

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
DYANAVAL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVAL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS (Use lisdexamfetamine dimesylate)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW (Use lisdexamfetamine dimesylate)	NP	QL(1 EA daily); AL(At least 6 yrs old)
XELSTRYM	NP	AL(At least 6 yrs old)
Analeptics		
caffeine citrate SOLN PO 60 MG/3ML	P	QL(45 ML per fill retail; 45 per fill mail)
Anti-Obesity Agents		
WEGOVY 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	<i>guanfacine hcl (adhd)</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily; 3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA	INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	PA	QL(0.072 ML daily; 2.4 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA	ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
ZEPBOUND SOAJ	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	QELBREE	PA	AL(At least 6 yrs old); PA
ZEPBOUND SOLN	PA	QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA	STRATTERA (<i>Use atomoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			Dopamine and Norepinephrine Reuptake Inhibitors (DNRIIs)		
<i>atomoxetine hcl PO 4 MG/ML</i>	NP	QL(2 ML daily); AL(At least 6 yrs old)	SUNOSI	NP	
<i>atomoxetine hcl</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	Histamine H3-Receptor Antagonist/Inverse Agonists		
ATONCY PO 4 MG/ML (<i>Use atomoxetine hcl</i>)	NP	QL(2 ML daily); AL(At least 6 yrs old)	WAKIX	PA	SP; PA
<i>clonidine hcl (adhd) TB12</i>	PA	QL(4 EA daily); AL(At least 6 yrs old); PA	Stimulants - Misc.		
			APTENSIO XR CP24 (<i>Use methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			<i>armodafinil</i>	PA	QL(1 EA daily); PA
			AZSTARYS	NP	AL(At least 6 yrs old)
			CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			COTEMPLA XR-ODT TBED	NP	QL(1 EA daily); AL(At least 6 yrs old)
			<i>dexmethylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
			<i>dexmethylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
			FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NP	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA	QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NP	AL(At least 3 yrs old)	RELEXXII TBCR	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)	RELEXXII TBCR (<i>Use methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW</i>	NP	AL(At least 3 yrs old)	RITALIN LA CP24 (<i>Use methylphenidate hcl</i>)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl CP24</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	RITALIN TABS (<i>Use methylphenidate hcl</i>)	NP	AL(At least 3 yrs old)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>methylphenidate hcl CPCR</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	Allergenic Extracts		
<i>methylphenidate hcl SOLN</i>	PA	AL(At least 3 yrs old); PA	GRASTEK SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
<i>methylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA	ORALAIR SUBL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old)
<i>methylphenidate hcl TB24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	RAGWITEK SUBL	P	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	Alternative Medicine - M's		
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	<i>melatonin TABS 3 MG, 5 MG</i>	P	QL(1 EA daily)
<i>methylphenidate PTCH</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>modafinil</i>	NP	QL(1 EA daily)	Aminoglycosides		
NUVIGIL (<i>Use armodafinil</i>)	NP	QL(1 EA daily)	ARIKAYCE	P	SP; PA
PROVIGIL (<i>Use modafinil</i>)	PA	QL(1 EA daily); PA	BETHKIS NEBU (<i>Use tobramycin</i>)	P	SP
QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	P	SP
			<i>neomycin sulfate TABS</i>	P	
			TOBI PODHALER CAPS	NP	SP

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	<i>ibuprofen-acetaminophen TABS</i>	P	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	<i>ibuprofen CAPS</i>	P	
KEVZARA SOAJ	NP	SP	<i>ibuprofen CHEW</i>	P	
KEVZARA SOSY	NP	SP	<i>ibuprofen-famotidine</i>	NP	QL(3 EA daily)
TOFIDENCE	NP	SP	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
TYENNE SOAJ	NP	SP	<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
TYENNE SOLN	NP	SP	<i>ibuprofen TABS 800 MG</i>	P	QL(4 EA daily)
TYENNE SOSY	NP	SP	<i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>ARTHROTEC TBEC (Use diclofenac w/ misoprostol)</i>	NP		<i>indomethacin CPCR</i>	NP	
<i>CELEBREX 400 MG (Use celecoxib)</i>	NP	QL(1 EA daily)	<i>indomethacin SUPP</i>	NP	
<i>CELEBREX 200 MG (Use celecoxib)</i>	NP	QL(2 EA daily)	<i>indomethacin SUSP</i>	NP	
<i>CELEBREX 100 MG (Use celecoxib)</i>	NP	QL(4 EA daily)	<i>ketoprofen CAPS 50 MG, 75 MG</i>	NP	
<i>CELEBREX 50 MG (Use celecoxib)</i>	NP	QL(8 EA daily)	<i>ketoprofen CP24</i>	NP	
<i>celecoxib 200 MG</i>	P	QL(2 EA daily)	<i>ketorolac tromethamine TABS</i>	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA
<i>celecoxib 400 MG</i>	P	QL(1 EA daily)	LURBIRO TABS 100 MG (Use flurbiprofen)	NP	
<i>celecoxib 50 MG</i>	P	QL(8 EA daily)	<i>meclofenamate sodium CAPS</i>	NP	
<i>celecoxib 100 MG</i>	P	QL(4 EA daily)	<i>mefenamic acid CAPS</i>	NP	MP
COXANTO CAPS (Use oxaprozin)	NP		<i>meloxicam TABS</i>	P	
<i>diclofenac potassium TABS 50 MG</i>	NP		<i>nabumetone</i>	P	
<i>diclofenac sodium TB24</i>	P		NAPRELAN TB24 375 MG, 500 MG (Use naproxen sodium)	NP	
<i>diclofenac sodium TBEC</i>	P		<i>naproxen sodium CAPS</i>	P	
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>naproxen sodium TABS</i>	NP	
<i>etodolac CAPS</i>	NP		<i>naproxen sodium TABS 220 MG</i>	P	
<i>etodolac TABS</i>	NP				
<i>etodolac TB24</i>	NP				
<i>flurbiprofen TABS 100 MG</i>	NP				
<i>flurbiprofen TABS 50 MG</i>	P				

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

Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	PA	QL(0.143 ML daily); PA
ENBREL MINI SOCT	PA	QL(0.143 ML daily); SP; PA
ENBREL SURECLICK SOAJ	PA	QL(0.143 ML daily); SP; PA
ENBREL SOLN	PA	QL(0.143 ML daily); SP; PA
ENBREL SOSY	PA	QL(0.143 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	P	QL(3 EA daily; 29 EA per fill retail; 29 per fill mail ; 29 EA per 60 day(s) retail; 29 EA per 60 days mail); AL(At least 18 yrs old)
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	PA	QL(0.34 EA daily); PA
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		<i>HYDROMORPHONE HCL SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>FEVERALL INFANTS SUPP</i>	P		<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)
<i>FEVERALL JUNIOR STRENGTH SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)
Salicylates			<i>HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG</i>	NP	QL(1 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)
<i>aspirin CHEW</i>	P		<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)
<i>ASPIRIN SUPP 300 MG</i>	P		<i>methadone hcl CONC</i>	NP	
<i>aspirin TABS 325 MG</i>	P		<i>methadone hcl SOLN PO</i>	NP	
<i>aspirin TBEC 81 MG, 325 MG</i>	P		<i>methadone hcl TABS</i>	NP	
<i>diflunisal TABS</i>	NP		<i>methadone hcl TBSO</i>	NP	
<i>DOLOBID TABS</i>	P		<i>METHADOSE SUGAR-FREE CONC (Use methadone hcl)</i>	NP	
<i>salsalate</i>	NP		<i>METHADOSE CONC (Use methadone hcl)</i>	NP	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate beads</i>	P	QL(1 EA daily)
Opioid Agonists			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>CODEINE SULFATE TABS</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>CONZIP CP24 (Use tramadol hcl)</i>	NP	AL(At least 18 yrs old)			
<i>DISKETTS TBSO 40 MG (Use methadone hcl)</i>	NP				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	NATESTO GEL NA	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>	NP	QL(2 EA daily)	TESTIM GEL TD (<i>Use testosterone</i>)	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>	NP	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.1429 ML daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)	<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
<i>buprenorphine hcl SUBL</i>	P	QL(3 EA daily)	TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	P	QL(0.1429 ML daily)
<i>buprenorphine PTWK</i>	NP		<i>testosterone enanthate SOLN IM</i>	P	QL(0.1429 ML daily)
BUTRANS PTWK (<i>Use buprenorphine</i>)	P		<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
SUBLOCADE SOSY	P	SP	<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(3 EA daily)	<i>testosterone SOLN</i>	NP	
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(2 EA daily)	TLANDO CAPS	PA	PA
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)	VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	NP	QL(3 EA daily)	VOGELXO GEL TD (<i>Use testosterone</i>)	NP	
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)	XYOSTED SOAJ	PA	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Androgens			Intrarectal Steroids		
ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	NP		<i>budesonide (intrarectal)</i>	NP	
JATENZO CAPS	PA	PA	<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail; 420 per fill mail)
<i>methyltestosterone TABS</i>	P		Rectal Combinations		
			HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per fill retail; 12 per fill mail)
			<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	
			SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW</i>	P	
<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
<i>alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(16.54 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
Antacids - Magnesium Salts		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam CONC</i>	P		Antiasthmatic - Monoclonal Antibodies		
<i>diazepam SOLN PO 5 MG/5ML</i>	P		CINQAIR	NP	AL(At least 18 yrs old); SP
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	P		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
DIAZEPAM SOLN IJ 5 MG/ML	P		FASENRA PEN SOAJ	PA	SP; PA
<i>diazepam TABS</i>	P	AL(At least 18 yrs old)	FASENRA SOSY	PA	SP; PA
<i>lorazepam CONC</i>	P		NUCALA SOAJ	PA	AL(At least 6 yrs old); SP; PA
<i>lorazepam SOLN</i>	P		NUCALA SOLR	PA	AL(At least 6 yrs old); SP; PA
LORAZEPAM SOLN 2 MG/ML	P		NUCALA SOSY	PA	AL(At least 6 yrs old); SP; PA
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)	OMLYCLO SOSY SC 75 MG/0.5ML, 150 MG/ML, 300 MG/2ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old)
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)	TEZSPIRE SOAJ	NP	QL(0.07 ML daily); AL(At least 12 yrs old); SP
<i>oxazepam CAPS 10 MG, 30 MG</i>	P	QL(4 EA daily)	TEZSPIRE SOSY	NP	QL(0.07 ML daily); AL(At least 12 yrs old); SP
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			XOLAIR SOAJ 150 MG/ML	PA	QL(0.215 ML daily); AL(At least 6 yrs old); SP; PA
Antiarrhythmics Type I-A			XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	PA	QL(0.215 ML daily); SP; PA
<i>disopyramide phosphate CAPS</i>	P		XOLAIR SOLR	NP	QL(0.215 EA daily); AL(At least 6 yrs old); SP
NORPACE CR CP12 150 MG	P		XOLAIR SOSY	PA	QL(0.215 ML daily); AL(At least 6 yrs old); SP; PA
<i>quinidine gluconate TBCR</i>	P		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>quinidine sulfate TABS</i>	P				
Antiarrhythmics Type I-B					
<i>mexiletine hcl</i>	P				
Antiarrhythmics Type I-C					
<i>flecainide acetate</i>	P				
<i>propafenone hcl TABS</i>	P				
Antiarrhythmics Type III					
<i>amiodarone hcl TABS 200 MG</i>	P				
<i>dofetilide</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT (<i>Use ipratropium bromide hfa</i>)	P	
INCRUSE ELLIPTA 62.5 MCG/ACT (<i>Use umeclidinium bromide</i>)	P	MP
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	P	
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	P	MP
SPIRIVA RESPIMAT AERS IN	P	MP
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	MP
TUDORZA PRESSAIR	NP	MP
<i>umeclidinium bromide 62.5 MCG/INH</i>	NP	
YUPELRI IN 175 MCG/3ML	NP	MP
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	P	
<i>montelukast sodium TABS</i>	P	
SINGULAIR CHEW 5 MG (<i>Use montelukast sodium</i>)	NP	
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	
<i>zafirlukast</i>	P	
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4)		

