP
VALTREX (<i>Use valacyclovir hcl</i>)	NP		<i>betaxolol hcl</i>	NP	MP
Influenza Agents			<i>bisoprolol fumarate</i>	P	MP
<i>oseltamivir phosphate CAPS</i>	P		BYSTOLIC 2.5 MG, 5 MG, 10 MG (<i>Use nebivolol hcl</i>)	NF	
<i>oseltamivir phosphate SUSR</i>	P		BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	MP
RAPIVAB	NP		KAPSPARGO SPRINKLE CS24	NP	MP
RELENZA DISKHALER	P		LOPRESSOR SOLN PO 10 MG/ML	NP	MP
<i>rimantadine hydrochloride TABS</i>	P		LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NP	MP
TAMIFLU CAPS 30 MG (<i>Use oseltamivir phosphate</i>)	NF		<i>metoprolol succinate TB24</i>	P	MP
TAMIFLU CAPS 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP		<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	P	MP
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NP		<i>metoprolol tartrate TABS</i>	P	MP
XOFLUZA (40 MG DOSE) 40 MG	NP		<i>nebivolol hcl</i>	P	MP
XOFLUZA (80 MG DOSE) 80 MG	NP		TENORMIN TABS 25 MG, 50 MG (<i>Use atenolol</i>)	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			TENORMIN TABS (<i>Use atenolol</i>)	NP	MP
			TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NP	MP
			TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NF	
			Beta Blockers Non-Selective		
			BETAPACE AF (<i>Use sotalol hcl (afib/afll)</i>)	NP	MP

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

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NP	MP
VERELAN CP24 (<i>Use verapamil hcl</i>)	NF	
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-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
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	
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

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

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan TABS</i>	PA	SP; PA
<i>bosentan TBSO 32 MG</i>	NP	SP
LETAIRIS (Use <i>ambrisentan</i>)	NP	SP
<i>macitentan 10 MG</i>	NP	SP
OPSUMIT 10 MG (Use <i>macitentan</i>)	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 (pulmonary hypertension)</i>)	NP	SP
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	SP
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	PA	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); SP; MP
CORLANOR TABS (Use <i>ivabradine hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>ivabradine hcl TABS</i>	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
ATTRUBY	PA	QL(4 EA daily); AL(At least 18 yrs old); SP; PA
VYNDAMAX	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	MP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	<i>dexamethasone SOLN</i>	P	
			<i>dexamethasone TABS</i>	P	
			EMFLAZA SUSP (<i>Use deflazacort</i>)	NP	SP
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	EMFLAZA TABS (<i>Use deflazacort</i>)	PA	SP; PA
Progestin Contraceptives - Oral			EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)	<i>hydrocortisone TABS</i>	P	
OPILL	P		MEDROL TABS (<i>Use methylprednisolone</i>)	NF	
SLYND	P	QL(1 EA daily)	MEDROL TBPk (<i>Use methylprednisolone</i>)	NF	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	
Glucocorticosteroids			<i>methylprednisolone TBPk</i>	P	
AGAMREE	PA	AL(At least 2 yrs old); SP; PA	PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>budesonide CPEP</i>	NP		<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P	
<i>budesonide TB24</i>	NP		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
CORTEF TABS (<i>Use hydrocortisone</i>)	NF		<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
CORTISONE ACETATE TABS	P		<i>prednisolone SOLN</i>	P	
<i>deflazacort SUSP</i>	NP	SP	<i>prednisolone TABS</i>	P	
<i>deflazacort TABS</i>	NP	SP	PREDNISON INTENSOL CONC	P	
DEXAMETHASONE INTENSOL CONC	P		<i>prednisone SOLN</i>	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)	<i>prednisone TABS</i>	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)	<i>prednisone TBEC 1 MG, 2 MG</i>	PA	PA
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)	<i>prednisone TBPk</i>	P	
<i>dexamethasone ELIX</i>	P		UCERIS TB24 (<i>Use budesonide</i>)	NF	
			Mineralocorticoids		

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate OINT</i>	NP		<i>triamcinolone acetonide (topical) LOTN</i>	P	
<i>hydrocortisone butyrate SOLN</i>	NP		<i>triamcinolone acetonide (topical) OINT</i>	P	
HYDROCORTISONE COMPLETE KIT THPK	NP		ULTRAVATE LOTN	NP	
<i>hydrocortisone valerate CREA</i>	P		ULTRAVATE LOTN	NP	
<i>hydrocortisone valerate OINT</i>	NP		VANOS CREA (<i>Use fluocinonide</i>)	NF	
HYDROCORTISONE GEL 2 %	NP		Diaper Rash Products		
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NF		<i>diaper rash products OINT</i>	P	
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NP		Eczema Agents		
<i>mometasone furoate CREA</i>	P		ADBRY SOAJ	PA	AL(At least 18 yrs old); SP; PA
<i>mometasone furoate OINT</i>	P		ADBRY SOSY	PA	AL(At least 12 yrs old); SP; PA
<i>mometasone furoate SOLN</i>	P		ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
PANDEL	NP				
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP		CIBINQO	NP	SP
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP		DUPIXENT SOAJ	PA	SP; PA
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	P		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NP		EBGLYSS SOAJ	PA	AL(At least 12 yrs old); SP; PA
TOPICORT CREA (<i>Use desoximetasone</i>)	NP		EBGLYSS SOSY	PA	AL(At least 12 yrs old); SP; PA
TOPICORT GEL (<i>Use desoximetasone</i>)	NP		OPZELURA	NP	
TOPICORT OINT (<i>Use desoximetasone</i>)	NP		Emollient/Keratolytic Agents		
TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF		GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
<i>triamcinolone acetonide (topical) CREA</i>	P		<i>urea CREA 40 %</i>	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
urea LOTN 40 %	P	QL(240 GM per fill retail; 240 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
UREDEB CREA 39 % (Use urea)	NF		<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
UREMEZ-40 CREA 40 % (Use urea)	NF	QL(210 GM per fill retail; 210 per fill mail); RX/OTC	Keratolytic/Antimitotic/Vesicant Agents		
Emollients			<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)
<i>emollient OINT</i>	P		RAYASAL CREA	NP	
EUCERIN INTENSIVE REPAIR OINT	P		Liniments		
GOLD BOND ULTIMATE HEALING OINT	P		ASPERCREME/ALOE CREA (Use trolamine salicylate)	NF	
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC	<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC	<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)
Immunomodulating Agents - Systemic			<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)
NEMLUVIO	PA	AL(At least 18 yrs old); SP; PA	<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NP	QL(4 EA daily)
Immunomodulating Agents - Topical			SPORTSCREME CREA (Use trolamine salicylate)	NF	
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)	<i>trolamine salicylate CREA</i>	NP	QL(85 GM per fill retail; 85 per fill mail)
Immunosuppressive Agents - Topical			Local Anesthetics - Topical		
ELIDEL (Use pimecrolimus)	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)	AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF	
<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			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERMETHRIN CREA 5 % (Use permethrin)	P		ACCU-CHEK GUIDE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
permethrin LIQD EX	P				
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P		ACCU-CHEK SMARTVIEW STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P				
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)	ACCUTREND GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
spinosad	P				
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)	ADVOCATE REDI-CODE+ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VANALICE GEL	NP				
Tar Products			ADVOCATE REDI-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
coal tar extract SHAM 0.5 %	P				
Wound Care Products			ADVOCATE REDI-CODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FILSUVEZ	PA	QL(23.4 GM daily); PA			
VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA	AGAMATRIX AMP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIAGNOSTIC PRODUCTS			AGAMATRIX JAZZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
Diagnostic Tests					
ACCU-CHEK AVIVA PLUS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ACCU-CHEK GUIDE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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AGAMATRIX PRESTO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARESENS S GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARETOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE TITANIUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE AUTO-CODE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CVS ADVANCED GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CVS KETONE CARE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
CLEVER CHOICE TALK SYSTEM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CVS TRUE METRIX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DIATRUE PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY STEP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQ BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA D20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EVOLUTION AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA D40/G31 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA G20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FORA GTEL BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA TEST N'GO ADV-VOICE-6 CON	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA TN'G ADVANCE PRO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA TN'G/TN'G VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCOM TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GE100 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GHT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOSE METER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD SHINE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUETRACK TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCARD VITAL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GT333 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUETEST TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUETRACK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTRIPI1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
TRUE METRIX PRO BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	Dietary Management Products		
			ELFOLATE TABS	P	
TRUENESS BLOOD GLUCOSE STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
			Digestive Enzymes		
			CREON CPEP	P	
			PERTZYE CPEP	NP	
			VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		Potassium Sparing Diuretics		
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			ALDACTONE TABS (<i>Use spironolactone</i>)	NF	
			<i>amiloride hcl</i> TABS	P	QL(4 EA daily)
			<i>spironolactone</i> TABS	P	
			Thiazides and Thiazide-Like Diuretics		
Carbonic Anhydrase Inhibitors			<i>chlorthalidone</i> 25 MG, 50 MG	P	
<i>acetazolamide</i> CP12	P		<i>hydrochlorothiazide</i> CAPS	P	
<i>acetazolamide</i> TABS	P		<i>hydrochlorothiazide</i> TABS	P	
<i>methazolamide</i> TABS	P		<i>indapamide</i> TABS 1.25 MG, 2.5 MG	P	
Diuretic Combinations			<i>metolazone</i>	P	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily)	ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>spironolactone & hydrochlorothiazide</i>	P		- Drugs to Treat Bone Disease and Regulate Hormones		
<i>triamterene & hydrochlorothiazide</i> CAPS 25 MG-37.5 MG	P	QL(1 EA daily)	Bone Density Regulators		
<i>triamterene & hydrochlorothiazide</i> TABS	P	QL(1 EA daily)	ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NP	
Loop Diuretics			ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NF	
<i>bumetanide</i> TABS	P		<i>alendronate sodium</i> SOLN	NP	
BUMEX TABS 0.5 MG (<i>Use bumetanide</i>)	NF		<i>alendronate sodium</i> TABS 10 MG, 35 MG, 70 MG	P	
<i>furosemide</i> SOLN IJ 10 MG/ML	P		ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	
FUROSEMIDE SOLN IJ	P		AUKELSO SOLN SC 120 MG/1.7ML	NP	SP
<i>furosemide</i> TABS	P		BILDYOS SOSY SC 60 MG/ML	NP	SP
LASIX TABS (<i>Use furosemide</i>)	NF		BILPREVDA SOLN SC 120 MG/1.7ML	NP	SP
SOAANZ TABS 20 MG	P	QL(1 EA daily)	BINOSTO TBEF	NP	
<i>toremide</i> TABS	P	QL(1 EA daily)	BOMYNTRA SOLN SC 120 MG/1.7ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BOMYNTRA SOSY SC 120 MG/1.7ML	NP	SP
BONSITY SOPN 560 MCG/2.24ML	PA	PA
BOSAYA SOSY SC 60 MG/ML	NP	SP
<i>calcitonin (salmon) IJ</i>	NP	
<i>calcitonin (salmon) NA</i>	P	
CONEXXENCE SOSY SC 60 MG/ML	NP	SP
ENOBY SOSY SC 60 MG/ML	PA	SP; PA
EVENITY	PA	SP; PA
FORTEO SOPN (<i>Use teriparatide</i>)	PA	PA
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	
<i>ibandronate sodium SOLN</i>	NP	SP
<i>ibandronate sodium TABS</i>	P	
JUBBONTI SOSY SC 60 MG/ML	NP	SP
JUBEREQ SOLN SC 120 MG/1.7ML	NP	SP
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
OSVYRTI SOSY SC 60 MG/ML	NP	SP
PROLIA SOSY	NP	SP
<i>risedronate sodium TABS</i>	P	
<i>risedronate sodium TBEC</i>	NP	
STOBOCLO SOSY SC 60 MG/ML	NP	SP
<i>teriparatide SOPN</i>	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	SP; PA
WYOST SOLN SC 120 MG/1.7ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
XGEVA SOLN	NP	SP
XTRENBO SOLN SC 120 MG/1.7ML	PA	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	PA	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	NP	AL(At least 18 yrs old); SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	AL(At least 3 yrs old); SP
NORDITROPIN FLEXPPO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	SP; PA
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 EA daily)
<i>raloxifene hcl</i>	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FENSOLVI (6 MONTH) SC	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)
LUPRON DEPOT-PED (1-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA	CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(3 EA daily)
LUPRON DEPOT-PED (3-MONTH)	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA	ELFABRIO	PA	AL(At least 18 yrs old); SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	GALAFOLD	P	QL(0.5 EA daily); SP; PA
SUPPRELIN LA	PA	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)
SYNAREL	PA	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)
TRIPTODUR	PA	SP; PA	RAYALDEE	PA	AL(At least 18 yrs old); PA
Menopausal Symptoms Suppressants			ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
LYNKUET CAPS PO 60 MG	PA	QL(2 EA daily); PA	STRENSIQ	PA	SP; PA
VEOZAH	PA	QL(1 EA daily); PA	TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA
Metabolic Modifiers			TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); PA
BRINEURA	PA	AL(At least 3 yrs old); SP; PA	XPHOZAH	NP	SP
<i>calcitriol CAPS</i>	P		YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)	YORVIPATH 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
			Natriuretic Peptides		
			VOXZOGO	PA	AL(Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Posterior Pituitary Hormones			ORIAHNN	PA	MP; PA
DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NF	SP; PA	PREMPHASE	P	QL(1 EA daily)
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	SP; PA	PREMPRO	P	QL(1 EA daily)
DDAVP TABS (<i>Use desmopressin acetate</i>)	NF	QL(3 EA daily)	Estrogens		
<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail; 5 per fill mail); PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail; 5 per fill mail)	CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NF	QL(0.143 EA daily)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA	ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>desmopressin acetate TABS</i>	P	QL(3 EA daily)	<i>estradiol PTTW</i>	P	QL(0.29 EA daily)
Somatostatic Agents			<i>estradiol PTWK</i>	P	QL(0.143 EA daily)
<i>octreotide acetate KIT</i>	P	SP; PA	<i>estradiol TABS</i>	P	
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NF	SP; PA	<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
Vasopressin Receptor Antagonists			MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
JYNARQUE TBPK 15 MG (<i>Use tolvaptan</i>)	NF	SP; PA	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	NF	QL(1 EA daily)
<i>tolvaptan TBPK 15 MG</i>	P	SP; PA	VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Estrogen Combinations			Fluoroquinolones		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NF	QL(1 EA daily)	BAXDELA SOLR	PA	PA
COMBIPATCH PTTW	P	QL(0.29 EA daily)	BAXDELA TABS	PA	PA
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 EA daily)	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	PA	PA
MYFEMBREE	PA	PA	CIPRO SUSR	PA	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	PA	PA
<i>levofloxacin TABS</i>	PA	PA
<i>moxifloxacin hcl TABS</i>	PA	PA
<i>ofloxacin 300 MG, 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>Use prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone SUSP</i>	P	QL(30 EA per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	PA	SP; PA
CTEXLI TABS PO 250 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OICALIVA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	PA	AL(At least 18 yrs old); SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NF	QL(7 EA daily)
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		

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

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

Drug Name	Drug Tier	Requirements/ Limits
SYMPROIC	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Phosphate Binder Agents		
AURYXIA 210 MG (Use ferric citrate)	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	P	RX/OTC
calcium acetate (phosphate binder) TABS	NP	RX/OTC
ferric citrate	NP	
FOSRENOL CHEW (Use lanthanum carbonate)	NP	
FOSRENOL PACK	NP	
lanthanum carbonate CHEW	NP	
REVELA PACK (Use sevelamer carbonate)	NP	
REVELA TABS (Use sevelamer carbonate)	NP	
REVELA TABS (Use sevelamer carbonate)	NF	
sevelamer carbonate PACK	P	
sevelamer carbonate TABS	P	
sevelamer hcl	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		

Drug Name	Drug Tier	Requirements/ Limits
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	P	
potassium citrate (alkalinizer) TBCR	P	
sodium citrate & citric acid	P	RX/OTC
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NF	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NF	
Genitourinary Irrigants		
ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	NF	
CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	NF	
sodium chloride (gu irrigant) 0.9 %	P	
Hyperoxaluria Agents		
OXLUMO	PA	SP; PA
RIVFLOZA SOLN	PA	AL(At least 9 yrs old); SP; PA
RIVFLOZA SOSY	PA	AL(At least 9 yrs old); SP; PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	NP	SP; MP
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
AVODART (Use dutasteride)	NF	
CARDURA XL	NP	MP
dutasteride	P	
dutasteride-tamsulosin hcl	NP	

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

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

Drug Name	Drug Tier	Requirements/ Limits
KCENTRA	PA	SP; PA
KOATE-DVI SOLR 1000 UNIT	PA	SP; PA
KOATE SOLR	PA	SP; PA
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	SP; PA
KOVALTRY	PA	SP; PA
NOVOEIGHT	PA	SP; PA
NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); SP; PA
NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	SP; PA
NUWIQ KIT	PA	SP; PA
NUWIQ SOLR	PA	SP; PA
OBIZUR	PA	SP; PA
PROFILNINE	PA	SP; PA
QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); SP; PA
QFITLIA SOLN SC 20 MG/0.2ML	PA	AL(At least 12 yrs old); SP; PA
REBINYN	PA	SP; PA
RECOMBINATE SOLR	PA	SP; PA
RIXUBIS SOLR	PA	SP; PA
ROCTAVIAN	PA	AL(At least 18 yrs old); PA
SEVENFACT	PA	SP; PA
TRETEN	PA	SP; PA
VONVENDI	PA	SP; PA
WILATE KIT	PA	SP; PA
XYNTHA	PA	SP; PA
XYNTHA SOLOFUSE	PA	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate SOSY</i>	PA	SP; PA
Complement Inhibitors		
BERINERT KIT	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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 XIIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP
ORLADEYO	NP	SP
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP
TAKHZYRO SOLN	PA	SP; PA
TAKHZYRO SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i>	NP	
<i>aspirin-dipyridamole</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
BRILINTA 60 MG, 90 MG (Use ticagrelor)	NP	QL(2 EA daily)
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use prasugrel hcl)	NP	QL(1 EA daily)
PLAVIX 75 MG (Use clopidogrel bisulfate)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	PA	QL(2 EA daily); PA
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	NP	SP
Pyruvate Kinase Activators		
AQVESME TABS 100 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TAPER PACK TBPB	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA (Use miglustat)	NF	SP; PA
Agents for Sick Cell Disease		