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline ELIX</i>	P		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(24 ML per fill retail; 24 per fill mail); SP
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail; 475 per fill mail)	<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(18 ML per fill retail; 18 per fill mail); SP
<i>theophylline TB12</i>	P		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(36 ML per fill retail; 36 per fill mail); SP
<i>theophylline TB24</i>	P		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(60 ML per fill retail; 60 per fill mail); SP
ANTICOAGULANTS - Blood Thinners			<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
Coumarin Anticoagulants			<i>fondaparinux sodium</i>	P	SP
<i>warfarin sodium TABS</i>	P		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
Direct Factor Xa Inhibitors			FRAGMIN SOSY	P	SP
ELIQUIS (1.5 MG PACK) TBSO PO	NP		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
ELIQUIS (2 MG PACK) TBSO PO	NP		LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	SP
ELIQUIS DVT/PE STARTER PACK TBPB	P		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(48 ML per fill retail; 48 per fill mail); SP
ELIQUIS CPSP PO 0.15 MG	NP		LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(24 ML per fill retail; 24 per fill mail); SP
ELIQUIS TABS	P		LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(18 ML per fill retail; 18 per fill mail); SP
ELIQUIS TBSO PO 0.5 MG	NP		LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	QL(36 ML per fill retail; 36 per fill mail); SP
<i>rivaroxaban SUSR 1 MG/ML</i>	NP		LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(60 ML per fill retail; 60 per fill mail); SP
<i>rivaroxaban TABS 2.5 MG</i>	NP		Thrombin Inhibitors		
SAVAYSA	NP	AL(At least 18 yrs old)			
XARELTO STARTER PACK TBPB	P				
XARELTO SUSR 1 MG/ML (<i>Use rivaroxaban</i>)	NP				
XARELTO TABS	P				
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>Use rivaroxaban</i>)	P				
Heparins And Heparinoid-Like Agents					
ARIXTRA (<i>Use fondaparinux sodium</i>)	NP	SP			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ethosuximide CAPS</i>	P	
<i>ethosuximide SOLN</i>	P	
<i>methsuximide</i>	NP	
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
Valproic Acid		
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NP	
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP	
<i>divalproex sodium CSDR</i>	P	
<i>divalproex sodium TB24</i>	P	
<i>divalproex sodium TBEC</i>	P	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	
<i>valproic acid CAPS</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	P	AL(At least 18 yrs old)
<i>mirtazapine TBDP</i>	P	AL(At least 18 yrs old)
REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NP	AL(At least 18 yrs old)
REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	NP	AL(At least 18 yrs old)
Antidepressant Combinations		
AUVELITY	NP	AL(At least 18 yrs old)
AUVELITY TITRATION PACK PO	NP	AL(At least 18 yrs old)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TB12</i>	P	AL(At least 18 yrs old)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	AL(At least 18 yrs old)
<i>bupropion hcl TB24 300 MG, 450 MG</i>	NP	AL(At least 18 yrs old)
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NP	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	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	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 (<i>Use citalopram hydrobromide</i>)	NP	AL(At least 18 yrs old)
<i>citalopram hydrobromide CAPS 30 MG</i>	P	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>Use citalopram hydrobromide</i>)	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide SOLN</i>	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide TABS</i>	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	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate SOLN</i>	P	AL(At least 18 yrs old)	EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
<i>escitalopram oxalate TABS</i>	P	AL(At least 18 yrs old)	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl CAPS</i>	P	AL(At least 18 yrs old)	<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl CPDR</i>	P	AL(At least 18 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl SOLN</i>	P	AL(At least 18 yrs old)	<i>trazodone hcl TABS</i>	P	AL(At least 18 yrs old)
<i>fluoxetine hcl TABS</i>	P	AL(At least 18 yrs old)	TRINTELLIX	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate CP24</i>	NP	AL(At least 18 yrs old)	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate TABS</i>	P	AL(At least 18 yrs old)	<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)
LEXAPRO TABS (<i>Use escitalopram oxalate</i>)	NP	AL(At least 18 yrs old)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl SUSP</i>	P	AL(At least 18 yrs old)	CYMBALTA CPEP 20 MG (<i>Use duloxetine hcl</i>)	NP	AL(At least 18 yrs old)
<i>paroxetine hcl TABS</i>	P	AL(At least 18 yrs old)	DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)
<i>paroxetine hcl TB24</i>	NP	AL(At least 18 yrs old)	<i>desvenlafaxine succinate</i>	P	AL(At least 18 yrs old)
PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP	AL(At least 18 yrs old)	DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)
PAXIL TABS (<i>Use paroxetine hcl</i>)	NP	AL(At least 18 yrs old)	<i>duloxetine hcl CPEP</i>	P	AL(At least 18 yrs old)
PROZAC CAPS (<i>Use fluoxetine hcl</i>)	NP	AL(At least 18 yrs old)	DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP	AL(At least 18 yrs old)
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	P	AL(At least 18 yrs old)	EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NP	AL(At least 18 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>Use sertraline hcl</i>)	P	AL(At least 18 yrs old)	FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
<i>sertraline hcl CONC</i>	P	AL(At least 18 yrs old)	FETZIMA CP24	NP	AL(At least 18 yrs old)
<i>sertraline hcl TABS</i>	P	AL(At least 18 yrs old)	PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NP	AL(At least 18 yrs old)
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	AL(At least 18 yrs old)	VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
ZOLOFT TABS (<i>Use sertraline hcl</i>)	NP	AL(At least 18 yrs old)	<i>venlafaxine hcl CP24</i>	P	AL(At least 18 yrs old)
Serotonin Modulators					

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

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

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	PA	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	PA	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	PA	QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA	HUMALOG KWIKPEN SOPN 200 UNIT/ML	NP	MP
			HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
			HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
TRULICITY	PA	QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP; PA	HUMALOG MIX 75/25 SUSP	P	MP
			HUMALOG TEMPO PEN SOPN	NP	MP
			HUMALOG SOCT	P	MP
			HUMALOG SOLN IJ	P	MP
VICTOZA (Use liraglutide)	PA	QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old); MP; PA	HUMULIN 70/30 KWIKPEN SUPN	P	MP
			HUMULIN 70/30 SUSP	P	MP
			HUMULIN N KWIKPEN SUPN	P	MP
			HUMULIN N SUSP	P	MP
			HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
Insulin			HUMULIN R SOLN IJ	P	MP
ADMELOG SOLOSTAR SOPN	NP	MP	INSULIN ASPART FLEXPEN SOPN	P	MP
ADMELOG SOLN IJ	NP	MP	INSULIN ASPART SOLN IJ	P	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
APIDRA SOLOSTAR SOPN	NP	MP	INSULIN DEGLUDEC SOLN	NP	MP
APIDRA SOLN	NP	MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP	MP	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP	INSULIN GLARGINE-YFGN SOLN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP	INSULIN GLARGINE-YFGN SOPN	P	MP
FIASP PENFILL SOCT	NP	MP	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP
FIASP PUMPCART SOCT	NP		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
FIASP SOLN	NP	MP			
HUMALOG JUNIOR KWIKPEN SOPN	P	MP			
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	MP			

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

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

Drug Name	Drug Tier	Requirements/ Limits
CHEMET	P	
<i>deferasirox TABS</i>	P	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	
<i>naltrexone hcl</i>	P	
OPVEE NA	NP	
REXTOVY LIQD	NP	
REZENOPY LIQD 10 MG/0.11ML	NP	
VIVITROL	PA	SP; PA
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	P	QL(2 EA per fill retail; 2 per fill mail)
GRANISOL SOLN PO	NP	QL(30 ML per fill retail; 30 per fill mail)
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)

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

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

Drug Name	Drug Tier	Requirements/ Limits
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail; 70 per fill mail)
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)
<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)
<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)
Antihistamines - Ethanolamines		
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXLETOL	NP		<i>colestipol hcl TABS</i>	P	
Angiopoietin-like Protein Inhibitors			QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NP	
EVKEEZA 345 MG/2.3ML	PA	QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); SP; PA	QUESTRAN PACK (Use <i>cholestyramine</i>)	NP	
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA	QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	
Antihyperlipidemics - Combinations			WELCHOL PACK (Use <i>colesevelam hcl</i>)	NP	
<i>ezetimibe-simvastatin</i>	P	MP	WELCHOL TABS (Use <i>colesevelam hcl</i>)	NP	
NEXLIZET	NP		Fibric Acid Derivatives		
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	MP	<i>choline fenofibrate</i>	P	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	P	
<i>icosapent ethyl</i>	NP		<i>fenofibrate CAPS</i>	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
Bile Acid Sequestrants			<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light PACK</i>	P		<i>fenofibric acid</i>	NP	
<i>cholestyramine light PACK</i>	NP		FIBRICOR 105 MG (Use <i>fenofibric acid</i>)	NP	
<i>cholestyramine light POWD</i>	NP		<i>gemfibrozil TABS</i>	P	
<i>cholestyramine light POWD</i>	P		LIPOFEN CAPS (Use <i>fenofibrate</i>)	P	
<i>cholestyramine PACK</i>	P		LOPID TABS (Use <i>gemfibrozil</i>)	NP	
<i>cholestyramine POWD</i>	P		HMG CoA Reductase Inhibitors		
<i>colesevelam hcl PACK</i>	P		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP
<i>colesevelam hcl TABS</i>	P		ATORVALIQ SUSP	NP	MP
COLESTID GRAN (Use <i>colestipol hcl</i>)	NP		<i>atorvastatin calcium TABS</i>	P	MP
COLESTID TABS (Use <i>colestipol hcl</i>)	NP		CRESTOR TABS 10 MG (Use <i>rosuvastatin calcium</i>)	NP	QL(2 EA daily); MP
<i>colestipol hcl GRAN</i>	P		CRESTOR TABS 5 MG (Use <i>rosuvastatin calcium</i>)	NP	MP
<i>colestipol hcl PACK</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CRESTOR TABS 20 MG, 40 MG (Use <i>rosuvastatin calcium</i>)	NP	QL(1 EA daily); MP	Inhibitors		
<i>fluvastatin sodium CAPS</i>	NP	MP	LEQVIO	NP	SP
<i>fluvastatin sodium TB24</i>	NP	MP	LIPFENDRA TABS PO 20 MG	NP	QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail)
LESCOL XL TB24 (Use <i>fluvastatin sodium</i>)	NP	MP	PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA
LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NP	MP	REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
LIVALO (Use <i>pitavastatin calcium</i>)	NP	MP	REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA
<i>lovastatin TABS</i>	P	MP	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>pitavastatin calcium</i>	NP	MP	ACE Inhibitors		
<i>pravastatin sodium</i>	P	MP	ACCUPRIL (Use <i>quinapril hcl</i>)	NP	MP
<i>rosuvastatin calcium TABS 20 MG, 40 MG</i>	P	QL(1 EA daily); MP	ALTACE CAPS 1.25 MG, 5 MG (Use <i>ramipril</i>)	NP	MP
<i>rosuvastatin calcium TABS 10 MG</i>	P	QL(2 EA daily); MP	<i>benazepril hcl</i>	P	MP
<i>rosuvastatin calcium TABS 5 MG</i>	P	MP	<i>captopril</i>	P	MP
<i>simvastatin TABS</i>	P	MP	<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i>)	NP	MP	<i>enalapril maleate TABS</i>	P	MP
ZYPITAMAG 2 MG, 4 MG	NP	MP	EPANED SOLN (Use <i>enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP
Intestinal Cholesterol Absorption Inhibitors			<i>fosinopril sodium</i>	NP	MP
<i>ezetimibe</i>	P		<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP
ZETIA (Use <i>ezetimibe</i>)	NP		LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i>)	NP	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>moexipril hcl</i>	NP	MP
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	<i>perindopril erbumine</i>	NP	MP
Nicotinic Acid Derivatives			QBRELIS SOLN	NP	MP
<i>niacin (antihyperlipidemic) TABS</i>	P				
<i>niacin (antihyperlipidemic) TBCR</i>	P				
Proprotein Convertase Subtilisin/Kexin Type 9					