Drug Name	Drug Tier	Requirements/ Limits
CASGEVY	PA	AL(At least 12 yrs old); SP; PA
DROXIA CAPS	P	
LYFGENIA	PA	AL(At least 12 yrs old); SP; PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTGLO	PA	AL(At least 4 yrs old); SP; PA
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA	EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP
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	FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	QL(8.5 ML daily); SP
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	FULPHILA	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	FYLNETRA	NP	SP
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA	GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA	GRANIX SOSY	NP	QL(0.8 ML daily); SP
EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	LEUKINE SOLR IJ	NP	SP
EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP	MIRCERA	NP	SP
EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 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
EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP	NEULASTA SOLN SC 4 MG/0.4ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
			NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
			NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA
			NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA
			NIVESTYM SOLN	NP	QL(8.5 ML daily); SP
			NIVESTYM SOSY	NP	QL(8.5 ML daily); SP
			NYPOZI	NP	QL(8.5 ML daily); SP
			NYVEPRIA	PA	SP; PA
			PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
			PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP	Iron		
PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP	FERRETTS TABS	P	QL(2 EA daily)
PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP	<i>ferrous fumarate TABS</i>	P	
PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail); SP	<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
REBLOZYL	NP	AL(At least 18 yrs old); SP	<i>ferrous gluconate TABS</i>	P	
RELEUKO SOSY	NP	QL(8.5 ML daily); SP	<i>ferrous sulfate dried TBCR</i>	P	
RETACRIT	PA	SP; PA	<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
ROLVEDON	NP	SP	<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
RYZNEUTA SOSY SC 20 MG/ML	NP	SP	<i>ferrous sulfate TABS</i>	P	
STIMUFEND	NP	SP	<i>ferrous sulfate TBEC</i>	P	
UDENYCA ONBODY SOSY	NP	SP	IRON CHEWS PEDIATRIC CHEW	P	
UDENYCA SOAJ	NP	SP	<i>iron sucrose 20 MG/ML</i>	P	
UDENYCA SOSY	NP	SP	<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
VAFSEO 150 MG	NP	QL(4 EA daily); SP	VENOFER 20 MG/ML (Use iron sucrose)	NF	
VAFSEO 300 MG	NP	QL(2 EA daily); SP	Stem Cell Mobilizers		
ZARXIO	NP	QL(8.5 ML daily); SP	MOZOBIL (Use <i>plerixafor</i>)	NF	SP; PA
ZIEXTENZO	NP	SP	<i>plerixafor</i>	P	SP; PA
Hematopoietic Mixtures			XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); SP; PA
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
			Hemostatics - Systemic		
			<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old)	AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
Antihistamine Hypnotics			DORAL (<i>Use quazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) CAPS</i>	P		EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) LIQD</i>	P		<i>estazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P		<i>eszopiclone</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)	<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxylamine succinate (sleep)</i>	P		HALCION 0.25 MG (<i>Use triazolam</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF		HALCION 0.25 MG (<i>Use triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
Barbiturate Hypnotics			LUNESTA (<i>Use eszopiclone</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
AMYTAL SODIUM	P		<i>midazolam hcl SOLN IJ</i>	P	
<i>phenobarbital sodium SOLN</i>	P		MIDAZOLAM HCL SOLN IJ	P	
<i>phenobarbital ELIX</i>	P		<i>midazolam hcl SYRP</i>	P	
<i>phenobarbital TABS</i>	P		<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
Hypnotics - Tricyclic Agents			RESTORIL (<i>Use temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
SILENOR (<i>Use doxepin hcl (sleep)</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)	<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
Non-Barbiturate Hypnotics			<i>triazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN CR TBCR 6.25 MG (<i>Use zolpidem tartrate</i>)	NF				

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX RIA LUBRICATED MISC	P		ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P				
WIDE-SEAL DIAPHRAGM 60	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
WIDE-SEAL DIAPHRAGM 65	P				
WIDE-SEAL DIAPHRAGM 70	P				
WIDE-SEAL DIAPHRAGM 75	P		ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
WIDE-SEAL DIAPHRAGM 80	P				
WIDE-SEAL DIAPHRAGM 85	P		ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
WIDE-SEAL DIAPHRAGM 90	P				
WIDE-SEAL DIAPHRAGM 95	P		ACCU-CHEK SOFTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
Diabetic Supplies					
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
ACCU-CHEK FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
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	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
ADVANTAGE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			AGAMATRIX 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	AGAMATRIX JAZZ WIRELESS 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 25G	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 PLUS SAFETY 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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 COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE PLATINUM METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE LANCE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE LANCE LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AUTO-LANCET MINI MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CAREONE LANCET SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	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 TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE 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	CLEVER CHEK AUTO-CODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZ	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	COMFORT ASSURED LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	COMFORT ASSURED LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	COMFORT TOUCH LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CLEVER CHOICE MICRO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CLEVER CHOICE TALK SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
COAGUCHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR PLUS CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DIATRUE CONTROL LEVEL 1 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	DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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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 28G	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 30G	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	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 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET 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	EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II CONTROL 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	EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH 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 CONTROL HIGH & LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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 GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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 HEALTHPRO GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
EASY TOUCH LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			EASYMAX NG BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT CONTROL 2 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 CONTROL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	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
ELEMENT PLUS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE TALK BLOOD GLUCOSE DEVI	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)	EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			
EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE WAVE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE 365 SMART TRANSMIT	NP	MP
EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EXTENDED INFUSION SET 23"/6MM MISC	NP	MP
EXTENDED INFUSION SET 23"/9MM MISC	NP	MP
EXTENDED INFUSION SET 32"/6MM MISC	NP	MP
EXTENDED INFUSION SET 32"/9MM MISC	NP	MP
EXTENDED INFUSION SET 43"/6MM MISC	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EXTENDED INFUSION SET 43"/9MM MISC	NP	MP
EXTENDED RESERVOIR 3ML MISC	NP	MP
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TN'G VOICE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA V10/V12/D10/D20 TEST KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORACARE TEST N GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 3 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
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 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	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
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM KIT	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	GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD EXPRESSION MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			GLUCOCARD SHINE 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
GLUCOCARD SHINE KIT	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 VITAL MONITOR 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
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GNP STERILE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP STERILE LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOJJI STERILE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	H-E-B INCONTROL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	H-E-B INCONTROL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GUARDIAN 4 TRANSMITTER	NP	MP	HM EMBRACE TALK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN CONNECT TRANSMITTER	NP	MP	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 LINK 3 TRANSMITTER	NP	MP	HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
H-E-B INCONTROL ADV LANCING 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
H-E-B INCONTROL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ILET INFUSION-FLEX 23" 6MM MISC	NP	MP; RX/OTC
			ILET INFUSION-INSET 23" 6MM MISC	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ILET INFUSION-INSET 32" 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 INSULIN PUMP DEVI	NP	MP	LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET STARTER - CONTACT DETACH 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 STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC	LANCETS MICRO THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC	LANCETS SUPER THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
KROGER HEALTHPRO LANCET 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MICROLET NEXT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS LITE 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MEDLANCE PLUS SPECIAL 0.8MM	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			MINIMED 630G INSULIN PUMP KIT	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
MINIMED 780G INSULIN PUMP KIT	NP	MP
MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED MIO ADVANCE INFUSE SET MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED PUMP RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 18" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 23" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 32" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK SET INF SET 43" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED QUICK-SERTER MISC	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC
MINIMED RESERVOIR 1.8ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MINIMED SILHOUETTE INF SET 32" MISC	P	QL(0.72 EA daily)
MINIMED SILHOUETTE INF SET 43" MISC	P	QL(0.72 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MOBI 2ML CARTRIDGE MISC	NP	MP
MODD1 PATIENT WELCOME KIT KIT	NP	MP
MODD1 SUPPLY KIT KIT	NP	
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 CLASSIC PODS (GEN 3) MISC	NP	MP
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD DASH INTRO (GEN 4) 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 DASH PDM (GEN 4) KIT	NP	MP
NOVA SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	PA	MP; PA
NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD GO KIT	NP	MP
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); 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
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA	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
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP	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
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA	ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
OMNIPOD 5 LIBRE INTRO KIT	PA	MP; PA	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
OMNIPOD 5 LIBRE PODS MISC	PA	MP; PA	ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PIVOT INSULIN PUMP STARTER KIT KIT	NP	MP
PERFECT POINT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PIVOT SUPPLY KIT KIT	NP	
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY POCKET BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PRODIGY SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY TWIST TOP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY VOICE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PURE COMFORT LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PURE COMFORT SAFETY LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
PRODIGY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	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
PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	REFUAH PLUS MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
QC LANCETS SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
QC UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION LANCET DEVICES 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET CONTROL HIGH/NORMAL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	RELION LANCETS ULTRA-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION MICRO KIT	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 BLU MONITOR 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 CLASSIC DEVI	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 COMPACT SYSTEM KIT	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
RELION PREMIER VOICE MONITOR DEVI	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
RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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	RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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
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	SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAPS HEALTH PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLERA SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLERA SYSTEM	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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	SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			SMARTEST EJECT STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			SMARTEST EJECT 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
SMARTEST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SMARTEST PERSONA STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST PRONTO STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST PROTEGE STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SMARTEST PROTEGE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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
SOLUS V2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
SOLUS V2 LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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

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

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TRUEPLUS SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ULTILET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUERESULT BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ULTILET SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETRACK BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ULTRA THIN LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ULTRA-CARE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TWIST REFILL KIT/INFUSION SET KIT	NP	MP	ULTRA-THIN II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TWIST REFILL KIT KIT	NP	MP	UNILET COMFORTOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TWIST STARTER KIT KIT	NP	MP	UNILET G.P. SUPERLITE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
ULTILET CLASSIC LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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UNILET GP 28 ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 SUPER	P	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
UNILET SUPER-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 3 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET ULTRA-THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 3 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 3 NEONATAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	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	BREATHRITE 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	COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER DEVI	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			
BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			
BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC	SPIRO PD DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	THRESHOLD PEP DEVI	P	RX/OTC
POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>oyster shell</i>	P	
<i>zolmitriptan TABS 2.5 MG</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	
<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	PARVA-CAL 200 UNIT-500 MG	P	
ZOMIG SOLN	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	Electrolyte Mixtures		
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>oral electrolytes SOLN</i>	P	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	Fluoride		
MINERALS & ELECTROLYTES			<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
Calcium			<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)	SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
CALCIUM CARB-CHOLECALCIFEROL CHEW	P		Magnesium		
CALCIUM CARBONATE CHEW	P		<i>magnesium oxide (mg supplement) TABS</i>	P	
<i>calcium carbonate-cholecalciferol TABS</i>	P		Phosphate		
<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P		K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)	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>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P		PHOSPHA 250 NEUTRAL	P	QL(8 EA daily); RX/OTC
<i>calcium citrate TABS</i>	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC
CALCIUM CHEW	P		WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
			Potassium		
			EFFER-K TBEF 25 MEQ	P	

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

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 50 MG	P	
azathioprine TABS 75 MG, 100 MG	P	QL(3 EA daily)
CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	NF	
CELLCEPT CAPS (Use mycophenolate mofetil)	NF	QL(2 EA daily)
CELLCEPT SUSR (Use mycophenolate mofetil)	NF	QL(15 ML daily)
CELLCEPT TABS (Use mycophenolate mofetil)	NF	QL(4 EA daily)
cyclosporine modified (for microemulsion) CAPS	P	QL(4 EA daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ML daily)
cyclosporine CAPS	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
ENSPRYNG	NP	SP
<i>everolimus (immunosuppressant)</i>	P	
IMURAN TABS (Use <i>azathioprine</i>)	NF	
<i>mycophenolate mofetil hcl</i>	P	
<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)
<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)
MYFORTIC 180 MG (Use <i>mycophenolate sodium</i>)	NF	QL(2 EA daily)
MYFORTIC 360 MG (Use <i>mycophenolate sodium</i>)	NF	QL(4 EA daily)
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	QL(4 EA daily)
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	QL(8 ML daily)
PROGRAF CAPS (Use <i>tacrolimus</i>)	NF	QL(3 EA daily)
PROGRAF PACK	P	
PROGRAF SOLN 5 MG/ML (Use <i>tacrolimus</i>)	NF	
RAPAMUNE SOLN (Use <i>sirolimus</i>)	NF	
RAPAMUNE TABS (Use <i>sirolimus</i>)	NF	
SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	NF	QL(4 EA daily)
SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>sirolimus SOLN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	QL(3 EA daily)
<i>tacrolimus SOLN 5 MG/ML</i>	P	
UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP
ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	NF	
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPk	PA	SP; PA
Potassium Removing Agents		
LOKELMA	P	
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
VELTASSA	NP	
Sclerosing Agents		
<i>sodium tetradecyl sulfate</i>	PA	PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOLR	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOSY	PA	AL(At least 18 yrs old); SP; PA

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	FRAICHE 5000 DENTAL GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
SAPHNELO SC 120 MG/0.8ML	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA	PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 ML 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); SP; PA	PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
MOUTH/THROAT/DENTAL AGENTS			PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
Anesthetics Topical Oral			PREVIDENT SOLN (<i>Use sodium fluoride (dental)</i>)	NF	
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)	SF 5000 PLUS CREA 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	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)	SF GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	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)	<i>sodium fluoride (dental) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
Anti-infectives - Throat			<i>sodium fluoride (dental) GEL</i>	P	QL(60 GM per fill retail; 60 per fill mail)
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail; 120 per fill mail)	<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)	SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
Antiseptics - Mouth/Throat			Steroids - Mouth/Throat/Dental		
<i>chlorhexidine gluconate (mouth-throat)</i>	P		<i>triamcinolone acetonide (mouth)</i>	P	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF		Throat Products - Misc.		
Dental Products			AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC
			<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	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
NUMOISYN LIQD	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	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
SALAGEN 5 MG (Use <i>pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	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
MULTIVITAMINS			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 Vitamins			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
<i>b-complex vitamins CAPS</i>	P	QL(1 EA daily)			
<i>b-complex vitamins TABS</i>	P	QL(1 EA daily)			
B-Complex w/ Folic Acid					
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC			
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
NUTRIVIO CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENAL CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENO CAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TRIPHROCAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Iron					
DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	QL(1 EA daily); RX/OTC			
DERMACINRX BOOSTERVITE TABS	P	QL(1 EA daily); RX/OTC			
DESTRESS-IRON TABS	P	QL(1 EA daily); RX/OTC			
FLORAVITA MINI TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	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
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					

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	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 CAPS	P	RX/OTC	BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC
BASIC AM TABS	P	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC
BASIC PM TABS	P	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC	CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC
BIOCAL CAPS	P	RX/OTC	CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC			
BIOTECT PLUS CAPS	P	RX/OTC			
BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC			
BODY/HAIR/SKIN/NAIls CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	P	RX/OTC			
BONEUP 3 PER DAY CAPS	P	RX/OTC			
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC			
BONEUP CAPS	P	RX/OTC			

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 SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG	P	QL(1 EA daily); RX/OTC			

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FINAZOL TABS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR 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			
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			

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	P	RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC	MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT	P	QL(1 EA daily); RX/OTC
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC	MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC
LIVITA ADULTS LIQD	P	RX/OTC	MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG-1.333 MG-333.333 MG-83.333 UNIT-33.333 MG-5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG-33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG-3.333 MG-8.333 MG	P	QL(1 EA daily); RX/OTC
LUMIVANCE CAPS	P	RX/OTC	MEDI TAB TABS	P	QL(1 EA daily); RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC	MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
LYSIPLEX PLUS LIQD	P	RX/OTC	MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
LYSIPLEX PLUS TABS 166.667 MG-333.333 MG-16.667 MG-50 MCG-333.333 MCG-16.667 MG-133.333 MG-16.667 MG-133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG-1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG-33.333 MCG	P	QL(1 EA daily); RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-20 MG-50 MG-	P	QL(1 EA daily); RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC			
<i>multiple vitamins w/ minerals TABS</i>	P	QL(1 EA daily); RX/OTC			
MULTIPLE VITAMINS/WOMENS TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC			
MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC			
MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG	P	RX/OTC			
MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC			
MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC	OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG	P	QL(1 EA daily); RX/OTC	OCUTABS 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
NAT-RUL THERAVITE-M 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
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
NICAZEL FORTE 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
NICAZEL 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
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC			
NORIXA TABS	P	QL(1 EA daily); RX/OTC			
NORVEXA TABS	P	QL(1 EA daily); RX/OTC			
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC			
NUTRAVANCE TABS	P	QL(1 EA daily); RX/OTC			
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC	ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	P	RX/OTC			
OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-10 MCG-37.5 MG-10 MCG-2 MG-15 MG-130 MG-150 MCG-100 MG-10 MCG-34 MG	P	QL(1 EA daily); RX/OTC
ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY POSTNATAL CAPS	P	RX/OTC			
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN 50+ ADVANCED TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC			
ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG	P	QL(1 EA daily); RX/OTC			
ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			
			ONE DAILY FOR MEN/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR WOMEN TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY MAXIMUM TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-162 MG-80 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-65 MCG-3.5 MG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY HEALTHY WEIGHT ADV TABS 60 MG-10 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG-70 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
			ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
			ONE DAILY MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-20 MCG-105 MCG, 99 MG-43 MCG-240 MCG-1.32 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-210 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-150 MCG-55 MCG-900 MCG-30 MCG-6.24 MCG-408 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVIT/IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-15 MG-2 MG-22.5 UNIT-140 MG-210 MG-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY/MINERALS TABS 50 MG-1 MG-100 MCG-1.5 MG-3 MCG-1.7 MG-20 MG-5000 UNIT-400 UNIT-5 MG-1 MG-125 MG-150 MCG-10 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	ONE VITE M HIGH POTENCY TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS CAPS	P	RX/OTC
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 (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	ONEVITE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	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 (Use multiple vitamins w/ minerals)	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 (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	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			