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl</i>	NP	MP
<i>ramipril CAPS</i>	P	MP
<i>trandolapril</i>	NP	MP
ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP
Angiotensin II Receptor Antagonists		
ARB LI PO 10 MG/ML	NP	MP
ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP
AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	MP
<i>azilsartan medoxomil</i> 40 MG, 80 MG	NP	MP
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	MP
<i>candesartan cilexetil</i>	NP	MP
COZAAR (<i>Use losartan potassium</i>)	NP	MP
DIOVAN TABS (<i>Use valsartan</i>)	NP	MP
EDARBI 40 MG, 80 MG (<i>Use azilsartan medoxomil</i>)	NP	MP
<i>irbesartan</i>	NP	MP
<i>losartan potassium</i>	P	MP
<i>olmesartan medoxomil</i>	P	MP
<i>telmisartan</i>	NP	MP
<i>valsartan SOLN</i>	P	MP
<i>valsartan TABS</i>	P	MP
Antiadrenergic Antihypertensives		
CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP
<i>clonidine hcl</i> TABS	P	
<i>clonidine PTWK</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa</i> TABS	P	
<i>prazosin hcl</i> CAPS	NP	MP
<i>terazosin hcl</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
TEZRULY PO 1 MG/ML	NP	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	MP
<i>amlodipine besylate-benazepril hcl</i>	P	MP
<i>amlodipine besylate-olmesartan medoxomil</i>	P	MP
<i>amlodipine besylate-valsartan</i>	P	MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	MP
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP
<i>atenolol & chlorthalidone</i>	P	MP
AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	MP
AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	MP
<i>benazepril & hydrochlorothiazide</i>	P	MP
BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP
<i>bisoprolol & hydrochlorothiazide</i>	P	MP
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP
<i>captopril & hydrochlorothiazide</i>	P	MP
DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	NP	MP
EDARBYCLOR	NP	MP
<i>enalapril maleate & hydrochlorothiazide</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE (Use amlodipine besylate-valsartan)	NP	MP
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	MP
fosinopril sodium & hydrochlorothiazide	NP	MP
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	MP
irbesartan-hydrochlorothiazide	NP	MP
lisinopril & hydrochlorothiazide	P	MP
losartan potassium & hydrochlorothiazide	P	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NP	MP
LOTREL 10 MG-5 MG (Use amlodipine besylate-benazepril hcl)	NP	MP
metoprolol & hydrochlorothiazide TABS	NP	MP
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NP	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	MP
olmesartan medoxomil-hydrochlorothiazide	P	MP
quinapril-hydrochlorothiazide	NP	MP
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	MP
TENORETIC 100 (Use atenolol & chlorthalidone)	NP	MP
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
trandolapril-verapamil hcl	NP	MP
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	MP
valsartan-hydrochlorothiazide	P	MP
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NP	MP
Direct Renin Inhibitors		
aliskiren fumarate	P	
Endothelin Receptor Antagonists		
TRYVIO	PA	QL(1 EA daily); AL(At least 18 yrs old); MP; PA
Vasodilators		
hydralazine hcl TABS	P	
minoxidil 2.5 MG, 10 MG	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS	P	
trimethoprim TABS	P	
Anti-infective Misc. - Combinations		
methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG	P	
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
URETRON D/S TABS 81.6 MG	P	
Glycopeptides		
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(0.467 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)
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		
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(100 ML per fill retail; 100 per fill mail)
Monobactams		
CAYSTON	PA	AL(At least 7 yrs old); SP; PA
Oxazolidinones		
<i>linezolid SOLN</i>	PA	PA
<i>linezolid SUSR</i>	PA	PA
<i>linezolid TABS</i>	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SUSR (Use <i>linezolid</i>)	PA	PA
ZYVOX TABS (Use <i>linezolid</i>)	PA	PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin 25 MG/5ML</i>	PA	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	PA	PA
CYCLOPHOSPHAMIDE TABS 50 MG	PA	PA
GLEOSTINE 10 MG, 100 MG (<i>Use lomustine</i>)	PA	PA
LEUKERAN	P	
<i>lomustine</i>	PA	PA
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
<i>temozolomide CAPS</i>	PA	SP; PA
Antimetabolites		
<i>capecitabine</i>	PA	SP; PA
JYLAMVO SOLN PO	PA	SP; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	PA	PA
<i>mercaptopurine TABS</i>	PA	PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	PA	PA
ONUREG TABS	PA	SP; PA
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	PA	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	PA
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	PA	SP; PA
INLYTA	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE)	PA	SP; PA
LENVIMA (12 MG DAILY DOSE)	PA	SP; PA
LENVIMA (14 MG DAILY DOSE)	PA	SP; PA
LENVIMA (18 MG DAILY DOSE)	PA	SP; PA
LENVIMA (20 MG DAILY DOSE)	PA	SP; PA
LENVIMA (24 MG DAILY DOSE)	PA	SP; PA
LENVIMA (4 MG DAILY DOSE)	PA	SP; PA
LENVIMA (8 MG DAILY DOSE)	PA	SP; PA
Antineoplastic - Antibodies		
LOQTORZI	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	PA	SP; PA
TUKYSA	PA	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	PA	SP; PA
VENCLEXTA TABS	PA	SP; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	PA	SP; PA
<i>gefitinib</i>	PA	SP; PA
GILOTRIF	PA	SP; PA
IRESSA (<i>Use gefitinib</i>)	PA	SP; PA
LAZCLUZE	PA	SP; PA
TAGRISO	PA	SP; PA
VIZIMPRO	PA	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	SP; PA
ERIVEDGE	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ODOMZO	PA	SP; PA	ELIGARD KIT SC 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
Antineoplastic - Hormonal and Related Agents			EMCYT	P	SP
<i>abiraterone acetate</i>	PA	SP; PA	ERLEADA	PA	SP; PA
AKEEGA	PA	SP; PA	EULEXIN	P	
<i>anastrozole</i>	PA	PA	<i>exemestane</i>	PA	PA
ARIMIDEX (<i>Use anastrozole</i>)	PA	PA	FARESTON (<i>Use toremifene citrate</i>)	PA	MP; PA
AROMASIN (<i>Use exemestane</i>)	PA	PA	FEMARA (<i>Use letrozole</i>)	PA	PA
<i>bicalutamide</i>	PA	PA	INLURIYO TABS PO 200 MG	PA	SP; PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	<i>letrozole</i>	PA	PA
CASODEX (<i>Use bicalutamide</i>)	PA	PA	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
ELIGARD SC 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	PA	Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); SP; PA
ELIGARD SC 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 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	LIFYORLI (150 MG DOSE) CPPK PO	PA	SP; PA
			LUPRON DEPOT (1-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (3-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA	VEPPANU TABS PO 100 MG, 200 MG	PA	PA
LUPRON DEPOT (4-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA	XTANDI CAPS	PA	SP; PA
LUPRON DEPOT (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA	XTANDI TABS	PA	SP; PA
LUTRATE DEPOT INJ 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	YONSA	PA	SP; PA
LYSODREN	PA	SP; PA	ZOLADEX	P	SP; PA
<i>megestrol acetate SUSP</i>	P		ZYTIGA (<i>Use abiraterone acetate</i>)	PA	SP; PA
<i>megestrol acetate TABS</i>	PA	PA	Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
<i>nilutamide</i>	PA	PA	WELIREG	PA	SP; PA
NUBEQA	PA	SP; PA	Antineoplastic - Immunomodulators		
ORGOVYX	PA	SP; PA	<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	PA	PA
ORSERDU	PA	SP; PA	POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	PA	SP; PA
SOLTAMOX SOLN	PA	MP; PA	ZENBEXUS CAPS PO 0.75 MG, 1 MG	PA	PA
<i>tamoxifen citrate TABS</i>	PA	MP; PA	Antineoplastic - Menin Inhibitors		
<i>toremifene citrate</i>	PA	MP; PA	KOMZIFTI CAPS PO 200 MG	PA	SP; PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA	REVUFORJ	PA	SP; PA
TRELSTAR MIXJECT 3.75 MG	PA	SP; PA	REVUFORJ 25 MG	PA	PA
			Antineoplastic - PDGFR-alpha Inhibitors		
			AYVAKIT	PA	SP; PA
			Antineoplastic - Protease Activators		
			MODEYSO CAPS PO 125 MG	PA	SP; PA
			Antineoplastic - XPO1 Inhibitors		
			XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	SP; PA
			XPOVIO (40 MG ONCE WEEKLY)	PA	SP; PA
			XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	SP; PA

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa TBCR</i>	P	
<i>carbidopa-levodopa TBDP</i>	P	
CREXONT CPR	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
NEUPRO	NP	
ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old); SP
<i>pramipexole dihydrochloride TABS</i>	P	
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS</i>	P	
<i>ropinirole hydrochloride TB24</i>	NP	
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (<i>Use carbidopa-levodopa</i>)	NP	
SINEMET TABS 100 MG-10 MG (<i>Use carbidopa-levodopa</i>)	NP	
VYALEV SOLN SC	NP	SP
Antiparkinson Monoamine Oxidase Inhibitors		
<i>AZILECT (Use 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	NP	
GEODON 20 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
LATUDA (<i>Use lurasidone hcl</i>)	NP	AL(At least 18 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)
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 TBPK PO	NP	AL(At least 18 yrs old)
BYSANTI TITRATION PACK B TBPK PO	NP	AL(At least 18 yrs old)
BYSANTI TITRATION PACK C TBPK PO	NP	AL(At least 18 yrs old)
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	AL(At least 18 yrs old)
ERZOFRI	PA	AL(At least 18 yrs old); SP; PA
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)
EVOTAZ	P	QL(1 EA daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
FUZEON SOLR	P	SP
GENVOYA	P	QL(1 EA daily)
IDVYNZO TABS PO	P	
INTELENCE 25 MG	P	QL(4 EA daily)
ISENTRESS HD TABS	P	QL(2 EA daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)
JULUCA	P	
KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
<i>lamivudine SOLN</i>	P	QL(30 ML daily)
<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
<i>lamivudine-zidovudine</i>	P	QL(2 EA daily)
<i>lopinavir-ritonavir SOLN</i>	P	QL(160 ML per fill retail; 160 per fill mail)
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
<i>zidovudine CAPS</i>	P	QL(6 EA daily)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)
<i>zidovudine TABS</i>	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	PA	AL(At least 12 yrs old); SP; PA
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	P	
<i>entecavir TABS</i>	P	
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP
EPCLUSA TABS	NP	SP
HARVONI PACK	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP
HARVONI TABS	NP	QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily)
<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily)
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)
TYBLUME CHEW	P	QL(1 EA daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
MIUDELLA	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P		<i>cetirizine-pseudoephedrine</i>	NP	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)	CLARINEX-D 12 HOUR TB12	NP	
<i>prednisolone SOLN</i>	P		<i>dextromethorphan-doxyamine-acetaminophen LIQD</i>	P	
<i>prednisolone TABS</i>	P		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	
PREDNISON INTENSOL CONC	P		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
<i>prednisone SOLN</i>	P		<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
<i>prednisone TABS</i>	P		<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	
<i>prednisone TBEC 1 MG, 2 MG, 5 MG</i>	PA	PA	<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	
<i>prednisone TBPk</i>	P		<i>fexofenadine-pseudoephedrine TB12</i>	NP	
Mineralocorticoids			<i>fexofenadine-pseudoephedrine TB24</i>	NP	
<i>fludrocortisone acetate TABS</i>	P		<i>guaifenesin-codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			LOHIST-D LIQD	P	
Antitussives			<i>loratadine & pseudoephedrine TB12</i>	P	
<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)	<i>loratadine & pseudoephedrine TB24</i>	P	
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)			
<i>dextromethorphan polistirex SUER</i>	P				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)			
Cough/Cold/Allergy Combinations					
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)			
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) SWAB</i>	P	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-tretinoin</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)
<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
DIFFERIN CREA (Use adapalene)	NP	AL(Up to 20 yrs old)	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
DIFFERIN GEL (Use adapalene)	NP	AL(Up to 20 yrs old)	SUMADAN	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NP	AL(Up to 20 yrs old)	SUMAXIN CP	NP	
EPSOLAY CREA	NP	AL(Up to 20 yrs old)	SUMAXIN PADS	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) GEL</i>	NP	AL(Up to 20 yrs old)	TAZAROTENE FOAM	NP	
<i>erythromycin (acne aid) PADS</i>	NP	AL(Up to 20 yrs old)	<i>tretinoin microsphere 0.08 %</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) SOLN</i>	NP	AL(Up to 20 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)
SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)
SSS 10-5 FOAM 10 %-5 %	NP	AL(Up to 20 yrs old)	TWYNEO	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)	WINLEVI	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	AL(Up to 20 yrs old)	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin (topical) OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
			<i>bacitracin zinc OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
			<i>bacitracin-polymyxin b OINT</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>mupirocin calcium (topical)</i>	NP	
<i>mupirocin OINT</i>	P	
<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
XEPI	NP	
Antifungals - Topical		
<i>clotrimazole (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	P	QL(30 ML per fill retail; 30 per fill mail); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VALCHLOR	P	SP; PA	COSENTYX SOSY 150 MG/ML	NP	QL(0.072 ML daily); SP
Antipruritics - Topical			COSENTYX SOSY 75 MG/0.5ML	NP	QL(0.036 ML daily); SP
<i>camphor & menthol LOTN</i>	P	QL(222 ML per fill retail; 222 per fill mail)	ICOTYDE TABS PO 200 MG	NP	SP
<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	ILUMYA	NP	SP
PRUDOXIN (<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
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	OTULFI SOLN SC 45 MG/0.5ML	NP	SP
Antipsoriatics			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
BIMZELX SOAJ	NP	SP	PYZCHIVA SC 45 MG/0.5ML	NP	SP
BIMZELX SOSY	NP	SP	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>calcipotriene CREA</i>	P	QL(120 GM per fill retail; 120 per fill mail)	SELARSDI SOLN SC 45 MG/0.5ML	PA	SP; PA
<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	PA	SP; PA
CALCIPOTRIENE FOAM	P		SKYRIZI PEN SOAJ	NP	SP
<i>calcipotriene OINT</i>	P		SKYRIZI SOSY	NP	SP
<i>calcipotriene SOLN</i>	P		SORILUX FOAM	NP	
<i>calcitriol (topical)</i>	NP		SOTYKTU	NP	SP
COSENTYX (300 MG DOSE) SOSY	NP	QL(0.072 ML daily); SP	SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 12 yrs old); SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	QL(0.072 ML daily); SP	SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 12 yrs old); SP
COSENTYX SENSOREADY PEN SOAJ	NP	QL(0.072 ML daily); SP	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	PA	SP; PA
COSENTYX UNOREADY SOAJ	NP	QL(0.072 ML daily); SP	STELARA SOSY	NP	QL(0.018 ML daily); SP
COSENTYX SOLN	NP	SP	STEQEYMA	NP	SP
			STEQEYMA SC	NP	SP
			TALTZ SOAJ	PA	SP; PA
			TALTZ SOSY	PA	SP; PA