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	PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC
PARVLEX TABS	P	QL(1 EA daily); RX/OTC	PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC	PROTECT CARDIO AF CAPS	P	RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC	PROTECT PLUS SO CAPS	P	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC	PROTEGRA CAPS	P	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 3 CAPS	P	RX/OTC	QC MENS DAILY MULTIVITAMIN TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	P	RX/OTC			
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC			
PRESERVISION/LUTEIN CAPS	P	RX/OTC			
PREVENT CAPS	P	RX/OTC			
PREV-RX TABS	P	QL(1 EA daily); RX/OTC			
PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC			
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC			
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC			
PROFOLA TABS	P	QL(1 EA daily); RX/OTC			
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
TREXVIA CAPS	P	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 CAPS	P	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITABEX CAPS	P	RX/OTC	VITEYES CLASSIC MACULAR SUPPOR 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 MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VITALUX TABS	P	QL(1 EA daily); RX/OTC	VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG	P	RX/OTC
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 OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC	VITRAMYN 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	VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC	VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPT 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
VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC	VITREXYL TABS	P	QL(1 EA daily); RX/OTC
			WELLFOLA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC	WOMENS 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 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
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	YELETS TEENAGE FORMULA 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	Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
			QUFLORA FE	P	AL(Up to 20 yrs old)
			Multivitamins		
			ALTRIXA TABS	P	QL(1 EA daily); RX/OTC
			AMLADEX TABS	P	QL(1 EA daily); RX/OTC
			ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC
			AVOWISE TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC
			DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	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 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	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 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	HIGH POTENCY MULTIVITAMIN 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	MINCORA 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	MINOVIA TABS	P	QL(1 EA daily); RX/OTC
DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
FOLAWISE 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
FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC
			MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>multiple vitamin TABS</i>	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 ADULT 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
MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	P	QL(1 EA daily); RX/OTC
MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC	QUINTABS TABS	P	QL(1 EA daily); RX/OTC
NEWVITE TABS	P	QL(1 EA daily); RX/OTC	RELCARE TABS	P	QL(1 EA daily); RX/OTC
OMNICAP TABS	P	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	P	QL(1 EA daily); RX/OTC	STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC	STRESSTABS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC	TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC			
ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC			
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML</i>	P	AL(Up to 20 yrs old); RX/OTC
THERA TABS	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC
THEREMS TABS	P	QL(1 EA daily); RX/OTC	QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
VIRELIX TABS	P	QL(1 EA daily); RX/OTC	DAVIMET-FLUORIDE CHEW	P	AL(Up to 20 yrs old)
VIREXA TABS	P	QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	QL(1 EA daily); RX/OTC	FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC
VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORID E CHEW 0.5 MG, 1 MG	P	AL(Up to 20 yrs old); RX/OTC
VITRAX TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORID E SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
VITRION TABS	P	QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 20 yrs old); RX/OTC
Ped Multi Vitamins w/Fl & FE			<i>pediatric multivitamins w/fl SUSP 0.25 MG/ML, 0.5 MG/ML</i>	P	AL(Up to 20 yrs old); RX/OTC
FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)	<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
			POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
			POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old); RX/OTC
			QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
			QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRI-VI-FLOR SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	CLASSIC PRENATAL TABS	P	QL(1 EA daily)
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	COMPLETE NATAL DHA	P	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	COMPLETENATE CHEW	P	
Ped MV w/ Iron			CONCEPT DHA	P	
FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	P		CONCEPT OB	P	
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P		CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	P	
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P		CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 EA daily)
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	AL(Up to 20 yrs old)	ENBRACE HR	P	
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	FOLIVANE-OB	P	
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	FT PRENATAL TABS	P	QL(1 EA daily)
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P		GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)
Pediatric Multiple Vitamins			GNP PRENATAL TABS	P	QL(1 EA daily)
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P		JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
Prenatal Vitamins			KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P		KPN PRENATAL TABS	P	QL(1 EA daily)
			MASONATAL TABS	P	QL(1 EA daily)
			M-NATAL PLUS TABS	P	RX/OTC
			MULTI PRENATAL TABS	P	QL(1 EA daily)
			NEONATAL PRENATAL TABS	P	QL(1 EA daily)
			NEONATAL VITAMIN TABS	P	QL(1 EA daily)
			NEO-VITAL RX TABS	P	
			NESTABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NESTABS DHA	P		PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	QL(1 EA daily)
NESTABS ONE	P				
OB COMPLETE ONE	P				
OB COMPLETE PETITE	P				
OB COMPLETE PREMIER	P				
OB COMPLETE/DHA	P				
OB COMPLETE TABS	P				
ONE VITE WOMENS TABS	P	QL(1 EA daily)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	P	
PNV-OMEGA	P		PRENATAL/IRON TABS 4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT-1 MG	P	QL(1 EA daily); RX/OTC
PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC			
PRENATAL FORMULA CAPS	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
PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC			
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC	PRENATAL TABS	P	QL(1 EA daily)
PRENATAL ONE DAILY TABS	P	QL(1 EA daily)	PRENATE	P	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	P		PRENATE AM	P	
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	P		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	P	
			PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	P	
PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)	PRENATE ENHANCE	P	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUVYZAT	PA	AL(At least 6 yrs old); SP; PA	ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 25.5-26.4 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 26.5-27.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); SP; PA	EXONDYS 51	PA	SP; PA
ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); SP; PA	VILTEPSO	PA	SP; PA
			VYONDYS 53	PA	SP; PA
			Neuromuscular Blocking Agent - Neurotoxins		

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL 0.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
<i>cyclopentolate hcl 1 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
PHENYLEPHRINE HCL SOLN (<i>Use phenylephrine hcl (mydriatic)</i>)	NF	QL(15 ML per fill retail; 15 per fill mail)
<i>tropicamide SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
Miotics		
<i>pilocarpine hcl SOLN 1.25 %</i>	PA	PA
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
VUITY SOLN 1.25 % (<i>Use pilocarpine hcl</i>)	PA	PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>Use brimonidine tartrate</i>)	P	
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate</i>	NP	
IOPIDINE	NP	
SIMBRINZA	P	
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per fill retail; 4 per fill mail)
<i>besifloxacin hcl 0.6 %</i>	NP	
BESIVANCE 0.6 % (<i>Use besifloxacin hcl</i>)	P	
CILOXAN OINT	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
<i>erythromycin (ophth)</i>	P	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>levofloxacin (ophth) 0.5 %</i>	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per fill retail; 4 per fill mail)
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ML per fill retail; 10 per fill mail)
OCUFLOX (Use ofloxacin (ophth))	NP	
<i>ofloxacin (ophth)</i>	P	
<i>polymyxin b-trimethoprim</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ML per fill retail; 5 per fill mail)
TOBREX OINT	P	QL(4 GM per fill retail; 4 per fill mail)
<i>trifluridine</i>	P	QL(8 ML per fill retail; 8 per fill mail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(15 ML per fill retail; 15 per fill mail)
Ophthalmic Decongestants		
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(0.5 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL (Use cyclosporine (ophth))	P	
VERKAZIA EMUL	PA	QL(4 EA daily); AL(At least 4 yrs old); PA
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	P	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Local Anesthetics		
ALTACAINE 0.5 % (Use tetracaine hcl (ophth))	NF	
TETRACAINE HCL 0.5 %	P	
TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth))	NF	
<i>tetracaine hcl (ophth)</i>	P	
Ophthalmic Nerve Growth Factors		
OXERVATE	PA	Maximum 56 day supply allowed; QL(1 ML daily; 112 ML per 999 day(s) retail; 112 ML per 999 days mail); AL(At least 2 yrs old); SP; PA
Ophthalmic Steroids		
ALREX SUSP (Use loteprednol etabonate)	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin-poly-neomycin-hc</i>	NP	
BYQLOVI 0.05 %	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	NP	
DEXTENZA INST	NP	SP
<i>difluprednate</i>	P	
DUREZOL (Use <i>difluprednate</i>)	NF	
DUREZOL (Use <i>difluprednate</i>)	NP	
EYSUVIS SUSP	P	QL(8.3 ML per fill retail; 8.3 per fill mail)
FLAREX	P	
<i>fluorometholone (ophth) SUSP</i>	NP	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	P	
ILUVIEN	NP	SP
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL (Use <i>loteprednol etabonate</i>)	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NP	
<i>loteprednol etabonate GEL</i>	NP	
<i>loteprednol etabonate SUSP</i>	NP	
<i>loteprednol etabonate-tobramycin</i>	NP	
MAXIDEX SUSP OP	P	
MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NP	
<i>neomycin-polymy-dexameth OINT</i>	P	QL(17.5 GM per fill retail; 17.5 per fill mail)
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	
<i>neomycin-polymyxin-hc (ophth)</i>	NP	
PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	P	
PRED MILD	NP	
<i>prednisolone acetate (ophth)</i>	P	
PREDNISOLONE SODIUM PHOSPHATE	NP	
RETISERT	NP	SP
<i>sulfacetamide sod-prednisolone SOLN</i>	P	
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	P	
<i>tobramycin-dexamethasone SUSP</i>	P	
TRIESENCE	NP	SP
XIPERE	NP	SP
ZYLET 0.3 %-0.5 % (Use <i>loteprednol etabonate-tobramycin</i>)	NP	
Ophthalmics - Misc.		
ACULAR (Use <i>ketorolac tromethamine (ophth)</i>)	NP	
ACULAR LS (Use <i>ketorolac tromethamine (ophth)</i>)	NP	
ACUVAIL	NP	
ALOCRIAL	P	QL(5 ML per fill retail; 5 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	P		GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
<i>ciprofloxacin-hydrocortisone</i>	NP		GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)	GAMMAGARD ERC 10 GM/100ML	NP	SP
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail; 10 per fill mail)	GAMMAGARD S/D LESS IGA SOLR	NP	SP
PRAMOTIC	P		GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	SP
Otic Steroids			GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NF	QL(0.67 ML daily)	GAMMAPLEX SOLN	NP	SP
<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)	GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP
<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)	GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HEPAGAM B SOLN IJ	NP	SP
Oxytocics			HIZENTRA SOLN	P	SP
<i>methylergonovine maleate TABS</i>	P		HIZENTRA SOSY	P	SP
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			HYPERHEP B SOLN IM	NP	SP
Immune Serums			HYPERHEP B SOSY 110 UNIT/0.5ML	NP	SP
ALYGLO	NP	SP	HYPERRAB SOLN	NP	
ASCENIV	NP		KEDRAB SOLN	NP	
BIVIGAM SOLN	NP	SP	NABI-HB SOLN IM	NP	SP
CUTAQUIG	NP	SP	OCTAGAM SOLN	NP	SP
CUVITRU SOLN	NP	SP	PANZYGA	NP	SP
CYTOGAM SOLN	NP	SP	PRIVIGEN SOLN	P	SP
GAMASTAN IM	NP	SP	QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	SP
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	SP	VARIZIG SOLN	NP	
			XEMBIFY	NP	SP
			Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/Limits
SYNAGIS SOLN 50 MG/0.5ML	PA	SP; PA
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); PA
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR (<i>Use amoxicillin & pot clavulanate</i>)	NF	QL(400 ML per fill retail; 400 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (<i>Use amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	QL(1 EA daily)
PROMETRIUM CAPS (<i>Use progesterone</i>)	NF	QL(1 EA daily)
PROVERA 5 MG, 10 MG (<i>Use medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and		

Drug Name	Drug Tier	Requirements/ Limits
Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
<i>lofexidine hcl</i>	NP	QL(16 EA daily)
LUCEMYRA (Use <i>lofexidine hcl</i>)	NP	QL(16 EA daily)
Anti-Cataplectic Agents		
<i>sodium oxybate SOLN</i>	NP	QL(18 ML daily); AL(At least 7 yrs old); SP
XYREM SOLN (Use <i>sodium oxybate</i>)	NP	QL(18 ML daily); AL(At least 7 yrs old); SP
XYWAV	NP	AL(At least 7 yrs old); SP
Antidementia Agents		
ADUHELM 170 MG/1.7ML	PA	SP; PA
ARICEPT TABS (Use <i>donepezil hydrochloride</i>)	NP	
<i>donepezil hydrochloride TABS</i>	P	
<i>donepezil hydrochloride TBDP</i>	P	
EXELON (Use <i>rivastigmine</i>)	NP	
<i>galantamine hydrobromide CP24</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	
<i>galantamine hydrobromide TABS</i>	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	SP; PA
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl SOLN</i>	NP	
<i>memantine hcl TABS</i>	P	
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use <i>memantine hcl</i>)	NF	
NAMZARIC C4PK	NP	
NAMZARIC CP24 (Use <i>memantine hcl-donepezil hcl</i>)	NP	
NAMZARIC CP24	NP	
<i>rivastigmine</i>	P	
<i>rivastigmine tartrate CAPS</i>	P	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old)
<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NF	AL(At least 18 yrs old)
Fibromyalgia Agents		
<i>milnacipran hcl MISC</i>	NP	
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP	
SAVELLA TITRATION PACK MISC (Use <i>milnacipran hcl</i>)	PA	PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use <i>milnacipran hcl</i>)	PA	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TONMYA SUBL SL 2.8 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); PA	<i>cladribine (multiple sclerosis) 10 MG</i>	NP	SP
Movement Disorder Drug Therapy			COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	PA	QL(1 ML daily); SP; PA
AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); SP; PA	COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
AUSTEDO XR TB24	PA	AL(At least 18 yrs old); SP; PA	COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	SP
AUSTEDO TABS	PA	AL(At least 18 yrs old); SP; PA	<i>dalfampridine</i>	PA	QL(2 EA daily); SP; PA
INGREZZA CAPS	PA	AL(At least 18 yrs old); SP; PA	<i>dimethyl fumarate CDPK</i>	PA	SP; PA
INGREZZA CPPK	PA	AL(At least 18 yrs old); SP; PA	<i>dimethyl fumarate CPDR</i>	PA	SP; PA
INGREZZA CPSP	PA	AL(At least 18 yrs old); SP; PA	<i> fingolimod hcl</i>	PA	SP; PA
<i>tetrabenazine</i>	P	SP	GILENYA	NP	SP
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP	GILENYA (<i>Use fingolimod hcl</i>)	NP	SP
Multiple Sclerosis Agents			<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
AMPYRA (<i>Use dalfampridine</i>)	NP	QL(2 EA daily); SP	<i>glatiramer acetate SOSY 40 MG/ML</i>	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); PA
AUBAGIO (<i>Use teriflunomide</i>)	NP	SP	<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily)
AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily); SP
AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	<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
BAFIERTAM	NP	SP	KESIMPTA	NP	SP
BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	LEMTRADA	NP	SP
BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); SP; PA	MAVENCLAD (10 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP
BRIUMVI	NP	SP	MAVENCLAD (4 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP

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

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NF	
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG (<i>Use nicotine polacrilex</i>)	NF	
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	
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

Drug Name	Drug Tier	Requirements/ Limits
WAINUA SC 45 MG/0.8ML	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA
WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	P	AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	PA	AL(At least 6 yrs old); SP; PA
KALYDECO PACK	PA	QL(2 EA daily); SP; PA
KALYDECO TABS	PA	QL(2 EA daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 5 yrs old); SP; PA
ORKAMBI PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); SP; PA
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	PA	AL(At least 6 yrs old); SP; PA

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole magnesium CPDR</i>	P		Ulcer Drugs - Prostaglandins		
<i>omeprazole magnesium TBEC</i>	P		CYTOTEC (<i>Use misoprostol</i>)	NF	
<i>omeprazole CPDR</i>	P		<i>misoprostol</i>	P	
<i>omeprazole CPDR</i>	P	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>omeprazole TBDD</i>	P		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<i>omeprazole TBEC</i>	P	QL(1 EA daily)	<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP	
<i>omeprazole TBEC</i>	P		KONVOMEK SUSR	NP	
<i>pantoprazole sodium PACK</i>	NP		VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
<i>pantoprazole sodium SOLR</i>	P	QL(1 EA daily)			
<i>pantoprazole sodium SOLR</i>	P		VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
PANTOPRAZOLE SODIUM SOLR 40 MG (<i>Use pantoprazole sodium</i>)	P		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
<i>pantoprazole sodium TBEC</i>	P		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(1 EA daily)	<i>darifenacin hydrobromide</i>	NP	
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	RX/OTC	DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	P	
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC	DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	
PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC	DETROL TABS (<i>Use tolterodine tartrate</i>)	P	
PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	QL(1 EA daily)	DETROL TABS (<i>Use tolterodine tartrate</i>)	NF	
PRILOSEC OTC TBEC (<i>Use omeprazole magnesium</i>)	NF		<i>fesoterodine fumarate</i>	P	
PRILOSEC PACK	NP		<i>oxybutynin chloride SOLN</i>	P	
PROTONIX PACK (<i>Use pantoprazole sodium</i>)	P		<i>oxybutynin chloride TABS 5 MG</i>	P	
PROTONIX SOLR (<i>Use pantoprazole sodium</i>)	NP		<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
PROTONIX TBEC (<i>Use pantoprazole sodium</i>)	NP				
<i>rabeprazole sodium TBEC</i>	NP	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride TB24</i>	P		MENVEO SOLR	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC	PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
OXYTROL PTTW	NP	RX/OTC	PENBRAYA	P	
<i>solifenacin succinate TABS</i>	P		PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
<i>tolterodine tartrate CP24</i>	P		PNEUMOVAX 23 SOLN	P	
<i>tolterodine tartrate TABS</i>	P		PNEUMOVAX 23 SOSY	P	
TOVIAZ (Use <i>fesoterodine fumarate</i>)	NP		PREVNAR 20	P	
<i>trospium chloride CP24</i>	NP		TRUMENBA 0.5 ML	P	
<i>trospium chloride TABS</i>	NP		VAXNEUVANCE	P	
VESICARE LS SUSP	NP		Viral Vaccines		
VESICARE TABS (Use <i>solifenacin succinate</i>)	NP		ABRYSVO	P	AL(At least 60 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			ACAM2000 SOLR IJ	P	
GEMTESA	NP		AFLURIA PRESERVATIVE FREE SUSY	P	
<i>mirabegron SRER 8 MG/ML</i>	NP		AFLURIA SUSP	P	
<i>mirabegron TB24</i>	NP		AREXVY	P	AL(At least 60 yrs old)
MYRBETRIQ SRER 8 MG/ML (Use <i>mirabegron</i>)	NP		COMIRNATY SUSY	P	
MYRBETRIQ TB24 (Use <i>mirabegron</i>)	P		DENG VAXIA	P	
Urinary Antispasmodics - Cholinergic Agonists			ENGERIX-B SUSP 20 MCG/ML	P	
<i>bethanechol chloride</i>	P		ENGERIX-B SUSY	P	
Urinary Antispasmodics - Direct Muscle Relaxants			FLUAD	P	
<i>flavoxate hcl</i>	NP		FLUARIX SUSY	P	
VACCINES			FLUBLOK SOSY	P	
Bacterial Vaccines			FLUCELVAX SUSP	P	
ACTHIB SOLR IM	P		FLUCELVAX SUSY	P	
BEXSERO 0.5 ML	P		FLULAVAL SUSY	P	
CAPVAXIVE	P		FLUMIST	P	
HIBERIX SOLR IJ	P		FLUZONE HIGH-DOSE SUSY	P	
MENQUADFI 0.5 ML	P		FLUZONE SUSP	P	
MENVEO SOLN	P		FLUZONE SUSY	P	
			GARDASIL 9 SUSP 0.5 ML	P	AL(Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY 0.5 ML	P	AL(Up to 45 yrs old)	<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)
HAVRIX IM 720 EL U/0.5ML	P		<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
HEPLISAV-B SOSY	P		GYNAZOLE-1	P	
JYNNEOS	P		<i>metronidazole vaginal</i>	P	
M-M-R II SOLR	P		MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
MNEXSPIKE SUSY 10 MCG/0.2ML	P		<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(1.5 GM daily)
MRESVIA	P	AL(At least 60 yrs old)	<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
NOVAVAX COVID-19 VACCINE SUSY	P		<i>miconazole nitrate vaginal KIT</i>	P	QL(1 EA per fill retail; 1 per fill mail)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P		<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)
PREHEVBRIO	P		<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
PRIORIX SUSR	P		NUVESSA	P	
PROQUAD SUSR	P		<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
RECOMBIVAX HB SUSP	P		<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)
RECOMBIVAX HB SUSY	P		<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)
ROTARIX SUSP	P		<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
ROTATEQ SOLN	P		VANDAZOLE	NP	
SHINGRIX	P	AL(At least 50 yrs old)	XACIATO GEL	NP	
SHINGRIX IM 50 MCG/0.5ML	P	AL(At least 50 yrs old)	Vaginal Anti-inflammatory Agents		
SPIKEVAX SUSY	P		<i>hydrocortisone vaginal</i>	P	QL(60 GM per fill retail; 60 per fill mail)
TWINRIX SUSY	P		MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
VAQTA	P				
VARIVAX SUSR	P				
VAGINAL AND RELATED PRODUCTS					
Vaginal Anti-infectives					
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P				
CLEOCIN SUPP	P				
<i>clindamycin phosphate vaginal CREA</i>	NP				
CLINDESSE	NP				

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

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

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ALIVE ENERGY 50+ TABS 150	allopurinol 100 MG, 300 MG90	ALTOPREV TB24 20 MG, 40 MG, 60 MG 33
ALIVE EVERYDAY IMMUNE HEALTH CAPS150	allopurinol 200 MG90	ALTRIXA TABS184
ALIVE GARDEN GOODNESS TABS 150	almotriptan malate 140	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 90
ALIVE HAIR, SKIN & NAILS CAPS 150	ALOCRI L198	alum & mag hydrox-simethicone CHEW12
ALIVE MAX 6 POTENCY CAPS . 150	alogliptin benzoate 25	
ALIVE MENS 50+ TABS150		
ALIVE MENS 50+ ULTRA TABS .150		
ALIVE MENS COMPLETE MULTI		

alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML12	amiloride & hydrochlorothiazide ...83	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML 201
alum & mag hydrox-simethicone LIQD12	amiloride hcl TABS83	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML 201
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	amiodarone hcl TABS 200 MG 14	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML 201
ALUMINUM HYDROXIDE GEL SUSP12	AMITIZA (Use lubiprostone) 87	amoxicillin & pot clavulanate TABS 125 MG-250 MG 201
ALUNBRIG TABS41	amitriptyline hcl TABS 23	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 201
ALUNBRIG TBPK41	AMJEVITA SOAJ 40 MG/0.4ML 5	amoxicillin & pot clavulanate TB12 201
ALVESCO15	AMJEVITA SOAJ5	amoxicillin CAPS 201
ALYFTREK205	AMJEVITA SOSY 5	amoxicillin CHEW 125 MG, 250 MG . 201
ALYGLO200	AMJEVITA-PED 10KG TO <15KG SOSY5	amoxicillin SUSR 201
amantadine hcl CAPS 44	AMJEVITA-PED 15KG TO <30KG SOSY5	amoxicillin TABS 875 MG 201
amantadine hcl SOLN 44	AMLADEX TABS 184	amoxicillin-clarithromycin w/ lansoprazole THPK208
amantadine hcl TABS44	amlodipine besylate TABS52	amphetamine sulfate TABS1
AMBIEN CR TBCR (Use zolpidem tartrate)95	amlodipine besylate-atorvastatin calcium 53	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG 1
AMBIEN CR TBCR 6.25 MG (Use zolpidem tartrate) 95	amlodipine besylate-benazepril hcl 35	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1
AMBIEN TABS (Use zolpidem tartrate)95	amlodipine besylate-olmesartan medoxomil35	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1
ambrisentan 54	amlodipine besylate-valsartan 35	amphetamine-dextroamphetamine TABS 1
AMD FOAM DRESSING PADS ... 98	amlodipine-valsartan- hydrochlorothiazide35	ampicillin CAPS 500 MG 201
AMD FOAM DRESSING TOPSHEET PADS98	AMONDYS 45191	AMPYRA (Use dalfampridine) ...203
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	amoxapine23	
	amoxicillin & pot clavulanate CHEW . 201	
	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML 201	

AMVUTTRA	205	ANUSOL-HC EX (Use hydrocortisone (rectal))	12	ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	92
AMYTAL SODIUM	95	ANZUPGO CREA EX 20 MG/GM	67	ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	92
ANAFRANIL (Use clomipramine hcl) 23		APETIBEX CAPS	150	ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	93
anagrelide hcl	91	APEXICON E CREA	65	ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	93
ANAPROX DS TABS (Use naproxen sodium)	6	APIDRA SOLN	27	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...	93
ANASPAZ TBDP (Use hyoscyamine sulfate)	207	APIDRA SOLOSTAR SOPN	27	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	93
anastrozole	39	APOKYN SOCT	44	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	93
ANDEMBRY SOAJ SC 200 MG/1.2ML	91	apomorphine hydrochloride SOCT	44	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	93
ANDROGEL PUMP GEL TD (Use testosterone)	11	APONVIE EMUL	30	ARBLI PO 10 MG/ML	34
ANNOVERA	56	APPE-CURB CAPS	150	ARCALYST	5
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol)	16	apraclonidine hcl	196	AREXVY	209
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	150	aprepitant CAPS 125 MG	30	arformoterol tartrate	16
ANTIOXIDANT FORMULA TABS 150		aprepitant CAPS 40 MG, 80 MG	30	ARGININE TABS	195
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	150	aprepitant CPPK PO	30	ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	89
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	184	APRETUDE	48	ARICEPT TABS (Use donepezil hydrochloride)	202
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	150	APRISO CP24 (Use mesalamine)	87	ARIKAYCE	4
ANTIVERT CHEW (Use meclizine hcl)	30	APTENSIO XR CP24 (Use methylphenidate hcl)	2	ARIMIDEX (Use anastrozole)	39
ANTIVERT TABS 50 MG (Use meclizine hcl)	30	APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	18	aripiprazole SOLN PO	47
		APTIVUS CAPS	48	aripiprazole TABS	47
		AQ INSULIN SYRINGE	134	aripiprazole TBDP	47
		AQNEURSA	204	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	47
		AQUALANCE LANCETS 30G ...	103	ARISTADA 882 MG/3.2ML, 1064	
		AQUORAL SOLN	145		
		AQVESME TABS 100 MG	92		
		ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	92		
		ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	92		

MG/3.9ML	47	aspirin buffered (cal carb-mag carb-mag oxide)	8	ASSURE TITANIUM BLOOD GLUCOSE DEVI	103
ARISTADA INITIO	47	aspirin CHEW	8	ASSURE TITANIUM STRP	73
ARIXTRA (Use fondaparinux sodium)	17	ASPIRIN SUPP 300 MG	8	ATACAND (Use candesartan cilexetil)	34
armodafinil	2	aspirin TABS 325 MG	8	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	35
ARMOUR THYROID TABS	206	aspirin TBEC 81 MG, 325 MG	8	atazanavir sulfate CAPS	48
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	15	aspirin-dipyridamole	91	ATELVIA TBEC (Use risedronate sodium)	83
AROMASIN (Use exemestane) ...	39	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	103	atenolol & chlorthalidone	35
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	6	ASSURE 4 TEST STRP	73	atenolol TABS	51
artificial saliva SOLN	145	ASSURE COMFORT LANCETS 28G	103	ATIVAN SOLN (Use lorazepam) ...	13
artificial tear solution	195	ASSURE DOSE CONTROL SOLN 103		ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	13
ARYNTA SOLN PO 10 MG/ML	1	ASSURE DOSE NORM/HIGH CONTROL SOLN	103	ATIVAN TABS 1 MG (Use lorazepam)	13
ASCENIV	200	ASSURE LANCE LANCETS	103	ATMEKSI SUSP PO 750 MG/5ML 190	
ascorbic acid CHEW 500 MG	211	ASSURE LANCE LANCETS 21G 103		atomoxetine hcl	2
ascorbic acid POWD PO 500 MG/GM	211	ASSURE LANCE PLUS SAFETY 25G	103	atomoxetine hcl PO 4 MG/ML	2
ASCORBIC ACID POWD PO	211	ASSURE LANCE PLUS SAFETY 30G	103	ATONCY PO 4 MG/ML	2
ascorbic acid TABS	211	ASSURE LANCE SAFETY LANCET 28G	103	ATORVALIQ SUSP	33
asenapine maleate	46	ASSURE PLATINUM METER DEVI 103		atorvastatin calcium TABS	33
ASMANEX (120 METERED DOSES) AEPB	15	ASSURE PLATINUM STRP	73	ATRALIN GEL (Use tretinoin)	59
ASMANEX (14 METERED DOSES) AEPB	15	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	103	atropine sulfate (ophthalmic) OINT 196	
ASMANEX (30 METERED DOSES) AEPB	15	ASSURE PRISM MULTI METER DEVI	103	atropine sulfate (ophthalmic) SOLN 196	
ASMANEX (60 METERED DOSES) AEPB	15	ASSURE PRISM MULTI TEST STRP	73	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 196	
ASMANEX HFA AERO	15			ATROPINE SULFATE SOLN 1 % 196	
ASPERCREME/ALOE CREA (Use trolamine salicylate)	68				

ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)	14	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...	59	SUSP	191
ATTRUBY	54	AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	59	AZILECT (Use rasagiline mesylate) .	45
AUBAGIO (Use teriflunomide) ...	203	AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...	59	azilsartan medoxomil 40 MG, 80 MG	34
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	201	AVEENO PROTECT+HYDRATE SPF60 LOTN	71	azithromycin SUSR	97
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	201	AVERI TABS PO	55	azithromycin TABS	97
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	201	AVMAPKI FAKZYNJA CO-PACK THPK PO	41	AZO HORMONAL HEALTH CYCLE CARE TABS	150
AUGTYRO	41	AVODART (Use dutasteride)	89	AZO HORMONAL HEALTH HAPPY CYCL TABS	151
AUKELSO SOLN SC 120 MG/1.7ML	83	AVONEX PEN AJKT	203	AZOPT (Use brinzolamide)	199
AURYXIA 210 MG (Use ferric citrate)	89	AVONEX PREFILLED PSKT	203	AZOR (Use amlodipine besylate-olmesartan medoxomil)	35
AUSTEDO TABS	203	AVOWISE TABS	184	AZSTARYS	2
AUSTEDO XR PATIENT TITRATION TEPK	203	AVSOLA	87	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	87
AUSTEDO XR TB24	203	AVTOZMA SOAJ SC 162 MG/0.9ML	6	AZULFIDINE TABS (Use sulfasalazine)	87
AUTO-LANCET MINI MISC	103	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	6	bacitracin (topical) OINT	61
AUTOLET LANCING DEVICE MISC .	103	AVTOZMA SOSY SC 162 MG/0.9ML	6	bacitracin zinc OINT	61
AUTOLET LITE LANCING DEVICE MISC	104	AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	27	bacitracin-polymyxin b (ophth) ...	196
AUVELITY	21	AYVAKIT	41	bacitracin-polymyxin b OINT	61
AUVELITY TITRATION PACK PO	21	AZASITE	196	bacitracin-polymyxin b OINT	61
AUVI-Q SOAJ	211	azathioprine TABS 50 MG	143	bacitracin-poly-neomycin-hc	198
AVALIDE (Use irbesartan-hydrochlorothiazide)	35	azathioprine TABS 75 MG, 100 MG	143	BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	190
AVAPRO 150 MG, 300 MG (Use irbesartan)	34	azelastine hcl (ophth)	199	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	190
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	59	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	191	baclofen SUSP	190
		azelastine hcl-fluticasone propionate		baclofen TABS	190
				BACMIN TABS	151
				BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	36

BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	36	BAXDELA SOLR	86	BD VEO INSULIN SYR ULTRAFINE	134
BAFIERTAM	203	BAXDELA TABS	86	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	15
BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)	55	b-complex vitamins CAPS	146	BELBUCA FILM	11
balsalazide disodium CAPS	87	b-complex vitamins TABS	146	BELSOMRA	96
BALVERSA	41	b-complex w/ c & folic acid CAPS 146		benazepril & hydrochlorothiazide .	35
BAND-AID ALL-IN-ONE GAUZE LG PADS	98	BD AUTOSHIELD DUO	134	benazepril hcl	34
BAND-AID GAUZE LARGE PADS	98	BD INS SYR ULTRAFINE 1/2UNIT 134		BENEFIX KIT	90
BAND-AID GAUZE MEDIUM PADS 98		BD INSULIN SYR ULTRAFINE II 134		BENICAR (Use olmesartan medoxomil)	34
BAND-AID GAUZE SMALL PADS .98		BD INSULIN SYRINGE	134	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	35
BAND-AID HURT-FREE NON-STICK PADS	98	BD INSULIN SYRINGE HALF-UNIT . 134		BENLYSTA SOAJ	144
BAND-AID TRU-ABSORB GAUZE PADS	98	BD INSULIN SYRINGE MICROFINE	134	BENLYSTA SOLR	144
BANZEL SUSP (Use rufinamide) ..	18	BD INSULIN SYRINGE U/F	134	BENLYSTA SOSY	144
BANZEL TABS (Use rufinamide) ..	18	BD INSULIN SYRINGE ULTRAFINE	134	BENTYL SOLN IM (Use dicyclomine hcl)	207
BAQSIMI ONE PACK POWD	25	BD MICROTAINER LANCETS ..	104	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	59
BAQSIMI TWO PACK POWD	25	BD PEN NEEDLE MICRO ULTRAFINE	134	benzonatate 100 MG	58
BARACLUDE TABS (Use entecavir) . 50		BD PEN NEEDLE MINI ULTRAFINE	134	benzonatate 200 MG	58
BARIATRIC MULTIVITAMINS CAPS 151		BD PEN NEEDLE NANO 2ND GEN . 134		benzoyl peroxide BAR	59
BARIATRIC MULTIVITAMINS TABS . 151		BD PEN NEEDLE NANO ULTRAFINE	134	benzoyl peroxide CREA 10 %	59
BARIATRIC MULTIVITAMINS/IRON CAPS	151	BD PEN NEEDLE ORIG ULTRAFINE	134	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	59
BASAGLAR KWIKPEN SOPN	27	BD PEN NEEDLE SHORT ULTRAFINE	134	benzoyl peroxide LIQD 4 %	60
BASAGLAR TEMPO PEN SOPN .27		BD PEN NEEDLE GLIDE INSULIN SYRINGE	134	benzoyl peroxide LIQD 5 %, 10 % .60	
BASIC AM TABS	151			benzoyl peroxide LOTN 5 %, 10 % 60	
BASIC PM TABS	151			benzoyl peroxide-erythromycin GEL . 59	
				benztropine mesylate SOLN	44

benztropine mesylate TABS	44	bethanechol chloride	209	bisacodyl SUPP	97
bepotastine besilate	199	BETHKIS NEBU (Use tobramycin) .	4	bisacodyl TBEC	97
BEPREVE (Use bepotastine besilate)	199	BETIMOL (Use timolol)	195	bismuth subsalicylate CHEW 262 MG	29
BEQVEZ	90	BETIMOL	195	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	29
BERINERT KIT	91	BETOPTIC-S SUSP	195	bismuth subsalicylate TABS	29
besifloxacin hcl 0.6 %	196	BEVESPI AEROSPHERE	16	bisoprolol & hydrochlorothiazide ..	35
BESIVANCE 0.6 % (Use besifloxacin hcl)	196	bexarotene	43	bisoprolol fumarate	51
betamethasone dipropionate (topical) CREA	65	BEXSERO 0.5 ML	209	BIVIGAM SOLN	200
betamethasone dipropionate (topical) LOTN	65	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	55	BLOOD GLUCOSE MONITOR SYSTEM KIT	104
betamethasone dipropionate (topical) OINT	65	bicalutamide	39	BLOOD GLUCOSE MONITORING 333 DEVI	104
betamethasone dipropionate augmented CREA	65	BIKTARVY	48	BLOOD GLUCOSE TEST STRIPS 333 STRP	73
betamethasone dipropionate augmented GEL 0.05 %	65	BILDYOS SOSY SC 60 MG/ML ...	83	BLOOD GLUCOSE TEST STRP ..	73
betamethasone dipropionate augmented LOTN	65	BILPREVDA SOLN SC 120 MG/1.7ML	83	BLOOD SUGAR MANAGER TABS 151	
betamethasone dipropionate augmented OINT	65	bimatoprost SOLN	199	BLULINK CONTROL HIGH & LOW LIQD	104
betamethasone valerate CREA ...	65	BIMZELX SOAJ	63	BLULINK GLUCOSE MONITORING SYS DEVI	104
betamethasone valerate FOAM ...	65	BIMZELX SOSY	63	BLULINK GLUCOSE TEST STRP .	73
betamethasone valerate LOTN	65	BINOSTO TBEF	83	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	151
betamethasone valerate OINT	65	BIO-35 GLUTEN-FREE CAPS ...	151	BOMYNTRA SOLN SC 120 MG/1.7ML	83
BETAPACE AF (Use sotalol hcl (afib/af))	51	BIO-35 IRON FREE CAPS	151		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	52	BIOCAL CAPS	151		
BETASERON KIT	203	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	151		
betaxolol hcl (ophth) SOLN	195	BIOTECT PLUS CAPS	151		
betaxolol hcl	51	BIOTEL CARE BLOOD GLUCOSE KIT	104		
		BIOTEL CARE TEST STRIPS STRP 73			
		biotin CAPS 5 MG, 5000 MCG ...	211		