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC
<i>lidocaine hcl GEL 2 %</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>lidocaine hcl LIQD</i>	NP	QL(30 ML per fill retail; 30 per fill mail)
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)
<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
<i>lidocaine CREA 4 %</i>	NP	QL(2 GM per fill retail; 2 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>lidocaine-menthol PTCH 4 % -4 %</i>	NP	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)	QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)
<i>lidocaine OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)	SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC
<i>lidocaine-prilocaine CREA</i>	P		ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine-prilocaine KIT</i>	P		Misc. Topical		
<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA	CERAVE THERAPEUTIC HAND CREAM CREA	P	
<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)	<i>dimethicone (topical) CREA 1 %</i>	P	
LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
PLIAGLIS CREA	NP		ADQUEY OINT EX 1 %	NP	AL(At least 2 yrs old)
PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	EUCRISA	PA	PA
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)	ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
			ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)
			ZORYVE CREA EX 0.3 %	NP	
			ZORYVE FOAM EX	NP	
			Protectives Against UV Radiation		
			AVEENO PROTECT+HYDRATE SPF60 LOTN	P	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA	ADVOCATE REDI-CODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIAGNOSTIC PRODUCTS					
Diagnostic Tests					
ACCU-CHEK AVIVA PLUS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX AMP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX JAZZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX PRESTO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE 4 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCUTREND GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE PLATINUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE REDI-CODE+ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TRAK II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYGLUCO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX 15 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE TALK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASYMAX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EQ BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVOLUTION AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA 6 CONNECT/GTEL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA 6 CONNECT STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA GTEL BLOOD KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA D40/G31 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TEST N'GO ADV-VOICE-6 CON	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
FORA G20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TN'G ADVANCE PRO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TN'G/TN'G VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE INSULINX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE LITE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE PRECISION NEO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE GD40 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GE100 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GHT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORACARE TEST N GO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IHEALTH BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MOBI CONNECT TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
INFINITY BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MYGLUCOHEALTH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NEUTEK 2TEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KETOSTIX STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	NOVA MAX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
MICRODOT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM EASY TOUCH GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PREMIER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION PRIME TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RIGHTEST GT333 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SMARTEST BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION ULTIMA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SOLUS V2 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
OSVYRTI SOSY SC 60 MG/ML	NP	SP
PROLIA SOSY	NP	SP
<i>risedronate sodium TABS</i>	P	
<i>risedronate sodium TBEC</i>	NP	
STOBOCLO SOSY SC 60 MG/ML	NP	SP
<i>teriparatide SOPN</i>	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	SP; PA
WYOST SOLN SC 120 MG/1.7ML	NP	SP
XGEVA SOLN	NP	SP
XTRENBO SOLN SC 120 MG/1.7ML	PA	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	PA	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	NP	AL(At least 18 yrs old); SP
Growth Hormones		
GENOTROPIN MINQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	AL(At least 3 yrs old); SP
NORDITROPIN FLEXPON SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	SP; PA
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(3 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	P	SP; PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TBPk 15 MG</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	P	QL(0.29 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 EA daily)
MYFEMBREE	PA	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN	PA	MP; PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
<i>estradiol PTTW</i>	P	QL(0.29 EA daily)
<i>estradiol PTWK</i>	P	QL(0.143 EA daily)
<i>estradiol TABS</i>	P	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	PA	PA
<i>levofloxacin TABS</i>	PA	PA
<i>moxifloxacin hcl TABS</i>	PA	PA
<i>ofloxacin 300 MG, 400 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>Use prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone SUSP</i>	P	QL(30 EA per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	PA	SP; PA
CTEXLI TABS PO 250 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	PA	AL(At least 18 yrs old); SP; PA
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>Use colchicine</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
ULORIC (<i>Use febuxostat</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
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

Drug Name	Drug Tier	Requirements/ Limits
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
KCENTRA	PA	SP; PA
KOATE-DVI SOLR 1000 UNIT	PA	SP; PA
KOATE SOLR	PA	SP; PA
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	PA	SP; PA
KOVALTRY	PA	SP; PA
NOVOEIGHT	PA	SP; PA
NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); SP; PA
NOVOSEVEN RT 1 MG, 2 MG, 8 MG	PA	SP; PA
NUWIQ KIT	PA	SP; PA
NUWIQ SOLR	PA	SP; PA
OBIZUR	PA	SP; PA
PROFILNINE	PA	SP; PA
QFITLIA SOAJ SC 50 MG/0.5ML	PA	AL(At least 12 yrs old); SP; PA
QFITLIA SOLN SC 20 MG/0.2ML	PA	AL(At least 12 yrs old); SP; PA
REBINYN	PA	SP; PA
RECOMBINATE SOLR	PA	SP; PA
RIXUBIS SOLR	PA	SP; PA
ROCTAVIAN	PA	AL(At least 18 yrs old); PA
SEVENFACT	PA	SP; PA
TRETTEN	PA	SP; PA
VONVENDI	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
WILATE KIT	PA	SP; PA
XYNTHA	PA	SP; PA
XYNTHA SOLOFUSE	PA	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate SOSY</i>	PA	SP; PA
Complement Inhibitors		
BERINERT KIT	PA	SP; PA
CINRYZE SOLR IV	NP	SP
HAEGARDA SOLR SC	PA	SP; PA
RUCONEST	NP	SP
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TBPB	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP
ORLADEYO	NP	SP
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP
TAKHZYRO SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i>	NP	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i>)	NP	QL(2 EA daily)
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	PA	QL(2 EA daily); PA
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	NP	SP
Pyruvate Kinase Activators		
AQVESME TABS 100 MG	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TAPER PACK TBPB	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>miglustat</i>	P	SP; PA	ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
VPRIV	P	SP; PA	ARANESP (ALBUMIN FREE) SOSY 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
Agents for Sickie Cell Disease			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
CASGEVY	PA	AL(At least 12 yrs old); SP; PA	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA
DROXIA CAPS	P		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
LYFGENIA	PA	AL(At least 12 yrs old); SP; PA	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA
Cobalamins			ARMLUPEG SOSY SC 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P		EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP
Folic Acid/Folates			EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)	EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
<i>folic acid TABS 1 MG</i>	P	RX/OTC			
Hematopoietic Gene Therapy					
ZYNTEGLO	PA	AL(At least 4 yrs old); SP; PA			
Hematopoietic Growth Factors					
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); SP; PA			
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)
Iron		
FERRETT'S TABS	P	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	P	
<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
<i>ferrous gluconate TABS</i>	P	
<i>ferrous sulfate dried TBCR</i>	P	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
<i>ferrous sulfate TABS</i>	P	
<i>ferrous sulfate TBEC</i>	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>iron sucrose 20 MG/ML</i>	P	
<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	P	SP; PA
XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>estazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	DAYVIGO	NP	AL(At least 18 yrs old)
<i>eszopiclone</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	QUVIVIQ	NP	AL(At least 18 yrs old)
<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	Selective Melatonin Receptor Agonists		
<i>midazolam hcl SOLN IJ</i>	P		HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP
MIDAZOLAM HCL SOLN IJ	P		HETLIOZ CAPS (Use <i>tasimelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>midazolam hcl SYRP</i>	P		<i>ramelteon</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	ROZEREM (Use <i>ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL (Use <i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>tasimelteon</i> CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); SP
<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	LAXATIVES - Bowel Treatment Drugs		
<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	Bulk Laxatives		
<i>triazolam</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)
<i>zaleplon</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	KONSYL DAILY FIBER PACK 100 %	P	
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium</i> CAPS 0.52 GM	P	
<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>psyllium</i> POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	P	
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	SB FIB LAX ORANGE POWD 30 %, 33 %	P	
<i>zolpidem tartrate TBCR</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	Electrolyte-based Osmotic Laxatives		
Orexin Receptor Antagonists			<i>magnesium citrate 1.745 GM/30ML</i>	P	
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)
			MILK OF MAGNESIA CONCENTRATE SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P		<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P	
Laxative Combinations			Surfactant Laxatives		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)	<i>docusate calcium</i>	P	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)	<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)	<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		DOCUSATE SODIUM SYRP	P	
Laxatives - Miscellaneous			<i>docusate sodium TABS</i>	P	
<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P		MACROLIDES - Drugs to Treat Bacterial Infections		
<i>lactulose SOLN</i>	P		Azithromycin		
PEDIA-LAX SUPP	P		<i>azithromycin SUSR</i>	P	
<i>polyethylene glycol 3350 PACK</i>	P		<i>azithromycin TABS</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)	ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	
SORBITOL PO 70 %	P		ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	
Stimulant Laxatives			ZITHROMAX SUSR (<i>Use azithromycin</i>)	NP	
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)	ZITHROMAX TABS 250 MG, 500 MG (<i>Use azithromycin</i>)	NP	
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)	Clarithromycin		
<i>senna SYRP 176 MG/5ML</i>	P		<i>clarithromycin SUSR</i>	P	
<i>sennosides LIQD</i>	P		<i>clarithromycin TABS</i>	P	
<i>sennosides SYRP</i>	P		<i>clarithromycin TB24</i>	P	
			Erythromycins		
			E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
			ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
			ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
			<i>erythromycin base CPEP</i>	P	

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
AGAMATRIX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE LANCE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ASSURE LANCE LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ASSURE LANCE PLUS SAFETY 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE LANCE PLUS SAFETY 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AQUALANCE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ASSURE PLATINUM METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ASSURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE DOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE PRISM MULTI METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
AUTO-LANCET MINI MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CAREONE LANCET SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARESENS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARESENS N FELIZ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARESENS S FIT BLOOD GLUC MON DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CARETOUCH TWIST MC LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CHOSEN SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CONTOUR CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CONTOUR PLUS CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CONTOUR NEXT EZ KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 TRANSMITTER	PA	MP; PA
CONTOUR NEXT ONE KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DRUG MART UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DRUG MART UNILET LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DRUG MART UNILET LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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