BOMYNTRA SOSY SC 120 MG/1.7ML84	BRAFTOVI 75 MG41	BRIXADI (WEEKLY) SOSY11
BONEUP 3 PER DAY CAPS151	BREATHE COMFORT CHAMBER/ADULT DEVI137	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML11
BONEUP CAPS151	BREATHE COMFORT CHAMBER/CHILD DEVI137	bromfenac sodium (ophth)199
BONEUP VEGETARIAN TABS ..151	BREATHE EASE LARGE DEVI ..137	bromocriptine mesylate CAPS44
BONJESTA TBCR30	BREATHE EASE MEDIUM DEVI 137	bromocriptine mesylate TABS 2.5 MG44
BONSITY SOPN 560 MCG/2.24ML 84	BREATHE EASE SMALL DEVI ..137	brompheniramine & phenyleph ELIX . 58
BOOSTNOW IMMUNE SUPPORT CAPS151	BREATHERITE VALVED MDI CHAMBER DEVI137	brompheniramine & pseudoeph ELIX 58
BOOSTRIX SUSP206	BREKIYA SOAJ SC 1 MG/ML140	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML58
BOOSTRIX SUSY206	BREO ELLIPTA (Use fluticasone furoate-vilanterol)16	BROMSITE (Use bromfenac sodium (ophth))199
BOSAYA SOSY SC 60 MG/ML84	BREO ELLIPTA16	BROVANA (Use arformoterol tartrate)16
bosentan TABS54	BREZTRI AEROSPHERE16	BRUKINSA41
bosentan TBSO 32 MG54	BRILINTA 60 MG, 90 MG (Use ticagrelor)92	BRUKINSA PO 160 MG41
BOSULIF CAPS41	brimonidine tartrate196	BRYNOVIN SOLN PO 25 MG/ML .25
BOSULIF TABS 100 MG, 400 MG, 500 MG (Use bosutinib)41	brimonidine tartrate-timolol maleate . 195	budesonide (inhalation) SUSP15
bosutinib TABS 100 MG, 400 MG, 500 MG41	BRINEURA85	budesonide (intrarectal)12
BOTOX IJ194	brinzolamide199	budesonide (nasal)191
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 UNIT151	BRIUMVI203	budesonide CPEP57
BPO FOAMING CLOTHS MISC 6 % . 60	brivaracetam SOLN IV 50 MG/5ML 18	budesonide TB2457
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/15ML151	brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG18	budesonide-formoterol fumarate dihydrate16
	BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)18	bumetanide TABS83
	BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)18	BUMEX TABS 0.5 MG (Use bumetanide)83
	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam)18	buprenorphine hcl SUBL11
		buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG11

buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG	11	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	26	CALCIPOTRIENE FOAM	63
buprenorphine hcl-naloxone hcl dihydrate SUBL	11	BYLVAY (PELLETS) CPSP	87	calcipotriene OINT	63
buprenorphine PTWK	11	BYLVAY CAPS	87	calcipotriene SOLN	63
bupropion hcl (smoking deterrent) 205		BYQLOVI 0.05 %	198	calcipotriene-betamethasone dipropionate OINT	65
bupropion hcl TABS	21	BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG .	45	calcipotriene-betamethasone dipropionate SUSP	65
bupropion hcl TB12	21	BYSANTI TITRATION PACK A TBPk PO	45	calcitonin (salmon) IJ	84
bupropion hcl TB24 150 MG, 300 MG	21	BYSANTI TITRATION PACK B TBPk PO	45	calcitonin (salmon) NA	84
bupropion hcl TB24 300 MG, 450 MG	21	BYSANTI TITRATION PACK C TBPk PO	45	calcitriol (topical)	63
BURIED TREASURE ACTIVE 55 PLUS LIQD	151	BYSTOLIC (Use nebivolol hcl) ...	51	calcitriol CAPS	85
BURN RELIEF GEL	69	BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl)	51	CALCIUM 600 +D HIGH POTENCY TABS	142
bupirone hcl 15 MG	13	CABENUVA 600 MG/2ML-400 MG/2ML	48	calcium acetate (phosphate binder) CAPS	89
bupirone hcl 5 MG, 10 MG	13	CABENUVA 900 MG/3ML-600 MG/3ML	48	calcium acetate (phosphate binder) TABS	89
bupirone hcl 7.5 MG, 30 MG	13	CABOMETYX TABS	42	CALCIUM CARB-CHOLECALCIFEROL CHEW	142
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COMETRIQ (100 MG DAILY DOSE)		MG-22.5 MG	155	SOLUTION LIQD	107
KIT	42	COMPLERA 200 MG-300 MG-25 MG		CONTOUR PLUS TEST STRP	74
COMETRIQ (140 MG DAILY DOSE)		(Use emtricitabine- rilpivirine-tenofovir		CONTOUR TEST STRP	74
KIT	42	disoproxil fumarate)	48	CONTROL SOLN	107
COMETRIQ (60 MG DAILY DOSE)		COMPLETE		CONZIP CP24 (Use tramadol hcl) ..	9
KIT	42	MULTIVITAMIN/MINERAL LIQD 60		COPA ISLAND BORDERED FOAM	
COMFORT ASSURED LANCETS		MG/15ML-300 MCG/15ML-1.5		PADS	98
28G	106	MG/15ML-2 MG/15ML-1000		COPA PLUS HYDROPHILIC FOAM	
COMFORT ASSURED LANCETS		UNIT/15ML-6 MCG/15ML-1300		PADS	98
33G	106	UNIT/15ML-10 MG/15ML-1.7		COPAXONE SOSY 20 MG/ML (Use	
COMFORT EZ INSULIN SYRINGE .		MG/15ML-20 MG/15ML-9 MG/15ML-		glatiramer acetate)	203
134		3 MG/15ML-25 MCG/15ML-150			
		MCG/15ML-30 UNIT/15ML-2			
		MG/15ML-25 MCG/15ML	155		
		COMPLETE NATAL DHA	188		
		COMPLETENATE CHEW	188		

COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	203	SPF50 LOTN	71	COVRSITE COVER DRESSING PADS	98
COPIKTRA	42	CORAL CALCIUM PLUS CAPS	155	COVRSITE PLUS COMPOSITE DRESS PADS	98
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COPPERTONE COMPLETE SPF30 LOTN	71	COREG CR (Use carvedilol phosphate)	51	COZAAR (Use losartan potassium) 34	
COPPERTONE GLOW PROTECT & TAN LOTN	71	COREVIA TABS	155	CREON CPEP	82
COPPERTONE GLOW SHIMMER SPF15 LOTN	71	CORGARD TABS 20 MG, 40 MG (Use nadolol)	52	CRESTOR TABS 10 MG (Use rosuvastatin calcium)	33
COPPERTONE GLOW SHIMMER SPF30 LOTN	71	CORIFACT	90	CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)	33
COPPERTONE GLOW SHIMMER SPF50 LOTN	71	CORLANOR SOLN	54	CRESTOR TABS 5 MG (Use rosuvastatin calcium)	33
COPPERTONE KIDS PURE & SIMPLE LOTN	71	CORLANOR TABS (Use ivabradine hcl)	54	CREXONT CPR	44
COPPERTONE LIMITED EDITION LOTN	71	CORTEF TABS (Use hydrocortisone)	57	cromolyn sodium (nasal) 5.2 MG/ACT	191
COPPERTONE OIL FREE FACE SPF30 LOTN	71	CORTENEMA (Use hydrocortisone (intrarectal))	12	cromolyn sodium (ophth)	199
COPPERTONE OIL FREE FACE SPF50 LOTN	71	CORTISONE ACETATE TABS	57	cromolyn sodium NEBU	14
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DEPEN TITRATABS TABS (Use penicillamine)	143	DERMAVITE TABS	158	DESOXYN (Use methamphetamine hcl)	1
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DIFICID TABS 200 MG (Use fidaxomicin)	98	diltiazem hcl extended release beads	52	disopyramide phosphate CAPS ...	13
diflorasone diacetate CREA	66	diltiazem hcl TABS	52	disulfiram 250 MG	202
diflorasone diacetate OINT	66	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	52	divalproex sodium CSDR	21
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	31	diltiazem hcl TB24	52	divalproex sodium TB24	21
DIFLUCAN TABS 100 MG (Use fluconazole)	31	dimenhydrinate TABS	30	divalproex sodium TBEC	21
DIFLUCAN TABS 200 MG (Use fluconazole)	31	dimethicone (topical) CREA 1 % ..	70	docosanol	64
diflunisal TABS	8	dimethyl fumarate CDPK	203	docusate calcium	97
difluprednate	198	dimethyl fumarate CPDR	203	docusate sodium CAPS 100 MG, 250 MG	97
digoxin SOLN PO 0.05 MG/ML	53	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	35	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	97
digoxin TABS 125 MCG, 250 MCG	53	DIOVAN TABS (Use valsartan) ...	34	DOCUSATE SODIUM SYRP	97
dihydroergotamine mesylate SOLN IJ 1 MG/ML	140	DIPENTUM	88	docusate sodium TABS	97
dihydroergotamine mesylate SOLN NA 4 MG/ML	140	diphenhydramine hcl (sleep) CAPS 95		dofetilide	14
DILANTIN (Use phenytoin sodium extended)	20	diphenhydramine hcl (sleep) LIQD 95		DOLOBID TABS	9
DILANTIN (Use phenytoin sodium extended)	21	diphenhydramine hcl (sleep) TABS 25 MG	95	donepezil hydrochloride TABS ...	202
DILANTIN	20	diphenhydramine hcl (sleep) TABS 50 MG	95	donepezil hydrochloride TBDP ...	202
DILANTIN INFATABS CHEW (Use phenytoin)	21	diphenhydramine hcl CAPS	31	DORAL (Use quazepam)	95
		diphenhydramine hcl ELIX 12.5 MG/5ML	31	dorzolamide hcl	199
		diphenhydramine hcl LIQD 12.5		dorzolamide hcl-timolol maleate .	195
				dorzolamide hcl-timolol maleate .	196
				DOVATO	48

doxazosin mesylate	35	SYRINGE/NEEDLE	134	DUREX EXTRA SENSITIVE THIN MISC	100
doxepin hcl (antipruritic)	63	drospirenone-ethinyl estradiol	55	DUREX TROPICAL MISC	100
doxepin hcl (sleep)	95	drospirenone-ethinyl estradiol- levomefolate calcium	55	DUREZOL (Use difluprednate) ..	198
doxepin hcl CAPS	23	DROXIA CAPS	92	DURYSTA IMPL	199
doxepin hcl CONC	23	DRUG MART ON-THE-GO LANCET 30G	108	dutasteride	89
doxycycline (monohydrate) CAPS 50 MG, 100 MG	206	DRUG MART UNILET LANCETS 28G	108	dutasteride-tamsulosin hcl	89
doxycycline (monohydrate) TABS 50 MG, 100 MG	206	DRUG MART UNILET LANCETS 30G	108	DUVYZAT	192
doxycycline hyclate CAPS	206	DRUG MART UNILET LANCETS 33G	108	DYANA VEL XR SUER	1
doxycycline hyclate TABS 100 MG 206		DRUG MART UNILET LANCETS 33G	108	DYANA VEL XR TBCR	1
doxylamine succinate (sleep)	95	DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	159	DYMISTA SUSP (Use azelastine hcl- fluticasone propionate)	191
doxylamine-pyridoxine TBEC	30	DRYMAX EXTRA PADS	98	DYSPO RT	194
DRISDOL CAPS (Use ergocalciferol) 211		DUAKLIR PRESSAIR	16	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	97
DRIZALMA SPRINKLE CSDR	23	DUETACT (Use pioglitazone hcl- glimepiride)	24	EASIVENT MASK LARGE MISC .	138
dronabinol CAPS	30	DUEXIS (Use ibuprofen-famotidine) . 6		EASIVENT MASK MEDIUM MISC 138	
DRONABINOL SOLN 5 MG/ML ...	30	DULCOLAX TBEC (Use bisacodyl) 97		EASIVENT MASK SMALL MISC .	138
droperidol SOLN 2.5 MG/ML	13	DULERA	16	EASIVENT MISC	138
DROPLET GENTEEL LANCING DEVICE MISC	108	DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	23	EASY COMFORT INSULIN SYRINGE	134
DROPLET INSULIN SYRINGE ..	134	duloxetine hcl CPEP	23	EASY COMFORT LANCETS	108
DROPLET LANCETS ULTRA THIN 30G	108	DUOPA SUSP	44	EASY COMFORT LANCETS TWIST TOP	108
DROPLET LANCING DEVICE MISC . 108		DUPIXENT SOAJ	67	EASY FLOW BLACK/BLUE DEVI 138	
DROPLET PERSONAL LANCETS 30G	108	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	67	EASY FLOW BLACK/ORANGE DEVI	138
DROPSAFE ACTI-LANCE 23G .	108	DUREX EXTRA SENSITIVE THIN DEVI	100	EASY FLOW BLACK/RED DEVI .	138
DROPSAFE MEDLANCE LANCET 30G	108			EASY FLOW BLACK/WHITE DEVI 138	
DROPSAFE SAFETY				EASY FLOW BLACK/YELLOW DEVI	

.....138	KIT109	EASY TOUCH TEST STRP75
EASY FLOW WHITE/BLUE DEVI 138	EASY TOUCH HEALTHPRO GLUCOSE KIT109	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI110
EASY FLOW WHITE/GREEN DEVI 138	EASY TOUCH HEALTHPRO HIGH/LOW LIQD109	EASY TRAK BLOOD GLUCOSE TEST STRP75
EASY FLOW WHITE/PINK DEVI .138	EASY TOUCH INSULIN SAFETY SYR134	EASY TRAK CONTROL SOLN ..110
EASY FLOW WHITE/WHITE DEVI 138	EASY TOUCH INSULIN SYRINGE 134	EASY TRAK II BLOOD GLUCOSE SYS DEVI110
EASY FLOW WHITE/YELLOW DEVI 138	EASY TOUCH LANCETS 21G ..109	EASY TRAK II CONTROL LIQD .110
EASY MINI EJECT LANCING DEVICE MISC108	EASY TOUCH LANCETS 23G ..109	EASY TRAK II GLUCOSE TEST STRP75
EASY PLUS II CONTROL SOLN .108	EASY TOUCH LANCETS 26G ..109	EASYGLUCO KIT110
EASY PLUS II GLUCOSE SYSTEM DEVI108	EASY TOUCH LANCETS 28G ..109	EASYGLUCO STRP75
EASY PLUS II GLUCOSE TEST STRP74	EASY TOUCH LANCETS 28G/TWIST109	EASYMAX 15 LEVEL 2 CONTROL SOLN110
EASY STEP CONTROL SOLN ...109	EASY TOUCH LANCETS 30G ..109	EASYMAX 15 TEST STRP75
EASY STEP GLUCOSE MONITOR DEVI109	EASY TOUCH LANCETS 30G/TWIST109	EASYMAX CONTROL SOLN110
EASY STEP TEST STRP74	EASY TOUCH LANCETS 32G ..109	EASYMAX NG BLOOD GLUCOSE DEVI110
EASY TALK BLOOD GLUCOSE SYSTEM DEVI109	EASY TOUCH LANCETS 32G/TWIST110	EASYMAX NG BLOOD GLUCOSE KIT110
EASY TALK BLOOD GLUCOSE TEST STRP75	EASY TOUCH LANCETS 33G/TWIST110	EASYMAX TEST STRP75
EASY TALK CONTROL SOLN ...109	EASY TOUCH LANCING DEVICE MISC110	EASYMAX V BLOOD GLUCOSE DEVI110
EASY TALK PLUS II CONTROL SOLN109	EASY TOUCH SAFETY LANCETS 21G110	EBGLYSS SOAJ67
EASY TALK PLUS II TEST STRIPS STRP75	EASY TOUCH SAFETY LANCETS 23G110	EBGLYSS SOSY67
EASY TOUCH CONTROL HIGH & LOW SOLN109	EASY TOUCH SAFETY LANCETS 26G110	EC-NAPROSYN TBEC (Use naproxen)6
EASY TOUCH FLIPLOCK INSULIN SY134	EASY TOUCH SAFETY LANCETS 28G110	econazole nitrate CREA62
EASY TOUCH GLUCOSE SYSTEM	EASY TOUCH SHEATHLOCK SYRINGE134	EDARBI 40 MG, 80 MG (Use azilsartan medoxomil)35
		EDARBYCLOR35
		EDLUAR SUBL95

EDURANT 25 MG (Use rilpivirine hcl)	ELEVIDYS 10.0-10.4 KG	192	ELEVIDYS 39.5-40.4 KG	192
.....48	ELEVIDYS 10.5-11.4 KG	192	ELEVIDYS 40.5-41.4 KG	193
EDURANT PED PO 2.5 MG	ELEVIDYS 11.5-12.4 KG	192	ELEVIDYS 41.5-42.4 KG	193
.....48	ELEVIDYS 12.5-13.4 KG	192	ELEVIDYS 42.5-43.4 KG	193
efavirenz CAPS 200 MG	ELEVIDYS 13.5-14.4 KG	192	ELEVIDYS 43.5-44.4 KG	193
.....48	ELEVIDYS 14.5-15.4 KG	192	ELEVIDYS 44.5-45.4 KG	193
efavirenz CAPS 50 MG	ELEVIDYS 15.5-16.4 KG	192	ELEVIDYS 45.5-46.4 KG	193
.....48	ELEVIDYS 16.5-17.4 KG	192	ELEVIDYS 46.5-47.4 KG	193
efavirenz TABS	ELEVIDYS 17.5-18.4 KG	192	ELEVIDYS 47.5-48.4 KG	193
.....48	ELEVIDYS 18.5-19.4 KG	192	ELEVIDYS 48.5-49.4 KG	193
efavirenz-emtricitabine-tenofovir	ELEVIDYS 19.5-20.4 KG	192	ELEVIDYS 49.5-50.4 KG	193
disoproxil fumarate	ELEVIDYS 20.5-21.4 KG	192	ELEVIDYS 50.5-51.4 KG	193
.....48	ELEVIDYS 21.5-22.4 KG	192	ELEVIDYS 51.5-52.4 KG	193
efavirenz-lamivudine-tenofovir	ELEVIDYS 22.5-23.4 KG	192	ELEVIDYS 52.5-53.4 KG	193
disoproxil fumarate	ELEVIDYS 23.5-24.4 KG	192	ELEVIDYS 53.5-54.4 KG	193
.....48	ELEVIDYS 24.5-25.4 KG	192	ELEVIDYS 54.5-55.4 KG	193
EFFER-K TBEF 25 MEQ	ELEVIDYS 25.5-26.4 KG	192	ELEVIDYS 55.5-56.4 KG	193
.....142	ELEVIDYS 26.5-27.4 KG	192	ELEVIDYS 56.5-57.4 KG	193
EFFEXOR XR CP24 (Use	ELEVIDYS 27.5-28.4 KG	192	ELEVIDYS 57.5-58.4 KG	193
venlafaxine hcl)	ELEVIDYS 28.5-29.4 KG	192	ELEVIDYS 58.5-59.4 KG	193
.....23	ELEVIDYS 29.5-30.4 KG	192	ELEVIDYS 59.5-60.4 KG	193
EFFEXOR XR CP24 75 MG (Use	ELEVIDYS 30.5-31.4 KG	192	ELEVIDYS 60.5-61.4 KG	193
venlafaxine hcl)	ELEVIDYS 31.5-32.4 KG	192	ELEVIDYS 61.5-62.4 KG	193
.....23	ELEVIDYS 32.5-33.4 KG	192	ELEVIDYS 62.5-63.4 KG	193
EFFIENT (Use prasugrel hcl)	ELEVIDYS 33.5-34.4 KG	192	ELEVIDYS 63.5-64.4 KG	193
.....92	ELEVIDYS 34.5-35.4 KG	192	ELEVIDYS 64.5-65.4 KG	193
EFUDEX CREA (Use fluorouracil	ELEVIDYS 35.5-36.4 KG	192	ELEVIDYS 65.5-66.4 KG	193
(topical))	ELEVIDYS 36.5-37.4 KG	192	ELEVIDYS 66.5-67.4 KG	193
.....62	ELEVIDYS 37.5-38.4 KG	192	ELEVIDYS 67.5-68.4 KG	193
EKTERLY TABS PO 300 MG	ELEVIDYS 38.5-39.4 KG	192	ELEVIDYS 68.5-69.4 KG	193
.....91				
ELEMENT COMPACT CONTROL 2				
SOLN				
.....111				
ELEMENT COMPACT CONTROL 3				
SOLN				
.....111				
ELEMENT COMPACT GLUCOSE				
SYSTEM DEVI				
.....111				
ELEMENT COMPACT TEST STRP				
75				
ELEMENT COMPACT V GLUCOSE				
SYS DEVI				
.....111				
ELEMENT CONTROL LIQD				
.....111				
ELEMENT PLUS DEVI				
.....111				
ELEMENT TEST STRP				
.....75				
ELEPSIA XR TB24				
.....18				
eletriptan hydrobromide				
.....140				

ELEVIDYS 69.5 KG PLUS	193	EMBECTA PEN NEEDLE ULTRAFINE	134	STRP	75
ELFABRIO	85	EMBRACE BLOOD GLUCOSE MONITOR DEVI	111	EMBRACE TALK MONITORING SYSTEM KIT	112
ELFOLATE TABS	82	EMBRACE BLOOD GLUCOSE TEST STRP	75	EMBRACE WAVE GLUCOSE CONTROL LIQD	112
ELIDEL (Use pimecrolimus)	68	EMBRACE CONTROL SOLN	111	EMBRACE WAVE GLUCOSE METER DEVI	112
ELIGARD KIT SC 22.5 MG	40	EMBRACE EVO BLOOD GLUCOSE TEST STRP	75	EMCYT	40
ELIGARD KIT SC 7.5 MG	40	EMBRACE EVO CONTROL LEVEL 1 LIQD	111	EMEND BIPACK CAPS 80 MG (Use aprepitant)	30
ELIGARD SC 30 MG	39	EMBRACE EVO GLUCOSE MONITOR DEVI	111	EMEND SOLR (Use fosaprepitant dimeglumine)	30
ELIGARD SC 45 MG	40	EMBRACE EVO GLUCOSE MONITORING KIT	111	EMEND SUSR	30
ELIMITE CREA (Use permethrin) .	71	EMBRACE GLUCOSE CONTROL LIQD	111	EMEND TRIPACK CPPK PO (Use aprepitant)	30
ELIQUIS (1.5 MG PACK) TBSO PO .	17	EMBRACE LANCETS ULTRA THIN 30G	111	EMFLAZA SUSP (Use deflazacort) 57	
ELIQUIS (2 MG PACK) TBSO PO .	17	EMBRACE LANCING DEVICE/EJECTOR MISC	111	EMFLAZA TABS (Use deflazacort) 57	
ELIQUIS CPSP PO 0.15 MG	17	EMBRACE PRESSURE ACTIVATED 21G	111	EMGALITY (300 MG DOSE) SOSY 140	
ELIQUIS DVT/PE STARTER PACK TBPK	17	EMBRACE PRESSURE ACTIVATED 28G	111	EMGALITY SOAJ	140
ELIQUIS TABS	17	EMBRACE PRO GLUCOSE CONTROL LIQD	111	EMGALITY SOSY	140
ELIQUIS TBSO PO 0.5 MG	17	EMBRACE PRO GLUCOSE METER DEVI	111	emollient OINT	68
ELLA	56	EMBRACE PRO GLUCOSE TEST STRP	75	EMSAM	22
ELOCTATE	90	EMBRACE TALK BLOOD GLUCOSE DEVI	111	emtricitabine CAPS	48
ELYXYB	140	EMBRACE TALK GLUCOSE CONTROL SOLN	111	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	48
EMBECTA AUTOSHIELD DUO .	134	EMBRACE TALK GLUCOSE TEST		emtricitabine-tenofovir disoproxil fumarate	48
EMBECTA INS SYR U/F 1/2 UNIT 134				EMTRIVA CAPS (Use emtricitabine) .	48
EMBECTA INSULIN SYR ULTRAFINE	134			EMTRIVA SOLN	48
EMBECTA INSULIN SYRINGE .	134			enalapril maleate &	
EMBECTA INSULIN SYRINGE U- 100	134				
EMBECTA PEN NEEDLE NANO 134					
EMBECTA PEN NEEDLE NANO 2 GEN	134				

hydrochlorothiazide	35	ENTYVIO PEN SOAJ	88	EQ BLOOD GLUCOSE TEST STRP .	76
enalapril maleate SOLN	34	ENTYVIO SOLR	88	EQ COMPLETE MULTIVIT ADULT	
enalapril maleate TABS	34	EOHILIA SUSP	57	50+ TABS 60 MG-3 MG-30 MCG-400	
ENBRACE HR	188	EPANED SOLN (Use enalapril		MCG-500 UNIT-25 MCG-1.7 MG-30	
ENBREL MINI SOCT	8	maleate)	34	MCG-20 MG-250 MCG-2500 UNIT-	
ENBREL SOLN	8	EPCLUSA PACK	50	10 MG-220 MG-300 MCG-1.5 MG-11	
ENBREL SOSY	8	EPCLUSA TABS	50	MG-150 MCG-50 UNIT-50 MG-80	
ENBREL SURECLICK SOAJ	8	EPIDIOLEX	18	MG-45 MCG-150 MCG-20 MG-0.5	
ENERGIX-B SUSP 20 MCG/ML .	209	EPIDUO FORTE GEL (Use		MG-5 MCG-2.3 MG-55 MCG-10	
ENERGIX-B SUSY	209	adapalene-benzoyl peroxide)	60	MCG-45 MCG-72 MG-2 MG, 60 MG-	
ENOBY SOSY SC 60 MG/ML	84	EPIDUO GEL (Use adapalene-		3 MG-30 MCG-400 MCG-500 UNIT-	
enoxaparin sodium SOLN IJ 300		benzoyl peroxide)	60	25 MCG-1.7 MG-30 MCG-20 MG-	
MG/3ML	17	EPIFOAM FOAM	66	250 MCG-2500 UNIT-10 MG-220	
enoxaparin sodium SOSY 100		epinastine hcl (ophth)	199	MG-300 MCG-1.5 MG-11 MG-150	
MG/ML, 150 MG/ML	17	epinephrine (anaphylaxis) SOAJ .	211	MCG-50 UNIT-50 MG-80 MG-45	
enoxaparin sodium SOSY 30		epinephrine hcl (nasal)	191	MCG-150 MCG-20 MG-20 MG-0.5	
MG/0.3ML	17	EPIPEN 2-PAK SOAJ (Use		MG-5 MCG-2.3 MG-45 MCG-55	
enoxaparin sodium SOSY 40		epinephrine (anaphylaxis))	211	MCG-10 MCG-72 MG-2 MG	159
MG/0.4ML	17	EPIPEN JR 2-PAK SOAJ (Use		EQ COMPLETE MULTIVITAMIN-	
enoxaparin sodium SOSY 60		epinephrine (anaphylaxis))	211	ADULT TABS	159
MG/0.6ML	17	EPIVIR SOLN (Use lamivudine) ...	48	EQ GAUZE PADS	98
enoxaparin sodium SOSY 80		EPIVIR TABS 150 MG (Use		EQ ONE DAILY MENS 50+ TABS	
MG/0.8ML, 120 MG/0.8ML	17	lamivudine)	48	159	
ENSACOVE CAPS PO 25 MG, 100		EPIVIR TABS 300 MG (Use		EQ ONE DAILY MENS HEALTH	
MG	42	lamivudine)	48	TABS	159
ENSPRYNG	144	EPOGEN 10000 UNIT/ML	93	EQ ONE DAILY WOMENS 50+	
ENSTILAR FOAM	66	EPOGEN 2000 UNIT/ML	93	TABS	159
entacapone	44	EPOGEN 20000 UNIT/ML	93	EQ ONE DAILY WOMENS HEALTH	
entecavir TABS	50	EPOGEN 3000 UNIT/ML	93	TABS	159
ENTRESTO CPSP	53	EPOGEN 4000 UNIT/ML	93	EQ SPACE CHAMBER ANTI-	
ENTRESTO TABS 103 MG-97 MG,		EPRONTIA SOLN 25 MG/ML (Use		STATIC DEVI	138
26 MG-24 MG, 51 MG-49 MG (Use		topiramate)	18	EQ SPACE CHAMBER ANTI-	
sacubitril-valsartan)	53	EPSOLAY CREA	60	STATIC L DEVI	138
				EQ SPACE CHAMBER ANTI-	
				STATIC M DEVI	138
				EQ SPACE CHAMBER ANTI-	
				STATIC S DEVI	138
				EQ VISION FORMULA 50+ CAPS	

ESPEROCT	90	ethosuximide CAPS	21	EVEXITHROID TABS 15 MG, 30	
ESSENTIA TABS 100 MG-6 MG-30		ethosuximide SOLN	21	MG, 60 MG, 90 MG, 120 MG, 180	
MCG-400 MCG-2000 UNIT-25 MCG-		ethynodiol diacet & eth estrad	55	MG	206
3000 UNIT-10 MG-100 MCG-100		etodolac CAPS	6	EVISTA (Use raloxifene hcl)	84
MG-25 MG-10 MG-18 MG-100 MG-		etodolac TABS	6	EVKEEZA 1200 MG/8ML	32
10 MG-100 MG-15 MG-2 MG-250		etodolac TB24	6	EVKEEZA 345 MG/2.3ML	32
MCG-60 UNIT-2 MG-10 MCG-75		etonogestrel-ethinyl estradiol	56	EVOLUTION AUTOCODE DEVI ..	112
MCG-150 MCG-70 MCG-100 MCG		etoposide CAPS	44	EVOLUTION AUTOCODE STRP ..	76
160		etravirine 100 MG	48	EVOLUTION CONTROL SOLN ..	112
ESSENTIAL BALANCE TABS 120		etravirine 200 MG	48	EVOTAZ	48
MG-2 MG-30 MCG-400 MCG-400		EUCERIN INTENSIVE REPAIR		EVRYSDI	194
UNIT-6 MCG-1.7 MG-250 MCG-3000		OINT	68	EVRYSDI PO 5 MG	194
UNIT-10 MG-9 MG-1.5 MG-15 MG-2		EUCERIN REDNESS RELIEF DAY		EXCILON AMD DRAIN SPONGES	
MG-150 MCG-20 MG-100 MG-40		LOTN	71	PADS	99
MG-2 MG-100 MG-25 MCG-150		EUCRISA	70	EXCILON AMD NON-WOVEN	
MCG-50 UNIT-77 MG-5 MCG-10		EULEXIN	40	SPONGES PADS	99
MCG-2 MG-120 MCG-25 MCG-25		EVEKEO TABS (Use amphetamine		EXCILON DRAIN SPONGES PADS .	
MCG-10 MCG-36 MG	160	sulfate)	1	99	
estazolam	95	EVENITY	84	EXCILON IV SPONGES PADS ...	99
ESTRACE CREA (Use estradiol		EVERCORE TABS	160	EXDENSUR SOSY SC 100 MG/ML	
vaginal)	211	everolimus (immunosuppressant)		14	
ESTRACE TABS (Use estradiol) ..	86	144		EXELON (Use rivastigmine)	202
estradiol & norethindrone acetate		everolimus TABS	42	exemestane	40
TABS	86	everolimus TBSO	42	exenatide SOPN 10 MCG/0.04ML .	26
estradiol PTTW	86	EVERSENSE 365		exenatide SOPN 5 MCG/0.02ML ..	26
estradiol PTWK	86	SENSOR/HOLDER	112	EXFORGE (Use amlodipine	
estradiol TABS	86	EVERSENSE 365 SMART		besylate-valsartan)	35
estradiol vaginal CREA	211	TRANSMIT	112	EXFORGE HCT (Use amlodipine-	
estradiol vaginal TABS	211	EVERSENSE E3 SENSOR/HOLDER		valsartan-hydrochlorothiazide)	35
ESTROFACTORS TABS	185		112	EXONDYS 51	193
estrogens, conjugated TABS 0.3 MG,		EVERSENSE E3 SMART		EXTENDED INFUSION SET	
0.45 MG, 0.625 MG, 0.9 MG, 1.25		TRANSMITTER	112	23"/6MM MISC	112
MG	86	EVERVITA TABS	160	EXTENDED INFUSION SET	
ESTROVEN MENOPAUSE					
SUPPLEMENT TABS	160				
eszopiclone	95				
ethambutol hcl TABS	38				