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

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

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

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

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

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

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

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HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	KROGER HEALTHPRO LANCET 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
IHEALTH GLUCO+ KIT 10 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ILET CONTACT DETACH 23" 6MM MISC	NP	MP; RX/OTC	LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET INFUSION-FLEX 23" 6MM MISC	NP	MP; RX/OTC	LANCETS 28G THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET INFUSION-INSET 23" 6MM MISC	NP	MP; RX/OTC	LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ILET INFUSION-INSET 32" 6MM MISC	NP	MP; RX/OTC			
ILET INSULIN PUMP DEVI	NP	MP			
ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC			
ILET STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC			
ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC			
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

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LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LANCETS MICRO THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
LANCETS SUPER THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS ULTRA THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDLANCE PLUS LITE 25G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MEDLANCE PLUS SUPERLITE 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MICROLET NEXT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MOBI 2ML CARTRIDGE MISC	NP	MP
MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MOBI CONNECT GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MOBI CONNECT GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
MINIMED 630G INSULIN PUMP KIT	NP	MP	MOBI CONNECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED 780G INSULIN PUMP KIT	NP	MP	MOBI CONNECT TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MINIMED APP MANAGER DEVI XX	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MODD1 PATIENT WELCOME KIT KIT	NP	MP
MINIMED FLEX STARTER KIT KIT	NP	MP	MODD1 SUPPLY KIT KIT	NP	
MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			

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MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA
MYGLUCOHEALTH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD 5 LIBRE INTRO KIT	PA	MP; PA
NOVA SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD 5 LIBRE PODS MISC	PA	MP; PA
NOVA SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	MP
NOVA SUREFLEX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD DASH INTRO (GEN 4) KIT	PA	MP; PA
			OMNIPOD DASH PDM (GEN 4) KIT	NP	MP
			OMNIPOD DASH PODS (GEN 4) MISC	PA	MP; PA
			OMNIPOD GO KIT	NP	MP
			ON CALL EXPRESS MONITORING SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			ONETOUCH DELICA PLUS LANCET30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			ONETOUCH DELICA PLUS LANCET33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

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

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

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

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SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAPS HEALTH PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLERA SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLERA SYNC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SIMPLERA SYSTEM	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			SMARTEST EJECT STARTER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CEQUR SIMPL EXT WEAR INSERTER MISC	P	MP
BD AUTOSHIELD DUO	P	MP; RX/OTC	CEQUR SIMPLICITY 1U EXTND WEAR DEVI	NP	MP; RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U EXTND WEAR DEVI	NP	MP; RX/OTC
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	NP	MP; RX/OTC
BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY INSERTER MISC	P	MP
BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)	DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	P	MP	EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC	EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC	EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	P	MP	EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC	EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)
CAREONE INSULIN SYRINGE	P	QL(5 EA daily)	EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily); RX/OTC
			EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	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			
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC			
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
QULIPTA	PA	QL(1 EA daily); PA
UBRELVY	PA	QL(0.534 EA daily); PA
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
<i>sumatriptan-naproxen sodium</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA
Migraine Products - NSAIDs		
ELYXYB	NP	
Serotonin Agonists		
<i>almotriptan malate</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
FROVA (<i>Use frovatriptan succinate</i>)	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
<i>frovatriptan succinate</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	<i>sumatriptan 5 MG/ACT</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 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 succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX TABS 25 MG (<i>Use sumatriptan succinate</i>)	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
IMITREX TABS 50 MG, 100 MG (<i>Use sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
RELPAX (<i>Use eletriptan hydrobromide</i>)	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)	<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
NUTRIBOOST CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
NUTRIVIO CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENAL CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENO CAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TRIPHROCAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Iron			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
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			
DUOVANCE TABS	P	QL(1 EA daily); RX/OTC			
FLORAVITA MINI TABS	P	QL(1 EA daily); RX/OTC			
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	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
MIREXA TABS	P	QL(1 EA daily); RX/OTC			
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC			
			NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
			ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS ONE DAILY MENS FORMULA TABS 60 MG-3 MG-75 MCG-400 MCG- 700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-300 MCG-1.35 MG-15 MG-2 MG-140 MG-210 MG-22.5 UNIT-2 MG-3500 UNIT-110 MCG-120 MCG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG- 1.7 MG-25 MCG-20 MG- 3500 UNIT-10 MG-18 MG- 1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT- 6 MCG-1.7 MG-25 MCG- 20 MG-3500 UNIT-10 MG- 18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT- 20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC			
CVS 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 MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG- 20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG- 25 MCG-27 MG-75 MG-4 MG-50 MCG-5 MCG-80 MG-2 MG-60 MCG-0.5 MG-10 MCG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG- 100 MCG-72 MG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG- 100 MCG-1.7 MG-60 MCG-20 MG-300 MCG- 1050 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-20 MG- 0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE 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 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
DIATROL TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	P	RX/OTC	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 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 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 COMPLETE MULTIVITAMIN-ADULT 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 50+ TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MENS TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC			
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC			
EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	RX/OTC	GERITOL NUTRITION SUPPORT TABS 57 MG-2 MG-44 MCG-0.38 MG-400 UNIT-6.7 MCG-1.7 MG-24 MCG-13 MG-1.5 MG-13.5 MG-1.8 MG-20 MG-6100 UNIT-86 MG-36 MG-1 MCG-120 MCG-30 UNIT-118 MG-148 MG-2.4 MG-12 MCG-1 MCG-16 MG-20 MG	P	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC	GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG	P	QL(1 EA daily); RX/OTC
FOLAREX TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	P	RX/OTC			
FOLATEN TABS	P	QL(1 EA daily); RX/OTC			
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC			
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC			
FOLIVRA TABS	P	QL(1 EA daily); RX/OTC			
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC			
FOLYRA TABS	P	QL(1 EA daily); RX/OTC			
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC			
FT EYE HEALTH CAPS	P	RX/OTC			
FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	P	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC			
GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	P	QL(1 EA daily); RX/OTC			
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC			
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			
			GNP ONE DAILY MAXIMUM TABS	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
MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG	P	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals CAPS	P	RX/OTC
multiple vitamins w/ minerals LIQD	P	RX/OTC
multiple vitamins w/ minerals TABS	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS/WOMENS TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC
MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG	P	RX/OTC
MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	P	RX/OTC	NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC	OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	OCULYRA TABS	P	QL(1 EA daily); RX/OTC
MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG	P	QL(1 EA daily); RX/OTC	OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC	OCUTABS TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
NORIXA TABS	P	QL(1 EA daily); RX/OTC			
NORVEXA TABS	P	QL(1 EA daily); RX/OTC			
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC			
NUTRAVANCE TABS	P	QL(1 EA daily); RX/OTC			
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC			