23"/9MM MISC112	famotidine-calcium carbonate- magnesium hydroxide 208	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 33
EXTENDED INFUSION SET	FANAPT45	fenofibric acid33
32"/6MM MISC112	FANAPT TITRATION PACK A ...45	FENOGLIDE TABS (Use fenofibrate) 33
EXTENDED INFUSION SET	FANAPT TITRATION PACK B ...45	FENSOLVI (6 MONTH) SC85
32"/9MM MISC112	FANAPT TITRATION PACK C ...45	fentanyl citrate LPOP 400 MCG, 800 MCG9
EXTENDED INFUSION SET	FANTASY LUBRICATED MISC ..100	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/HR9
43"/6MM MISC112	FANTASY LUBRICATED/SPERMICIDE MISC 100	
EXTENDED INFUSION SET	FARESTON (Use toremifene citrate)40	FERRETT'S TABS 94
EXTENDED RESERVOIR 3ML MISC112	FARXIGA TABS PO (Use dapagliflozin)28	ferric citrate89
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG23	FASENRA PEN SOAJ14	ferrous fumarate TABS 94
EXXUA TITRATION PACK TB24 PO 18.2 MG23	FASENRA SOSY 14	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS 94
EYE HEALTH + LUTEIN TABS .. 160	FC2 FEMALE CONDOM 100	ferrous gluconate TABS 324 MG ..94
EYE HEALTH AREDS 2 CAPS .. 160	febuxostat 90	ferrous gluconate TABS 94
EYE HEALTH CAPS160	FEIBA90	ferrous sulfate dried TBCR 94
EYE MULTIVITAMIN/SODIUM TABS160	felbamate SUSP 20	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 94
EYE VITAMINS CAPS 60 MG-6 MG- 15 MG-2 MG-30 UNIT-22 MG160	felbamate TABS 20	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML 94
EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG 160	FELBATOL SUSP (Use felbamate) 20	ferrous sulfate TABS94
EYSUVIS SUSP198	FELBATOL TABS (Use felbamate) 20	ferrous sulfate TBEC94
ezetimibe33	felodipine 52	fesoterodine fumarate 208
ezetimibe-simvastatin32	FEMARA (Use letrozole)40	FETZIMA CP2423
famciclovir51	FEMCAP DEVI 100	FETZIMA TITRATION C4PK 23
famotidine SOLN 20 MG/2ML207	FEMLYV TBDP 55	FEVERALL INFANTS SUPP8
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MCG-2500 UNIT-2.5 MG-5 MG-15	HARVONI PACK50	UNIT, 1000 UNIT, 1700 UNIT 90
MG-12.5 MG-7.5 MG-5 MG-4 MG-	HARVONI TABS 50	HEMORRHOIDAL 0.25 %-85.5 %-3
130 MG-3.75 MG-1 MG-25 MG-7.5	HAVRIX IM 720 EL U/0.5ML 210	% 12
UNIT-64 MG-15 MG-5 MG-50 MG-	HEAD CARE PROACTIVE HEALTH	HEPAGAM B SOLN IJ 200
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1.667 MG-1666.667 MCG-10 UNIT-	MONITO KIT 117	5000 UNIT/ML, 10000 UNIT/ML,
133.333 MCG-666.667 UNIT-2.667	HEALTHWISE INSULIN	20000 UNIT/ML 17
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HALCION 0.25 MG (Use triazolam)	HEALTHY HAIR/SKIN/NAILS TABS	TABS 185
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HALDOL DECANOATE (Use	100 MG-25 MCG-1.7 MG-10 MG-40	TABS 400 UNIT-200 MG-10 MG-30
haloperidol decanoate) 46	MG-1.5 MG-50 MG-2500 UNIT-50	MCG-400 MCG-10 MG-10 MCG-
halobetasol propionate CREA 66	MG-50 MG 185	5000 UNIT-10 MG-10 MG-100 MG-
halobetasol propionate FOAM 66	H-E-B INCONTROL ADV LANCING	10 MG-9 MG-0.5 MG-7.5 MG-35 MG-
HALOBETASOL PROPIONATE	MISC 117	60 MG-30 UNIT-1 MG-120 MG-75
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haloperidol TABS 2 MG, 5 MG, 20	HEMLIBRA 90	135

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HULIO (2 PEN) AJKT	5	HW EMBRACE PRO GLUCOSE		hydrocortisone (topical) LOTN 2.5 %	66
HULIO (2 SYRINGE) PSKT	5	TEST STRP	79	hydrocortisone (topical) OINT	66
HUMALOG JUNIOR KWIKPEN		HW EMBRACE TALK BLOOD		hydrocortisone acetate (topical) OINT	
SOPN	27	GLUCOSE DEVI	117		66
HUMALOG KWIKPEN SOPN 100		HW EMBRACE TALK GLUCOSE		hydrocortisone acetate (topical) OINT	
UNIT/ML	27	TEST STRP	79		66
HUMALOG KWIKPEN SOPN 200		HYCAMPIN CAPS	44	HYDROCORTISONE ACETATE	
UNIT/ML	27	HYCODAN SOLN (Use hydrocodone		CREA	66
HUMALOG MIX 50/50 KWIKPEN		bitartrate-homatropine		hydrocortisone butyrate CREA	66
SUPN	27	methylbromide)	58	hydrocortisone butyrate OINT	67
HUMALOG MIX 75/25 KWIKPEN		hydralazine hcl TABS	36	hydrocortisone butyrate SOLN	67
SUPN	27	HYDREA (Use hydroxyurea)	43	HYDROCORTISONE COMPLETE	
HUMALOG MIX 75/25 SUSP	27	hydrochlorothiazide CAPS	83	KIT THPK	67
HUMALOG SOCT	27	hydrochlorothiazide TABS	83	HYDROCORTISONE GEL 2 %	67
HUMALOG SOLN IJ	27	hydrocodone bitartrate CP12	9	hydrocortisone TABS	57
HUMALOG TEMPO PEN SOPN ..	27	hydrocodone bitartrate T24A	9	hydrocortisone vaginal	210
HUMATE-P SOLR	90	hydrocodone bitartrate-homatropine		hydrocortisone valerate CREA	67
HUMATROPE CART IJ	84	methylbromide SOLN	58	hydrocortisone valerate OINT	67
HUMIRA (2 PEN) AJKT	5	hydrocodone-acetaminophen SOLN		hydrocortisone w/acetic acid	200
HUMIRA (2 SYRINGE) PSKT	5	108 MG/5ML-2.5 MG/5ML, 217		HYDROMORPHONE HCL SUPP ...	9
HUMIRA-CD/UC/HS STARTER		MG/10ML-5 MG/10ML, 325		hydromorphone hcl TABS	9
AJKT 80 MG/0.8ML	5	MG/15ML-7.5 MG/15ML	10	hydromorphone hcl TB24	9
HUMIRA-PSORIASIS/UVEIT		hydrocodone-acetaminophen SOLN		hydroxychloroquine sulfate 200 MG	
STARTER AJKT	5	325 MG/15ML-10 MG/15ML	10	38	
HUMULIN 70/30 KWIKPEN SUPN	27	hydrocodone-acetaminophen TABS		hydroxyurea	44
HUMULIN 70/30 SUSP	27	325 MG-10 MG	10	hydroxyzine hcl SOLN 25 MG/ML, 50	
HUMULIN N KWIKPEN SUPN	27	hydrocodone-acetaminophen TABS		MG/ML	13
HUMULIN N SUSP	27	325 MG-7.5 MG	10	hydroxyzine hcl SYRP	13
HUMULIN R SOLN IJ	27	hydrocortisone (intrarectal)	12	hydroxyzine hcl TABS	13
HUMULIN R U-500 KWIKPEN SOPN		hydrocortisone (rectal) EX	12	hydroxyzine pamoate CAPS	13
SC	27	hydrocortisone (topical) CREA	66	HYLAZINC TABS	164
HW EMBRACE PRO GLUCOSE					

HYMPAVZI	90	42	ICOTYDE TABS PO 200 MG	63	
hyoscyamine sulfate ELIX	207	IBRANCE TABS	42	IDACIO-CROHNS/UC STARTER AJKT	5
hyoscyamine sulfate SOLN PO 0.125 MG/ML	207	IBSRELA	88	IDACIO-PSORIASIS STARTER AJKT	5
hyoscyamine sulfate TB12 0.375 MG 207		IBTROZI CAPS PO 200 MG	42	IDELVION	90
hyoscyamine sulfate TBDP 0.125 MG	207	ibuprofen CAPS	6	IDHIFA	42
HYPERHEP B SOLN IM	200	ibuprofen CHEW	6	IDOSE TR IMPL	199
HYPERHEP B SOSY 110 UNIT/0.5ML	200	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	7	IDVYNZO TABS PO	48
HYPERRAB SOLN	200	ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	7	IHEALTH BLOOD GLUCOSE TEST STR STRP	79
HYPOLANCE AST LANCING KIT 117		ibuprofen TABS 400 MG	7	IHEALTH CONTROL SOLUTION LIQD	117
HYQVIA	201	ibuprofen TABS 600 MG	7	IHEALTH GLUCO+ KIT 10 KIT ...	117
HYRIMOZ SOAJ	5	ibuprofen TABS 800 MG	7	ILARIS SOLN	6
HYRIMOZ SOSY	5	ibuprofen-acetaminophen TABS	6	ILET CONTACT DETACH 23" 6MM MISC	117
HYRIMOZ-CROHNS/UC STARTER SOAJ	5	ibuprofen-famotidine	6	ILET INFUSION-FLEX 23" 6MM MISC	117
HYRIMOZ-PED<40KG CROHN STARTER SOSY	5	ICAPS AREDS FORMULA TABS 164		ILET INFUSION-INSET 23" 6MM MISC	117
HYRIMOZ-PED>=40KG CROHN START SOSY	5	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	164	ILET INFUSION-INSET 32" 6MM MISC	118
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	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	164	ILET INSULIN PUMP DEVI	118
HYRNUO TABS PO 10 MG	42	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	164	ILET STARTER - CONTACT DETACH MISC	118
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	9	icatibant acetate SOSY	91	ILET STARTER KIT - INSET 23" MISC	118
HYVITE TABS	164	ICLUSIG	42	ILET STARTER KIT - INSET 32" MISC	118
HYZAAR (Use losartan potassium & hydrochlorothiazide)	35	icosapent ethyl	32	ILEVRO	199
ibandronate sodium SOLN	84			ILUMYA	63
ibandronate sodium TABS	84			ILUVIEN	198
IBRANCE CAPS 100 MG, 125 MG				imatinib mesylate TABS	42

IMBRUVICA CAPS	42	INCRUSE ELLIPTA 62.5 MCG/ACT (Use umeclidinium bromide)	14	138
IMBRUVICA SUSP	42	indapamide TABS 1.25 MG, 2.5 MG .	83	INSULIN ASPART FLEXPEN SOPN .
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	42	INDERAL LA CP24 (Use propranolol hcl)	52	27
imipramine hcl TABS	23	INDERAL XL	52	INSULIN ASPART SOLN IJ
imipramine pamoate	23	INDOCIN SUSP (Use indomethacin) .	7	27
imiquimod 5 %	68	indomethacin CAPS 25 MG, 50 MG 7		INSULIN DEGLUDEC FLEXTOUCH SOPN
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	141	indomethacin CPCR	7	27
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	141	indomethacin SUPP	7	INSULIN DEGLUDEC SOLN
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	141	indomethacin SUSP	7	27
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	141	INFANRIX	206	INSULIN GLARGINE MAX SOLOSTAR SOPN
IMITREX TABS 25 MG (Use sumatriptan succinate)	141	INFINITY BLOOD GLUCOSE SYSTEM KIT	118	27
IMITREX TABS 50 MG, 100 MG (Use sumatriptan succinate)	141	INFINITY BLOOD GLUCOSE TEST STRP	79	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML
IMKELDI SOLN	42	INFINITY CONTROL SOLN	118	27
IMMUNE 24 HOUR+ CAPS	164	INFLECTRA SOLR	88	INSULIN GLARGINE-YFGN SOLN 27
IMMUNE ESSENTIALS DAILY CAPS	164	INFLIXIMAB	88	INSULIN GLARGINE-YFGN SOPN 27
IMULDOSA SOLN IV 130 MG/26ML .	88	INGREZZA CAPS	203	INSULIN LISPRO (1 UNIT DIAL) SOPN
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	63	INGREZZA CPPK	203	27
IMURAN TABS (Use azathioprine)	144	INGREZZA CPSP	203	INSULIN LISPRO JUNIOR KWIKPEN SOPN
INBRIJA CAPS	44	INLURIYO TABS PO 200 MG	40	27
IN-CHECK DIAL FLOW TRAINER DEVI	138	INLYTA	39	INSULIN LISPRO PROT & LISPRO SUPN
IN-CHECK INSPIRATORY FLOW MTR DEVI	138	INNOPRAN XL	52	27
		INPEFA	53	INSULIN LISPRO SOLN IJ
		INQOVI	41	135
		INREBIC	42	INSULIN SYRINGE
		INSPIREASE MISC	138	135
		INSPIREASE RESERVOIR BAGS		INTELENCE 100 MG (Use etravirine)
				48
				INTELENCE 200 MG (Use etravirine)
				48
				INTELENCE 25 MG
				48
				INTUNIV (Use guanfacine hcl (adhd))
				2
				INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)
				45
				INVEGA HAFYERA 1092 MG/3.5ML .

45	ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	12	JADENU TABS (Use deferasirox) .	29	
INVEGA HAFYERA 1560 MG/5ML			JAKAFI	42	
45	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	12	JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	42	
INVEGA SUSTENNA	45	isosorbide mononitrate TABS	12	JALYN (Use dutasteride-tamsulosin hcl)	90
INVEGA TRINZA 273 MG/0.88ML	46	isosorbide mononitrate TB24	13	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl)	24
INVEGA TRINZA 410 MG/1.32ML	46	isotretinoin 10 MG, 20 MG, 40 MG	60	JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate- metformin hcl)	24
INVEGA TRINZA 546 MG/1.75ML	46	isradipine CAPS	52	JANUVIA 25 MG, 50 MG, 100 MG (Use sitagliptin phosphate)	25
INVEGA TRINZA 819 MG/2.63ML	46	ISTALOL SOLN (Use timolol maleate (ophth))	196	JARDIANCE	28
INVELTYS SUSP	198	ISTODAX SOLR (Use romidepsin)	42	JATENZO CAPS	11
INVOKAMET TABS	24	ITCH RELIEF CREA	62	JAYPIRCA	42
INVOKAMET XR TB24	24	ITOVEBI	42	JENLIVA PRENATAL/POSTNATAL CAPS	188
INVOKANA	28	ITVISMA SUSP IT	194	JENTADUETO TABS	24
IOPIDINE	196	ivabradine hcl TABS	54	JENTADUETO XR TB24	24
ipratropium bromide hfa 17 MCG/ACT	14	ivermectin (pediculicide)	71	JIVI	90
ipratropium bromide SOLN 0.02 %	14	I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG 164		JOENJA	143
ipratropium-albuterol SOLN	16	I-VITE W/LUTEIN TABS	164	JOINT HEALTH & BONE STRENGTH TABS	164
IQIRVO	89	IWILFIN	44	JORNAY PM CP24	3
irbesartan	35	IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	90	JOURNAVX	8
irbesartan-hydrochlorothiazide	36	IYUZEH SOLN	199	JUBBONTI SOSY SC 60 MG/ML .	84
IRESSA (Use gefitinib)	39	J & J ADHESIVE LARGE PADS ...	99	JUBEREQ SOLN SC 120 MG/1.7ML 84	
IRON CHEWS PEDIATRIC CHEW 94		J & J GAUZE PADS	99	JULUCA	49
iron sucrose 20 MG/ML	94	J & J GAUZE SPONGES 12-PLY MISC	99	JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	34
ISENTRESS CHEW 100 MG	48	J & J GAUZE SPONGES 16-PLY MISC	99		
ISENTRESS CHEW 25 MG	48	J & J GAUZE SPONGES 8-PLY MISC	99		
ISENTRESS HD TABS	48				
ISENTRESS PACK	49				
ISENTRESS TABS	49				
isoniazid SYRP	38				
isoniazid TABS	38				

JYLAMVO SOLN PO	38	ketoconazole (topical) CREA	62	KIRSTY SOPN SC 100 UNIT/ML ..	27
JYNARQUE TBPK 15 MG (Use tolvaptan)	86	ketoconazole (topical) SHAM 2 % ..	62	KISQALI (200 MG DOSE)	42
JYNNEOS	210	KETONE TEST STRP	79	KISQALI (400 MG DOSE)	42
KALBITOR	91	ketoprofen CAPS 50 MG, 75 MG ...	7	KISQALI (600 MG DOSE)	42
KALETRA SOLN	49	ketoprofen CP24	7	KISUNLA	202
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	49	ketorolac tromethamine (ophth) .	199	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	4
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	49	ketorolac tromethamine TABS	7	KLARON (Use sulfacetamide sodium (acne))	60
KALYDECO PACK	205	KETOSTIX STRP	79	KLONOPIN TABS (Use clonazepam)	18
KALYDECO TABS	205	ketotifen fumarate (ophth) 0.035 % 199		KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride)	143
KAMELEON LUBRICATED MISC 100		KEVZARA SOAJ	6	KLOR-CON TBCR 8 MEQ (Use potassium chloride)	143
KAPSPARGO SPRINKLE CS24 ..	51	KEVZARA SOSY	6	KLOXXADO LIQD	29
KATERZIA	52	KEYFOLIC TABS	164	KOATE SOLR	91
KCENTRA	91	KEYLOSA TABS	164	KOATE-DVI SOLR 1000 UNIT	91
KEDRAB SOLN	200	KIMONO COLORS DEVI	100	KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	91
KENDALL HYDROPHILIC FOAM DRESS PADS	99	KIMONO MAXX-LARGE FLARE MISC	100	KOMZIFTI CAPS PO 200 MG	41
KENDALL HYDROPHILIC FOAM PLUS PADS	99	KIMONO MICRO THIN PLUS MISC . 100		KONSYL DAILY FIBER PACK 100 %	96
KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	19	KIMONO MISC	100	KONVOMEK SUSR	208
KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	19	KIMONO PLUS MISC	100	KOSELUGO	42
KEPPRA TABS (Use levetiracetam) . 19		KIMONO PS MISC	100	KOSELUGO PO 5 MG, 7.5 MG ...	42
KEPPRA XR TB24 (Use levetiracetam)	19	KIMONO PS PLUS MISC	100	KOVALTRY	91
KERI AGE DEFY & PROTECT LOTN	71	KIMONO SENSATION MISC	100	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	
KERLIX SPONGES PADS	99	KIMONO SENSATION PLUS MISC 100			
KESIMPTA	203	KIMONO SPECIAL DEVI	100		
		KINERET SOSY	6		
		KINRAY INSULIN SYRINGE	135		
		KINRIX SUSY	206		
		KIRSTY SOLN IJ 100 UNIT/ML ...	27		

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 164	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 165	K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .142
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 165	KP VISION FORMULA TABS 60 MG- 40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG 165	KPN PRENATAL TABS 188
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 165	KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG- 1000 UNIT-60 UNIT-55 MCG 165	KRAZATI 42
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-	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 165	KRINTAFEL 38
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		KROGER HEALTHPRO GLUCOSE TEST STRP 79
		KROGER HEALTHPRO LANCET 26G 118
		K-TAB TBCR 20 MEQ (Use potassium chloride) 143
		KYLEENA 56
		labetalol hcl TABS 51
		lacosamide SOLN IV 200 MG/20ML . 19
		lacosamide TABS 19
		lactic acid (ammonium lactate) CREA 68
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		LAMICTAL CHEW (Use lamotrigine) . 19
		LAMICTAL ODT KIT (Use lamotrigine) 19
		LAMICTAL ODT TBDP (Use lamotrigine) 19
		LAMICTAL STARTER KIT 25 MG (Use lamotrigine) 19

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LAMICTAL XR TB24 (Use lamotrigine)19	lansoprazole CPDR207	LESCOL XL TB24 (Use fluvastatin sodium)33
LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical)) 62	lansoprazole TBDD207	LETAIRIS (Use ambrisentan)54
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lamotrigine CHEW19	LASTACFT199	levalbuterol hcl16
lamotrigine KIT 25 MG19	latanoprost SOLN199	levalbuterol hcl 1.25 MG/0.5ML16
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LANCETS 30G118	LENVIMA (10 MG DAILY DOSE) .39	levetiracetam TABS19
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LANCETS MICRO THIN 33G ...118	LENVIMA (14 MG DAILY DOSE) .39	levetiracetam TB3D 250 MG, 500 MG19
LANCETS SUPER THIN 28G ...118	LENVIMA (18 MG DAILY DOSE) .39	levobunolol hcl 0.5 %196
LANCETS ULTRA THIN118	LENVIMA (20 MG DAILY DOSE) .39	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML85
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levocetirizine dihydrochloride SOLN 32	lidocaine hcl CREA 3 %69	LIPITOR TABS (Use atorvastatin calcium)33
levocetirizine dihydrochloride TABS 32	lidocaine hcl CREA 4 %69	LIPOFEN CAPS (Use fenofibrate) .33
levofloxacin (ophth) 0.5 %197	lidocaine hcl GEL 2 %69	LIPOFEN CAPS 50 MG (Use fenofibrate)33
levofloxacin SOLN PO87	lidocaine hcl LIQD69	liraglutide26
levofloxacin TABS87	lidocaine hcl PRSY69	lisdexamphetamine dimesylate CAPS 1
levonorgestrel & eth estradiol TABS 55	lidocaine hcl SOLN69	lisdexamphetamine dimesylate CHEW . 1
levonorgestrel (emergency oc) 1.5 MG56	lidocaine OINT 5 %69	lisinopril & hydrochlorothiazide ...36
levonorgestrel-eth estradiol (triphasic)55	lidocaine OINT 5 %70	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG34
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG55	lidocaine PTCH 4 %70	LITETOUCH INSULIN SYRINGE 135
levonorgestrel-ethinyl estradiol (continuous)55	lidocaine PTCH 5 %70	lithium45
levonorgestrel-ethinyl estradiol-iron 55	lidocaine-hydrocortisone acetate (rectal) CREA EX12	lithium carbonate CAPS45
levothyroxine sodium TABS206	lidocaine-menthol PTCH 4 %-4 % .69	lithium carbonate TABS45
LEXAPRO TABS (Use escitalopram oxalate)22	lidocaine-prilocaine CREA70	lithium carbonate TBCR45
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mercaptapurine TABS	38	methadone hcl TBSO	9	methylphenidate hcl TBCR 10 MG, 20 MG	3
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MICARDIS HCT (Use telmisartan-		miglustat	92	MINIMED RESERVOIR 1.8ML MISC	
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MICATIN CREA (Use miconazole		dihydroergotamine mesylate)	140	MINIMED RESERVOIR 3ML MISC	
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MICROLET NEXT LANCING		MISC	120	MIRENA (52 MG)	57
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TOPAMAX SPRINKLE CPSP (Use topiramate)	20	TRACLEER TABS (Use bosentan) 54	54	TREMFYA SOLN IV	88
TOPAMAX TABS 100 MG (Use topiramate)	20	TRACLEER TBSO 32 MG (Use bosentan)	54	TREMFYA SOSY SC	88
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TOPICORT GEL (Use desoximetasone)	67	TRAMADOL HCL SOLN (Use tramadol hcl)	10	TRESIBA SOLN	28
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TOPICORT OINT 0.05 % (Use desoximetasone)	67	tramadol hcl TABS 25 MG, 75 MG, 100 MG	10	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	61
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topiramate CS24	20	trandolapril-verapamil hcl	36	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	38
topiramate SOLN 25 MG/ML	20	tranexamic acid TABS	95	TREXIMET (Use sumatriptan-naproxen sodium)	140
topiramate TABS 100 MG	20	tranylcypromine sulfate	22	TREXION CAPS	181
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triamcinolone acetonide (topical) OINT	67	TRISTART DHA	190	TRUE COMFORT SAFETY LANCETS	129
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	83	TRIUMEQ PD TBSO	49	TRUE COMFORT TWIST TOP LANCETS	129
triamterene & hydrochlorothiazide TABS	83	TRIUMEQ TABS	50	TRUE COVER DEVI	100
triazolam	95	TRI-VI-FLOR SUSP 0.25 MG/ML	188	TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG- 10 MCG-1500 MCG-6 MCG	187
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		VYVGART HYTRULO SC	143	WIDE-SEAL DIAPHRAGM 75 ...	101
		VYZULTA	199	WIDE-SEAL DIAPHRAGM 80 ...	101
		WAINUA	205		
		WAINUA SC 45 MG/0.8ML	205		
		WAKIX	2		

WIDE-SEAL DIAPHRAGM 85 ...101	15 MCG-1.7 MG-20 MCG-20 MG-9.5	XELJANZ SOLN 1 MG/ML (Use
WIDE-SEAL DIAPHRAGM 90 ...101	MG-2500 UNIT-20 MG-18 MG-21	tofacitinib citrate) 4
WIDE-SEAL DIAPHRAGM 95 ...101	MG-10 MG-100 MCG-234 MCG-3	XELJANZ TABS 5 MG, 10 MG (Use
WILATE KIT91	MG-4 MG-15 MG-2 MG-16 MG-150	tofacitinib citrate) 4
WINLEVI61	MCG-150 MCG-33 UNIT-5 MCG-10	XELJANZ XR TB24 11 MG, 22 MG
WINREVAIR53	MCG-120 MCG-70 MCG-552 MCG-6	(Use tofacitinib citrate) 4
WOMENS 50+ ADVANCED CAPS	MG-10 MCG-2 MG-2 MG-75 MCG	XELODA (Use capecitabine)39
72 MG-6 MG-30 MCG-400 MCG-	184	XELODA 500 MG (Use capecitabine)
1000 UNIT-25 MCG-3.4 MG-20	WOMENS MULTIVITAMIN TABS 75	39
MCG-20 MG-9.5 MG-2500 UNIT-20	MG-1.7 MG-1000 MCG-400 MCG-25	XELSTRYM1
MG-21 MG-10 MG-100 MCG-234	MCG-6 MCG-1.3 MG-25 MCG-16	XEMBIFY200
MCG-4.5 MG-4 MG-22.5 MG-2 MG-	MG-665 MCG-5 MG-18 MG-380 MG-	XENAZINE (Use tetrabenazine) .203
16 MG-150 MCG-150 MCG-33 UNIT-	1.2 MG-8 MG-0.9 MG-150 MCG-3.4	XEOMIN194
5 MCG-10 MCG-180 MCG-105	MG-1.8 MG-25 MCG-27.5 MCG . 184	XEPI61
MCG-552 MCG-6 MG-10 MCG-2	WYOST SOLN SC 120 MG/1.7ML 84	XGEVA SOLN84
MG-4 MG-90 MCG 184	XACIATO GEL210	XHANCE EXHU 191
WOMENS 50+ MULTI VITAMIN	XADAGO45	XIAFLEX 143
TABS184	XALATAN SOLN (Use latanoprost)	XIGDUO XR TB24 PO (Use
WOMENS DAILY FORMULA TABS	199	dapagliflozin free base-metformin hcl)
60 MG-2 MG-30 MCG-400 MCG-	XALKORI CAPS43	24
1000 UNIT-6 MCG-1.7 MG-25 MCG-	XALKORI CPSP43	XIGDUO XR TB24 PO24
10 MG-2500 UNIT-5 MG-18 MG-500	XANAX TABS (Use alprazolam) ...13	XIIDRA197
MG-1.5 MG-50 MG-15 MG-22.5	XARELTO STARTER PACK TBPK	XIPERE 198
UNIT-2 MG-2 MG-120 MCG-20 MCG	17	XOFLUZA (40 MG DOSE) 40 MG .51
.....184	XARELTO SUSR 1 MG/ML (Use	XOFLUZA (80 MG DOSE) 80 MG .51
WOMENS LIFE PACK TABS 400	rivaroxaban)17	XOLAIR SOAJ 150 MG/ML14
MCG-400 UNIT-25 MCG-10 MG-10	XARELTO TABS 2.5 MG, 10 MG, 15	XOLAIR SOAJ 75 MG/0.5ML, 300
MG-250 MCG-3500 UNIT-18 MG-10	MG, 20 MG (Use rivaroxaban)17	MG/2ML14
MG-300 MCG-2 MG-80 MG-150	XARELTO TABS17	XOLAIR SOLR14
MCG-0.75 MCG-150 MCG-30 UNIT-	XATMEP SOLN PO39	XOLAIR SOSY14
109 MG-2 MG-5 MCG-10 MCG-120	XCOPRI (250 MG DAILY DOSE)	XOLREMDI94
MCG-20 MCG-10 MCG-72 MG-2	TBPK20	XOPENEX HFA (Use levalbuterol
MG-30 MG, 400 UNIT-25 MCG-10	XCOPRI (350 MG DAILY DOSE)	tartrate)16
MG-10 MG-250 MCG-3500 UNIT-18	TBPK20	
MG-10 MG-300 MCG-2 MG-150	XCOPRI TABS20	
MCG-75 MCG-150 MCG-30 UNIT-	XCOPRI TBPK20	
109 MG-2 MG-5 MCG-10 MCG-2		
MG-120 MCG-20 MCG-10 MCG .184		
WOMENS MULTI CAPS 72 MG-4		
MG-30 MCG-600 MCG-1000 UNIT-		

XOSPATA	43	YESINTEK SOSY	64	ZEJULA TABS	43
XPHOZAH	85	YEZTUGO SOLN 463.5 MG/1.5ML 50		ZELBORAF	43
XPOVIO (100 MG ONCE WEEKLY) 50 MG	41	YEZTUGO TABS PO 300 MG	50	ZEMBRACE SYMTOUCH SOAJ .	141
XPOVIO (40 MG ONCE WEEKLY) 41		YONSA	41	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	83
XPOVIO (40 MG TWICE WEEKLY) 40 MG	41	YORVIPATH 168 MCG/0.56ML ...	85	ZEPATIER	51
XPOVIO (60 MG ONCE WEEKLY) 60 MG	41	YORVIPATH 294 MCG/0.98ML ...	85	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 (60 MG TWICE WEEKLY) . 41		YORVIPATH 420 MCG/1.4ML	85	ZEPBOUND SOAJ	2
XPOVIO (80 MG ONCE WEEKLY) 41		YUFLYMA (1 PEN) AJKT	5	ZEPBOUND SOLN	2
XPOVIO (80 MG TWICE WEEKLY) . 41		YUFLYMA (2 PEN) AJKT	5	ZEPOSIA 7-DAY STARTER PACK CPPK	204
XTANDI CAPS	41	YUFLYMA (2 SYRINGE) PSKT	5	ZEPOSIA CAPS	204
XTANDI TABS	41	YUFLYMA-CD/UC/HS STARTER AJKT	5	ZEPOSIA STARTER KIT CPPK .	204
XTRENBO SOLN SC 120 MG/1.7ML 84		YUPELRI IN 175 MCG/3ML	14	ZERVIAE	199
XULTOPHY	24	YUSIMRY	5	ZESTORETIC (Use lisinopril & hydrochlorothiazide)	36
XYNTHA	91	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	53	ZESTRIL TABS (Use lisinopril)	34
XYNTHA SOLOFUSE	91	zafirlukast	15	ZETIA (Use ezetimibe)	34
XYOSTED SOAJ	12	zaleplon	96	ZETONNA AERS	191
XYREM SOLN (Use sodium oxybate)	202	ZANAFLEX CAPS (Use tizanidine hcl)	191	ZEVRX INSULIN SYRINGE	136
XYWAV	202	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	191	ZEVRX TWIST TOP LANCETS 30G 133	
YASMIN 28 (Use drospirenone- ethinyl estradiol)	56	ZARONTIN CAPS (Use ethosuximide)	21	ZIAGEN SOLN (Use abacavir sulfate)	50
YAZ (Use drospirenone-ethinyl estradiol)	56	ZARONTIN SOLN (Use ethosuximide)	21		
YELETS TEENAGE FORMULA TABS	184	ZARXIO	94		
YESINTEK SOLN 45 MG/0.5ML ..	64	ZAVESCA (Use miglustat)	92		
		ZAVZPRET	140		
		ZEGALOGUE SOAJ	25		
		ZEGALOGUE SOSY	25		

ZIANA (Use clindamycin phosphate-tretinoin)	61	ZOLGENSMA 11.1-11.5 KG	194	ZOLGENSMA 8.1-8.5 KG	195
zidovudine CAPS	50	ZOLGENSMA 11.6-12.0 KG	194	ZOLGENSMA 8.6-9.0 KG	195
zidovudine SYRP	50	ZOLGENSMA 12.1-12.5 KG	194	ZOLGENSMA 9.1-9.5 KG	195
zidovudine TABS	50	ZOLGENSMA 12.6-13.0 KG	194	ZOLGENSMA 9.6-10.0 KG	195
ZIEXTENZO	94	ZOLGENSMA 13.1-13.5 KG	194	ZOLINZA	43
zileuton TB12	15	ZOLGENSMA 13.6-14.0 KG	194	zolmitriptan SOLN	141
zinc oxide (topical) OINT 20 %	70	ZOLGENSMA 14.1-14.5 KG	194	zolmitriptan TABS 2.5 MG	142
zinc sulfate CAPS	143	ZOLGENSMA 14.6-15.0 KG	194	zolmitriptan TABS 5 MG	142
ZIOPTAN (Use tafluprost)	199	ZOLGENSMA 15.1-15.5 KG	194	zolmitriptan TBDP	142
ziprasidone hcl	45	ZOLGENSMA 15.6-16.0 KG	194	ZOLOFT CONC (Use sertraline hcl) 22	
ZITHROMAX SUSR (Use azithromycin)	97	ZOLGENSMA 16.1-16.5 KG	194	ZOLOFT TABS (Use sertraline hcl) 23	
ZITHROMAX TABS 250 MG (Use azithromycin)	97	ZOLGENSMA 16.6-17.0 KG	194	ZOLOFT TABS 25 MG (Use sertraline hcl)	23
ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	97	ZOLGENSMA 17.1-17.5 KG	194	ZOLOFT TABS 50 MG, 100 MG (Use sertraline hcl)	23
ZITHROMAX TRI-PAK TABS (Use azithromycin)	97	ZOLGENSMA 17.6-18.0 KG	194	ZOLPIDEM TARTRATE CAPS	96
ZITHROMAX Z-PAK TABS (Use azithromycin)	97	ZOLGENSMA 18.1-18.5 KG	194	zolpidem tartrate SUBL	96
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin free base-metformin hcl)	25	ZOLGENSMA 18.6-19.0 KG	194	zolpidem tartrate TABS	96
ZITUVIMET XR TB24	24	ZOLGENSMA 19.1-19.5 KG	194	zolpidem tartrate TBCR	96
ZITUVIO 25 MG, 50 MG, 100 MG (Use sitagliptin)	25	ZOLGENSMA 19.6-20.0 KG	194	ZOLYMBUS GEL OP 0.01 %	199
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	33	ZOLGENSMA 2.6-3.0 KG	195	ZOMACTON SOLR SC	84
ZOLADEX	41	ZOLGENSMA 20.1-20.5 KG	195	ZOMIG SOLN (Use zolmitriptan) .	142
ZOLGENSMA 20.6-21.0 KG	194	ZOLGENSMA 3.1-3.5 KG	195	ZOMIG SOLN	142
ZOLGENSMA 10.1-10.5 KG	194	ZOLGENSMA 3.6-4.0 KG	195	ZONALON (Use doxepin hcl (antipruritic))	63
ZOLGENSMA 10.6-11.0 KG	194	ZOLGENSMA 4.1-4.5 KG	195	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	20
		ZOLGENSMA 4.6-5.0 KG	195	ZONISADE SUSP	20
		ZOLGENSMA 5.1-5.5 KG	195	zonisamide CAPS	20
		ZOLGENSMA 5.6-6.0 KG	195	ZORTRESS (Use everolimus	
		ZOLGENSMA 6.1-6.5 KG	195		
		ZOLGENSMA 6.6-7.0 KG	195		
		ZOLGENSMA 7.1-7.5 KG	195		
		ZOLGENSMA 7.6-8.0 KG	195		

(immunosuppressant))	144	ZYPREXA RELPREVV	47
ZORYVE CREA EX 0.05 %	71	ZYPREXA TABS (Use olanzapine)	47
ZORYVE CREA EX 0.15 %	71	ZYPREXA ZYDIS TBDP (Use olanzapine)	47
ZORYVE CREA EX 0.3 %	71	ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	32
ZORYVE FOAM EX	71	ZYRTEC ALLERGY TABS (Use cetirizine hcl)	32
ZOVIRAX CREA (Use acyclovir topical)	65	ZYTIGA (Use abiraterone acetate)	41
ZOVIRAX OINT (Use acyclovir topical)	65	ZYVOX SOLN (Use linezolid)	37
ZTALMY	20	ZYVOX SUSR (Use linezolid)	37
ZTLIDO PTCH	70	ZYVOX TABS (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		
ZUBSOLV SUBL 2.1 MG-8.6 MG	11		
ZUBSOLV SUBL 2.9 MG-11.4 MG	11		
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	202		
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		
ZYNTEGLO	92		
ZYPITAMAG 2 MG, 4 MG	33		