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC	OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC	OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC	OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG	P	QL(1 EA daily); RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC	QC DAILY MULTIVIT/MULTIMINERAL TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	RX/OTC			
PRESERVISION AREDS 3 CAPS	P	RX/OTC			
PRESERVISION AREDS CAPS	P	RX/OTC			
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC			
PRESERVISION/LUTEIN CAPS	P	RX/OTC	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
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	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
PROFOLA TABS	P	QL(1 EA daily); RX/OTC			
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC			
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC			
PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC			
PROTECT CARDIO AF CAPS	P	RX/OTC	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
PROTECT PLUS SO CAPS	P	RX/OTC			
PROTEGRA CAPS	P	RX/OTC			
			QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC	SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
QC THERIN-M TABS 90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC	SENTRY TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC	SIDEROL TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	SOLO TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC	SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX TABS 60 MG-10 MG-300 MCG-800 MCG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG-12.5 MG	P	QL(1 EA daily); RX/OTC	STRESS B COMPLEX/ANTIOXID/ZIN C TABS 500 MG-45 MCG-400 MCG-10 MG-100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG	P	QL(1 EA daily); RX/OTC
REVYRA TABS	P	QL(1 EA daily); RX/OTC	STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT-1.5 MG-20 MG-1.5 MG-30 MG-20 MG-15 UNIT	P	QL(1 EA daily); RX/OTC
			STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
			SUPER ANTIOXIDANT CAPS	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERABASIC-M TABS 400 UNIT-90 MG-3 MG-35 MCG-0.4 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-27 MG-3 MG-100 MG-1250 UNIT-15 MCG- 7.5 MG-15 MCG-40 MG- 15 MG-150 MCG-30 UNIT-31 MG-2 MG-10 MCG-5 MG-7.5 MG	P	QL(1 EA daily); RX/OTC	THERAPEUTIC-M TABS 90 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-9 MG-60 MG-2 MG-15 MCG-8 MG- 15 MCG-2 MG-15 MG-40 MG-150 MCG-10 MCG-30 UNIT-8 MG, 90 MG-30 MCG-400 MCG-3 MG-20 MG-6 MG-10 MG-3.4 MG- 10 MCG-27 MG-9 MG-100 MG-2 MG-75 MCG-11 MG-2 MG-10 MCG-150 MCG-50 MCG-2 MG-10 MCG-15 MG-145 MG-150 MCG-35 MG-70 MCG- 1500 MCG-28 MCG-12 MCG-8 MG	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 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 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
			TRUEVITE TABS	P	QL(1 EA daily); RX/OTC
			T-VITES TABS	P	QL(1 EA daily); RX/OTC
			UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG- 2.5 MG-17 MG-7.5 MG- 100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC
			ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC	ULTRA FREEDA/IRON TABS 133.333 UNIT- 1666.667 UNIT-16.667 MG-100 MCG-66.667 UNIT-266.667 MCG- 16.667 MG-33.333 MCG- 16.667 MG-33.333 MG- 33.333 MG-6 MG-333.333 MG-3.333 MG-33.333 MG- 4.167 MCG-11.667 MG- 66.667 MCG-7.5 MG- 83.333 MG-50 MCG- 33.333 MCG-33.333 MG	P	QL(1 EA daily); RX/OTC
THRIVE FOR LIFE WOMENS TABS 60 MG-6 MG-300 MCG-400 MCG- 1000 UNIT-18 MCG-5.1 MG-60 MCG-20 MG-100 MCG-3500 UNIT-15 MG- 18 MG-500 MG-700 MCG- 4.5 MG-50 MG-15 MG-75 MCG-150 MCG-30 UNIT-2 MG-2 MG-70 MCG-120 MCG-150 MCG	P	QL(1 EA daily); RX/OTC			
TREXION CAPS	P	RX/OTC			
TREXVIA CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA FREEDA TABS 133.333 UNIT-16.667 MG- 100 MCG-266.667 MCG- 16.667 MG-33.333 MCG- 1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG	P	QL(1 EA daily); RX/OTC	ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG- 400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG- 100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG- 150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG- 72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC
ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG- 3333.333 UNIT-6.667 MG- 15 MG-33.333 MG-10 MG- 10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG- 10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG	P	RX/OTC	VENEXA FE TABS	P	QL(1 EA daily); RX/OTC
ULTRACHOICE ADV FORMULA MATURE TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG- 400 UNIT-24 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG- 100 MG-15 MG-3.5 MG- 0.5 MG-100 MG-2 MG-13 MCG-1 MG-200 MCG-165 MG-150 MCG-200 MCG- 60 UNIT-80 MG-6.5 MCG- 10 MG-2 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG- 90 MG-13 MCG-2 MG-5 MG-25 MG-10 MG-1 MG- 0.5 MG-1 MG-25 MG-1 MG-1 MG	P	QL(1 EA daily); RX/OTC	VENEXA TABS	P	QL(1 EA daily); RX/OTC
			VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC
			VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC
			VIC-FORTE CAPS 150 MG-2 MG-1 MG-10 MCG- 8000 UNIT-5 MG-25 MG- 10 MG-10 MG-50 UNIT-80 MG-70 MG-4 MG	P	RX/OTC
			VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC
			VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT- 55 MCG	P	QL(1 EA daily); RX/OTC
			VISION HEALTH CAPS	P	RX/OTC
			VISION OPTIMIZER CAPS	P	RX/OTC
			VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
			VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC	VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC
VITA HAIR TABS 300 MCG-400 MCG-35 MG-6 MCG-100 MG-125 MG-65 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG	P	QL(1 EA daily); RX/OTC	VITASANA TABS	P	QL(1 EA daily); RX/OTC
VITA S FORTE TABS 400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG-0.05 MG	P	QL(1 EA daily); RX/OTC	VITASCRIPIT TABS	P	QL(1 EA daily); RX/OTC
VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC
VITABEX CAPS	P	RX/OTC	VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC
VITACEL TABS 500 MG-300 MCG-100 UNIT-1 MG-25 MG-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-200 UNIT-125 MG-80 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VITALUX TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC	VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC	WOMENS LIFE PACK TABS 400 MCG-400 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
VITRAMYN TABS	P	QL(1 EA daily); RX/OTC			
VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC			
VITRANOL TABS	P	QL(1 EA daily); RX/OTC			
VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC			
VITREXATE TABS	P	QL(1 EA daily); RX/OTC			
VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC			
VITREXYL TABS	P	QL(1 EA daily); RX/OTC			
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC			
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
			Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
			QUFLORA FE	P	AL(Up to 20 yrs old)
			Multivitamins		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC	DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC	FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
AVOWISE TABS	P	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC	GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	QL(1 EA daily); RX/OTC
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC	MINCORA TABS	P	QL(1 EA daily); RX/OTC
DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC	MINOVIA TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
			MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	P	QL(1 EA daily); RX/OTC
			MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STRESSTABS ENERGY TABS	P	QL(1 EA daily); RX/OTC	VITRION TABS	P	QL(1 EA daily); RX/OTC
TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)
THERA TABS	P	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML</i>	P	AL(Up to 20 yrs old); RX/OTC
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
THEREMS TABS	P	QL(1 EA daily); RX/OTC	QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
TRUEONE TABS	P	QL(1 EA daily); RX/OTC	DAVIMET-FLUORIDE CHEW	P	AL(Up to 20 yrs old)
VALENTA TABS	P	QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
VIRELIX TABS	P	QL(1 EA daily); RX/OTC	FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC
VIREXA TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORID E CHEW 0.5 MG, 1 MG	P	AL(Up to 20 yrs old); RX/OTC
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORID E SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC
VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 20 yrs old); RX/OTC
VITRAX TABS	P	QL(1 EA daily); RX/OTC	<i>pediatric multivitamins w/fl SUSP 0.25 MG/ML, 0.5 MG/ML</i>	P	AL(Up to 20 yrs old); RX/OTC
			<i>pediatric vitamins 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
TRI-VI-FLOR SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	CLASSIC PRENATAL TABS	P	QL(1 EA daily)
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	COMPLETE NATAL DHA	P	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	P	AL(Up to 20 yrs old); RX/OTC	COMPLETENATE CHEW	P	
Ped MV w/ Iron			CONCEPT DHA	P	
FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	P		CONCEPT OB	P	
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P		CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	P	
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P		CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 EA daily)
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	AL(Up to 20 yrs old)	ENBRACE HR	P	
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	FOLIVANE-OB	P	
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	FT PRENATAL TABS	P	QL(1 EA daily)
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P		GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)
Pediatric Multiple Vitamins			GNP PRENATAL TABS	P	QL(1 EA daily)
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P		JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
Prenatal Vitamins			KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)
			KPN PRENATAL TABS	P	QL(1 EA daily)
			MASONATAL TABS	P	QL(1 EA daily)
			M-NATAL PLUS TABS	P	RX/OTC
			MULTI PRENATAL TABS	P	QL(1 EA daily)
			NEONATAL PRENATAL TABS	P	QL(1 EA daily)
			NEONATAL VITAMIN TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEO-VITAL RX TABS	P		PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	QL(1 EA daily)
NESTABS	P				
NESTABS DHA	P				
NESTABS ONE	P				
OB COMPLETE ONE	P				
OB COMPLETE PETITE	P				
OB COMPLETE PREMIER	P				
OB COMPLETE/DHA	P				
OB COMPLETE TABS	P		<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	P	
ONE VITE WOMENS TABS	P	QL(1 EA daily)	PRENATAL/IRON TABS 4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT-1 MG	P	QL(1 EA daily); RX/OTC
PNV-OMEGA	P				
PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	RX/OTC
PRENATAL FORMULA CAPS	P				
PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC	PRENATAL TABS	P	QL(1 EA daily)
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC	PRENATE	P	
PRENATAL ONE DAILY TABS	P	QL(1 EA daily)	PRENATE AM	P	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	P		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	P	
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	P		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	P	
PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)	PRENATE ENHANCE	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	P		WESTGEL DHA	P	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	P		Vitamins w/ Lipotropics		
PRENATE PIXIE	P		<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
PRENATE RESTORE	P		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENOVA TABS 0.8 MG	P	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
PRIMACARE	P		AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
PROVIDA OB	P		ATMEKSI SUSP PO 750 MG/5ML	NP	AL(At least 16 yrs old)
QC PRENATAL TABS	P	QL(1 EA daily)	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML	NP	
SELECT-OB+DHA MISC	P		<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
SELECT-OB CHEW	P		<i>baclofen SUSP</i>	NP	
SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)	<i>baclofen TABS</i>	P	
TARON-C DHA	P		<i>carisoprodol TABS 250 MG</i>	NP	
THRIVITE RX TABS	P	RX/OTC	<i>carisoprodol TABS 350 MG</i>	P	
TRICARE TABS	P	RX/OTC	<i>chlorzoxazone TABS 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</i>	P	
VITAFOL GUMMIES	P		<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
VITAFOL ULTRA	P		FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	
VITAFOL-OB+DHA MISC	P		LYVISPAH PACK 5 MG	NP	
VITAFOL-OB TABS	P		<i>metaxalone</i>	NP	
VITAFOL-ONE CAPS	P		<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
WESCAP-C DHA	P		ONTRALFY SOLN PO 2 MG/5ML	NP	
WESCAP-PN DHA	P		<i>orphenadrine citrate TB12</i>	P	
WESNATAL DHA COMPLETE	P				
WESNATE DHA CAPS	P				
WESTAB PLUS TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OZOBAX DS SOLN PO (Use baclofen)	NP		fluticasone propionate (nasal) SUSP	NP	RX/OTC
SOMA TABS (Use carisoprodol)	NP		mometasone furoate (nasal) SUSP	NP	RX/OTC
tizanidine hcl CAPS	P		OMNARIS SUSP	NP	
tizanidine hcl TABS	P		QNASL	NP	
ZANAFLEX CAPS (Use tizanidine hcl)	NP		QNASL CHILDRENS	NP	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		triamcinolone acetonide (nasal) AERO	P	
Direct Muscle Relaxants			XHANCE EXHU	NP	
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP		Sympathomimetic Decongestants		
dantrolene sodium CAPS	P		ADRENALIN 0.1 %	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			epinephrine hcl (nasal)	P	
Nasal Agent Combinations			phenylephrine hcl (oral) TABS	P	QL(24 EA per fill retail; 24 per fill mail)
azelastine hcl-fluticasone propionate SUSP	P		pseudoephedrine hcl TABS	P	
DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	P		pseudoephedrine hcl TB12	P	QL(2 EA daily)
RYALTRIS	NP		SUDAFED CHILDRENS LIQD	P	
Nasal Agents - Misc.			NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
saline SOLN 0.65 %	P	QL(90 ML per fill retail; 90 per fill mail)	ALS Agents		
Nasal Antiallergy			QALSODY	PA	AL(At least 18 yrs old); SP; PA
azelastine hcl 0.1 %, 137 MCG/SPRAY	P		Friedrich's Ataxia Agents		
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ML per fill retail; 26 per fill mail)	SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); SP; PA
olopatadine hcl (nasal)	P		Muscular Dystrophy Agents		
Nasal Steroids			AMONDYS 45	PA	SP; PA
budesonide (nasal)	NP		DUVYZAT	PA	AL(At least 6 yrs old); SP; PA
flunisolide (nasal)	NP		ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA
fluticasone propionate (nasal) SUSP	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); SP; PA	EXONDYS 51	PA	SP; PA
ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); SP; PA	VILTEPSO	PA	SP; PA
ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); SP; PA	VYONDYS 53	PA	SP; PA
ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); SP; PA	Neuromuscular Blocking Agent - Neurotoxins		
			BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)	<i>ciprofloxacin-hydrocortisone</i>	NP	
ZERVIAE	NP		<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
Prostaglandins - Ophthalmic			<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>bimatoprost SOLN</i>	NP		PRAMOTIC	P	
DURYSTA IMPL	NP		Otic Steroids		
IDOSE TR IMPL	NP		<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)
IYUZEH SOLN	NP		<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>latanoprost SOLN</i>	P		OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
LUMIGAN SOLN 0.01 % (Use <i>bimatoprost</i>)	P		Oxytocics		
<i>tafluprost</i>	NP		<i>methylergonovine maleate TABS</i>	P	
TRAVATAN Z SOLN (Use <i>travoprost</i>)	P		PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
<i>travoprost SOLN</i>	NP		Immune Serums		
VYZULTA	NP		ALYGLO	NP	SP
XALATAN SOLN (Use <i>latanoprost</i>)	NP		ASCENIV	NP	
ZIOPTAN (Use <i>tafluprost</i>)	NP		BIVIGAM SOLN	NP	SP
ZOLYMBUS GEL OP 0.01 %	NP		CUTAQUIG	NP	SP
OTIC AGENTS - Drugs to Treat the Ear			CUVITRU SOLN	NP	SP
Otic Agents - Miscellaneous			CYTOGAM SOLN	NP	SP
<i>acetic acid (otic)</i>	P	QL(15 ML per fill retail; 15 per fill mail)	GAMASTAN IM	NP	SP
<i>carbamide peroxide (otic) 6.5 %</i>	P	QL(0.5 ML daily)	GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
Otic Anti-infectives			GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	SP
<i>ciprofloxacin hcl (otic)</i>	NP				
<i>ofloxacin (otic)</i>	P				
Otic Combinations					
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	P				
<i>ciprofloxacin-dexamethasone</i>	P				

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

Drug Name	Drug Tier	Requirements/Limits
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 57 MG-400 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 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 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)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
AMOXICILLIN-POT CLAVULANATE CHEW	P	QL(20 EA per fill retail; 20 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
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)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and 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-Cataleptic 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

Drug Name	Drug Tier	Requirements/Limits
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 TBP</i>	P	
EXELON (Use <i>rivastigmine</i>)	NP	
<i>galantamine hydrobromide CP24</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	
<i>galantamine hydrobromide TABS</i>	NP	
KISUNLA	PA	SP; PA
LEQEMBI	PA	SP; PA
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA
LEQEMBI IQLIK (500 MG DOSE) SC	PA	SP; PA
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	
<i>memantine hcl SOLN</i>	NP	
<i>memantine hcl TABS</i>	P	
NAMZARIC CP24	NP	
NAMZARIC CP24 (Use <i>memantine hcl-donepezil hcl</i>)	NP	
<i>rivastigmine</i>	P	
<i>rivastigmine tartrate CAPS</i>	P	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP	PONVORY TABS	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily); SP	REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
KESIMPTA	NP	SP	REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail); SP
LEMTRADA	NP	SP	REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP
MAVENCLAD (10 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail); SP
MAVENCLAD (4 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TASCENSO ODT	NP	SP
MAVENCLAD (5 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NP	SP
MAVENCLAD (6 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP
MAVENCLAD (7 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	<i>teriflunomide</i>	PA	SP; PA
MAVENCLAD (8 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	NP	SP	TYRUKO CONC IV 300 MG/15ML	NP	SP
MAVENCLAD (9 TABS) 10 MG (<i>Use cladribine (multiple sclerosis)</i>)	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 (<i>Use gabapentin (once-daily)</i>)	NP	
PLEGRIDY SOSY IM	NP	SP	LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NP	
PONVORY STARTER PACK TBPK	NP	SP	<i>pregabalin (once-daily)</i>	NP	
			Premenstrual Dysphoric Disorder (PMDD) Agents		
			<i>fluoxetine hcl (pmdd) TABS</i>	P	AL(At least 18 yrs old)
			Psychotherapeutic and Neurological Agents -		

Drug Name	Drug Tier	Requirements/ Limits
Misc.		
AQNEURSA	PA	QL(4 EA daily); SP; PA
<i>ergoloid mesylates TABS</i>	P	
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	P	
<i>nicotine polacrilex LOZG</i>	P	
NICOTINE KIT	P	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
NICOTROL NS SOLN	P	
NICOTROL INHA	P	
<i>varenicline tartrate TABS</i>	P	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); SP; PA
ONPATTRO	PA	AL(At least 18 yrs old); SP; PA
WAINUA 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

Drug Name	Drug Tier	Requirements/ Limits
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
TRIKAFTA TBPK	PA	AL(At least 2 yrs old); SP; PA
TRIKAFTA THPK	PA	AL(At least 2 yrs old); SP; PA
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone CAPS</i>	P	SP; PA	NP THYROID TABS	P	
<i>pirfenidone TABS</i>	P	SP; PA	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections			THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
Tetracyclines			TOXOIDS		
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P		Toxoid Combinations		
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	P		ADACEL SUSP	P	
<i>doxycycline hyclate CAPS</i>	P		BOOSTRIX SUSP	P	
<i>doxycycline hyclate TABS 100 MG</i>	P		BOOSTRIX SUSY	P	
<i>minocycline hcl CAPS</i>	P		DAPTACEL	P	
<i>tetracycline hcl CAPS 500 MG</i>	P		INFANRIX	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			KINRIX SUSY	P	
Antithyroid Agents			PEDIARIX SUSY	P	
<i>methimazole TABS</i>	P		PENTACEL	P	
<i>propylthiouracil</i>	P		QUADRACEL SUSP	P	
Thyroid Hormones			QUADRACEL SUSY	P	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		TDVAX SUSP	P	
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	P		TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
ARMOUR THYROID TABS	P		VAXELIS SUSP	P	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P		VAXELIS SUSY	P	
<i>levothyroxine sodium TABS</i>	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>liothyronine sodium TABS</i>	P		Antispasmodics		
NIVA THYROID TABS	P		<i>dicyclomine hcl CAPS</i>	P	
			<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
			<i>dicyclomine hcl TABS</i>	P	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
			<i>hyoscyamine sulfate ELIX</i>	P	
			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
			<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P		<i>omeprazole magnesium CPDR</i>	P	
H-2 Antagonists			<i>omeprazole magnesium TBEC</i>	P	QL(1 EA daily)
<i>cimetidine hcl PO 300 MG/5ML</i>	NP		<i>omeprazole magnesium TBEC</i>	P	
<i>cimetidine TABS</i>	NP	RX/OTC	<i>omeprazole CPDR</i>	P	
<i>famotidine SOLN 20 MG/2ML</i>	P		<i>omeprazole CPDR</i>	P	QL(1 EA daily)
FAMOTIDINE SOLN	P		<i>omeprazole TBDD</i>	P	
<i>famotidine SUSR</i>	P		<i>omeprazole TBEC</i>	P	
<i>famotidine TABS 10 MG, 20 MG</i>	NP		<i>omeprazole TBEC</i>	P	QL(1 EA daily)
<i>famotidine TABS</i>	P	RX/OTC	<i>pantoprazole sodium PACK</i>	NP	
<i>nizatidine CAPS</i>	NP		<i>pantoprazole sodium SOLR</i>	P	
Misc. Anti-Ulcer			<i>pantoprazole sodium SOLR</i>	P	QL(1 EA daily)
<i>sucralfate SUSP</i>	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)	PANTOPRAZOLE SODIUM SOLR 40 MG (Use <i>pantoprazole sodium</i>)	P	
<i>sucralfate TABS</i>	P	QL(4 EA daily)	<i>pantoprazole sodium TBEC</i>	P	
Proton Pump Inhibitors			<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(1 EA daily)
DEXILANT (Use <i>dexlansoprazole</i>)	NP	QL(1 EA daily)	PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>dexlansoprazole</i>	NP	QL(1 EA daily)	PREVACID SOLUTAB TBDD (Use <i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 EA daily); RX/OTC	PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	QL(1 EA daily)
<i>esomeprazole magnesium PACK</i>	NP	QL(1 EA daily)	PRILOSEC PACK	NP	
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily); RX/OTC	PROTONIX PACK (Use <i>pantoprazole sodium</i>)	P	
<i>lansoprazole TBDD</i>	NP	QL(1 EA daily); RX/OTC	PROTONIX SOLR (Use <i>pantoprazole sodium</i>)	NP	
NEXIUM CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	PROTONIX TBEC (Use <i>pantoprazole sodium</i>)	NP	
NEXIUM PACK (Use <i>esomeprazole magnesium</i>)	NP	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	NP	QL(1 EA daily)
<i>omeprazole magnesium CPDR</i>	P	QL(1 EA daily)	Ulcer Drugs - Prostaglandins		
			<i>misoprostol</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP	
KONVOMEK SUSR	NP	
VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
DETROL TABS (<i>Use tolterodine tartrate</i>)	P	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	P	
<i>tolterodine tartrate TABS</i>	P	
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron SRER 8 MG/ML</i>	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ SRER 8 MG/ML (<i>Use mirabegron</i>)	NP	
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	P	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO 0.5 ML	P	
CAPVAXIVE	P	
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
VAXNEUVANCE	P	
Viral Vaccines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABRYSVO	P	AL(At least 60 yrs old)	GARDASIL 9 SUSY 0.5 ML	P	AL(Up to 45 yrs old)
ACAM2000 SOLR IJ	P		HAVRIX IM 720 EL U/0.5ML	P	
AFLURIA PRESERVATIVE FREE SUSY	P		HEPLISAV-B SOSY	P	
AFLURIA QUADRIVALENT SUSY 0.5 ML	P		JYNNEOS	P	
AFLURIA SUSP	P		MFLUSIVA SUSY IM 0.38 ML	P	
AREXVY	P	AL(At least 60 yrs old)	M-M-R II SOLR	P	
AUDENZ EMUL	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
AUDENZ PRSY	P		MRESVIA	P	AL(At least 60 yrs old)
COMIRNATY SUSY	P		NOVAVAX COVID-19 VACCINE SUSY	P	
DENG VAXIA	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
ENGRIX-B SUSP 20 MCG/ML	P		PREHEVBRIO	P	
ENGRIX-B SUSY	P		PRIORIX SUSR	P	
FLUAD	P		PROQUAD SUSR	P	
FLUAD QUADRIVALENT	P		RECOMBIVAX HB SUSP	P	
FLUARIX QUADRIVALENT SUSY	P		RECOMBIVAX HB SUSY	P	
FLUARIX SUSY	P		ROTARIX SUSP	P	
FLUBLOK SOSY	P		ROTATEQ SOLN	P	
FLUCELVAX QUADRIVALENT SUSY	P		SHINGRIX	P	AL(At least 50 yrs old)
FLUCELVAX SUSP	P		SHINGRIX IM 50 MCG/0.5ML	P	AL(At least 50 yrs old)
FLUCELVAX SUSY	P		SPIKEVAX SUSY	P	
FLULAVAL SUSY	P		TWINRIX SUSY	P	
FLUMIST	P		VAQTA	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		VARIVAX SUSR	P	
FLUZONE HIGH-DOSE SUSY	P		VAGINAL AND RELATED PRODUCTS		
FLUZONE QUADRIVALENT SUSY	P		Vaginal Anti-infectives		
FLUZONE SUSP	P		CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P	
FLUZONE SUSY	P		CLEOCIN SUPP	P	
GARDASIL 9 SUSP 0.5 ML	P	AL(Up to 45 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate vaginal CREA</i>	NP	
CLINDESSE	NP	
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)
<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>miconazole nitrate vaginal KIT</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
NUVESSA	P	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)
<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)
<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone vaginal</i>	P	QL(60 GM per fill retail; 60 per fill mail)
MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
Vaginal Contraceptive - pH Modulators		
PHEXX	P	
PHEXXI	P	
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>estradiol vaginal TABS</i>	P	
PREMARIN	P	QL(1.5 GM daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	P	
EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	P	
NEFFY SOLN NA	NP	
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	P	
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)
<i>cholecalciferol CHEW 400 UNIT</i>	P	
<i>cholecalciferol LIQD PO</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</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>ergocalciferol CAPS</i>	P		<i>thiamine hcl TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P		<i>thiamine mononitrate TABS 100 MG</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>phytonadione TABS 5 MG</i>	P				
<i>vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT</i>	P				
<i>vitamin a TABS 10000 UNIT</i>	P				
VITAMIN D3 LIQD PO 125 MCG/ML	P				
VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)			
<i>vitamin e CAPS</i>	P	QL(2 EA daily)			
VITAMIN E CAPS	P	QL(2 EA daily)			
<i>vitamin e SOLN 15 MG/0.67ML</i>	P				
VITAMIN E SOLN 15 MG/0.67ML	P				
Water Soluble Vitamins					
<i>ascorbic acid CHEW 500 MG</i>	P				
<i>ascorbic acid POWD PO 500 MG/GM</i>	P				
ASCORBIC ACID POWD PO	P				
<i>ascorbic acid TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)			
<i>biotin CAPS 5 MG, 5000 MCG</i>	P				
NIACIN ER TBCR	P				
<i>niacin TABS 50 MG, 100 MG, 500 MG</i>	P				
<i>niacin TBCR</i>	NP				
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P				

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50+ ADULT EYE HEALTH CAPS 150	MG136	MCG-45 MCG-0.9 MG-10 MCG-11
MG-30 UNIT-5 MG-1 MG-1 MG-9	A THRU Z HIGH POTENCY TABS	MG-220 MG-150 MCG-110 MG-55
MG-90 MG-160 MG-250 MG135	60 MG-2 MG-30 MCG-400 MCG-400	MCG-50 UNIT-72 MG, 90 MG-3 MG-
A THRU Z ADVANCED ADULT	UNIT-6 MCG-1.7 MG-20 MG-250	30 MCG-500 MCG-500 UNIT-25
TABS 60 MG-2 MG-30 MCG-400	MCG-3500 UNIT-10 MG-18 MG-162	MCG-10 MG-1.7 MG-30 MCG-20
MCG-400 UNIT-6 MCG-1.7 MG-25	MG-300 MCG-1.5 MG-100 MG-15	MG-250 MCG-2500 UNIT-300 MCG-
MCG-20 MG-3500 UNIT-10 MG-18	MG-2 MG-80 MG-150 MCG-150	1.5 MG-11 MG-150 MCG-2 MG-50
MG-1.5 MG-11 MG-75 MCG-50 MG-	MCG-75 MCG-30 UNIT-109 MG-5	MG-45 MCG-80 MG-220 MG-150
2 MG-200 MG-80 MG-45 MCG-150	MCG-10 MCG-2 MG-120 MCG-25	MCG-50 UNIT-110 MG-0.9 MG-5
MCG-30 UNIT-20 MG-0.5 MG-5	MCG-20 MCG-10 MCG-72 MG-2 MG	MCG-2.3 MG-55 MCG-10 MCG-45
MCG-10 MCG-2.3 MG-55 MCG-10	136	MCG-72 MG137
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A THRU Z ADVANCED TABS 60	TABS 60 MG-3 MG-30 MCG-400	MG-30 MCG-400 MCG-400 UNIT-25
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MCG-72 MG, 60 MG-2 MG-30 MCG-	A THRU Z SELECT 50+ MENS	400 MCG-500 UNIT-25 MCG-1.7
400 MCG-400 UNIT-6 MCG-1.7 MG-	TABS 120 MG-6 MG-30 MCG-300	MG-30 MCG-20 MG-250 MCG-2500
25 MCG-20 MG-3500 UNIT-10 MG-	MCG-600 UNIT-100 MCG-1.7 MG-60	UNIT-10 MG-220 MG-300 MCG-1.5
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MG-2 MG-30 MCG-500 MCG-400	MCG-60 MCG-72 MG136	UNIT-25 MCG-1.7 MG-30 MCG-20
UNIT-6 MCG-1.7 MG-20 MG-250	A THRU Z SELECT ADVANCED	MG-250 MCG-2500 UNIT-10 MG-
MCG-3500 UNIT-10 MG-18 MG-200	TABS 60 MG-3 MG-30 MCG-400	300 MCG-1.5 MG-50 MG-11 MG-150
MG-300 MCG-1.5 MG-100 MG-11	MCG-500 UNIT-25 MCG-1.7 MG-30	MCG-2 MG-80 MG-220 MG-150
MG-0.9 MG-80 MG-150 MCG-150	MCG-20 MG-250 MCG-2500 UNIT-	MCG-45 MCG-50 UNIT-0.9 MG-5
MCG-45 MCG-30 UNIT-109 MG-5	10 MG-300 MCG-1.5 MG-11 MG-150	MCG-2.3 MG-55 MCG-10 MCG-45
MCG-10 MCG-2.3 MG-35 MCG-25	MCG-50 MG-220 MG-80 MG-45	MCG-72 MG137
MCG-55 MCG-10 MCG-72 MG-2	MCG-150 MCG-50 UNIT-20 MG-0.5	A THRU Z SELECT ULTIMATE
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200 MG-45 MCG-150 MCG-30 UNIT-	UNIT-300 MCG-50 MG-2.3 MG-45	MG-50 MCG-150 MCG-35 UNIT-20
109 MG-0.9 MG-5 MCG-10 MCG-2.3	MCG-5 MCG-80 MG-2 MG-150	MG-0.5 MG-5 MCG-2.3 MG-55
MG-55 MCG-10 MCG-35 MCG-72		MCG-10 MCG-50 MCG-72 MG-2 MG

.....137	ABRILADA (2 SYRINGE) PSKT 4	acetaminophen CHEW7
A THRU Z ULTIMATE MENS TABS	ABRYSVO196	acetaminophen LIQD 160 MG/5ML .7
90 MG-2 MG-40 MCG-200 MCG-600	ACAM2000 SOLR IJ196	acetaminophen SOLN PO 160
UNIT-6 MCG-1.3 MG-60 MCG-16	acarbose21	MG/5ML, 325 MG/10.15ML, 650
MG-3500 UNIT-15 MG-8 MG-600	ACCU-CHEK AVIVA PLUS STRP .63	MG/20.3ML8
MCG-1.2 MG-11 MG-150 MCG-100	ACCU-CHEK AVIVA SOLN90	acetaminophen SUPP 120 MG, 650
MG-2 MG-210 MG-80 MG-50 MCG-	ACCU-CHEK FASTCLIX LANCET	MG8
150 MCG-45 UNIT-20 MG-0.9 MG-5	KIT90	acetaminophen SUSP 160 MG/5ML,
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BLULINK CONTROL HIGH & LOW LIQD	93	B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT	139	brinzolamide	186
BLULINK GLUCOSE MONITORING SYS DEVI	93	BPO FOAMING CLOTHS MISC 6 % .	52	BRIUMVI	190
BLULINK GLUCOSE TEST STRP .	64	BPROTECTED MULTI-VITE LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML	139	brivaracetam SOLN PO 10 MG/ML 16	
BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	139	BRAFTOVI 75 MG	37	brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	16
BOMYNTRA SOLN SC 120 MG/1.7ML	74	BREATHE COMFORT CHAMBER/ADULT DEVI	126	BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)	16
BOMYNTRA SOSY SC 120 MG/1.7ML	74	BREATHE COMFORT CHAMBER/CHILD DEVI	126	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam)	16
BONEUP 3 PER DAY CAPS	139	BREATHE EASE LARGE DEVI ..	126	BRIXADI (WEEKLY) SOSY	9
BONEUP CAPS	139	BREATHE EASE MEDIUM DEVI	126	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	10
BONEUP VEGETARIAN TABS ..	139	BREATHE EASE SMALL DEVI ..	126	bromfenac sodium (ophth)	186
BONJESTA TBCR	27	BREATHERITE VALVED MDI CHAMBER DEVI	126	bromocriptine mesylate CAPS	39
BONSITY SOPN 560 MCG/2.24ML 74		BREKIYA SOAJ SC 1 MG/ML	129	bromocriptine mesylate TABS 2.5 MG	39
BOOSTNOW IMMUNE SUPPORT CAPS	139	BREO ELLIPTA (Use fluticasone furoate-vilanterol)	14	brompheniramine & phenyleph ELIX .	51
BOOSTRIX SUSP	193	BREO ELLIPTA	14	brompheniramine & pseudoeph ELIX	51
BOOSTRIX SUSY	193	BREZTRI AEROSPHERE	14	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	51
BOSAYA SOSY SC 60 MG/ML	74	BRILINTA 60 MG, 90 MG (Use ticagrelor)	81	BROMSITE (Use bromfenac sodium (ophth))	186
bosentan TABS	47			BROVANA (Use arformoterol tartrate)	14
bosentan TBSO 32 MG	47			BRUKINSA	37
BOSULIF CAPS	37			BRUKINSA PO 160 MG	37

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

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

CASODEX (Use bicalutamide)35	CELEBREX 200 MG (Use celecoxib) 6	MCG/15ML-6 MCG/15ML 140
CAVHANZA TBDP PO 60 MG, 80 MG 37	CELEBREX 400 MG (Use celecoxib) 6	CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG 140
CAYA DPRH89	CELEBREX 50 MG (Use celecoxib) 6	CENTRUM CARDIO TABS140
CAYSTON33	celecoxib 100 MG6	CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML 142
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CEFACLOR ER TB1248	celecoxib 400 MG6	CENTRUM MENOPAUSE HOT FLASH TABS 140
cefadroxil CAPS48	celecoxib 50 MG6	CENTRUM MENOPAUSE MIND/MOOD TABS 173
cefadroxil SUSR48	CELEXA TABS (Use citalopram hydrobromide)19	CENTRUM MINIS ADULTS 50+ TABS140
cefdinir CAPS48	CELONTIN (Use methsuximide) ..18	CENTRUM MINIS MEN 50+ TABS
cefdinir SUSR48	CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG ... 139	
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cefixime SUSR48	CENTRAVITES ADULTS TABS ..139	
cefixime TABS48	CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG140	
cefpodoxime proxetil SUSR48		
cefpodoxime proxetil TABS48		
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CELEBRATE MULTI-COMPLETE 45 CAPS 139		
CELEBRATE MULTI-COMPLETE 60 CAPS 139		
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CENTRUM MINIS WOMEN 50+	MG-19 MCG-750 MCG-30 MCG-25	CENTRUM ULTRA WOMENS TABS
TABS140	MCG-72 MG 141	141
CENTRUM MINIS WOMEN IMMUNE	CENTRUM SILVER MEN 50+ TABS	CENTRUM WOMEN TABS 75 MG-2
SUP TABS140	120 MG-30 MCG-300 MCG-1.5 MG-	MG-40 MCG-400 MCG-1000 UNIT-6
CENTRUM SILVER 50+MEN TABS	20 MG-6 MG-100 MCG-10 MG-1.7	MCG-1.1 MG-50 MCG-14 MG-3500
120 MG-6 MG-30 MCG-300 MCG-	MG-300 MCG-600 MCG-1000 UNIT-	UNIT-15 MG-18 MG-200 MG-1.1
1000 UNIT-100 MCG-1.7 MG-60	27 MG-75 MG-4 MG-50 MCG-80	MG-8 MG-100 MG-80 MG-50 MCG-
MCG-20 MG-30 MCG-3500 UNIT-10	MG-60 MCG-0.5 MG-15 MG-210	150 MCG-35 UNIT-20 MG-0.5 MG-5
MG-210 MG-600 MCG-1.5 MG-15	MG-150 MCG-20 MG-21 MCG-1050	MCG-10 MCG-1.8 MG-18 MCG-10
MG-75 MG-80 MG-72 MG-50 MCG-	MCG-60 MCG-72 MG 141	MCG-32 MCG-72 MG-2 MG, 75 MG-
150 MCG-60 UNIT-20 MG-0.5 MG-5	CENTRUM SILVER TABS 400 UNIT-	40 MCG-400 MCG-1.1 MG-14 MG-2
MCG-4 MG-21 MCG-10 MCG-60	60 MG-3 MG-30 MCG-400 MCG-25	MG-15 MG-1.1 MG-25 MCG-15.8
MCG-72 MG-2 MG, 120 MG-6 MG-	MCG-1.7 MG-10 MCG-20 MG-250	MG-18 MG-100 MG-1.8 MG-50
30 MCG-300 MCG-1000 UNIT-100	MCG-3500 UNIT-10 MG-300 MCG-	MCG-80 MG-32 MCG-0.5 MG-8 MG-
MCG-1.7 MG-60 MCG-20 MG-300	1.5 MG-15 MG-2 MG-45 UNIT-100	200 MG-150 MCG-20 MG-18 MCG-
MCG-1050 MCG-10 MG-600 MCG-	MG-80 MG-150 MCG-200 MG-75	1050 MCG-50 MCG-6 MCG-72 MG
1.5 MG-15 MG-75 MG-80 MG-210	MCG-150 MCG-48 MG-5 MCG-2	142
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MG-0.5 MG-4 MG-21 MCG-60 MCG-	MG-2 MG, 60 MG-3 MG-30 MCG-	MG-30 MCG-500 MCG-500 UNIT-25
72 MG140	400 MCG-500 UNIT-25 MCG-1.7	MCG-1.7 MG-30 MCG-20 MG-250
CENTRUM SILVER 50+WOMEN	MG-30 MCG-20 MG-2500 UNIT-10	MCG-2500 UNIT-10 MG-300 MCG-
TABS 100 MG-5 MG-30 MCG-400	MG-1.5 MG-11 MG-150 MCG-50	1.5 MG-11 MG-150 MCG-50 MG-80
MCG-1000 UNIT-50 MCG-1.1 MG-50	MG-80 MG-220 MG-45 MCG-150	MG-2 MG-220 MG-45 MCG-150
MCG-14 MG-300 MCG-3500 UNIT-5	MCG-50 UNIT-20 MG-0.5 MG-5	MCG-50 UNIT-110 MG-0.9 MG-5
MG-8 MG-300 MG-1.1 MG-15 MG-	MCG-2.3 MG-55 MCG-10 MCG-45	MCG-2.3 MG-55 MCG-10 MCG-45
100 MG-80 MG-50 MCG-150 MCG-	MCG-72 MG-2 MG 141	MCG-72 MG 142
35 UNIT-20 MG-0.5 MG-5 MCG-2.3	CENTRUM SILVER ULTRA	CENTURY TABS 90 MG-2 MG-30
MG-22 MCG-10 MCG-52 MCG-72	WOMENS TABS141	MCG-500 MCG-400 UNIT-6 MCG-
MG-2 MG 140	CENTRUM SILVER WOMEN 50+	1.7 MG-25 MCG-20 MG-250 MCG-
CENTRUM SILVER ADULT 50+	TABS 100 MG-30 MCG-400 MCG-	3500 UNIT-10 MG-18 MG-300 MCG-
TABS 60 MG-3 MG-30 MCG-400	1.1 MG-14 MG-5 MG-5 MG-1.1 MG-	1.5 MG-11 MG-150 MCG-100 MG-2
MCG-500 UNIT-25 MCG-1.7 MG-30	300 MCG-25 MCG-15.8 MG-8 MG-	MG-200 MG-80 MG-45 MCG-150
MCG-20 MG-250 MCG-2500 UNIT-	100 MG-2.3 MG-50 MCG-80 MG-52	MCG-30 UNIT-109 MG-0.9 MG-5
10 MG-220 MG-300 MCG-1.5 MG-11	MCG-0.5 MG-15 MG-300 MG-150	MCG-10 MCG-2.3 MG-55 MCG-10
MG-50 UNIT-50 MG-150 MCG-80	MCG-20 MG-22 MCG-1050 MCG-50	MCG-35 MCG-72 MG 142
MG-45 MCG-150 MCG-20 MG-0.5	MCG-50 MCG-72 MG 141	CENVITE LIQD142
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30 MCG-400 MCG-1.5 MG-20 MG-3	CENTRUM SPECIALIST IMMUNE	cephalexin SUSR 48
MG-10 MG-1.7 MG-250 MCG-300	TABS141	CEQUA SOLN185
MCG-25 MCG-22.5 MG-50 MG-2.3	CENTRUM SPECIALIST VISION	
MG-45 MCG-80 MG-50 MCG-0.5		

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CLEVER CHEK AUTO-CODE		clobetasol propionate OINT 0.05 %

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clobetasol propionate SHAM	57	COARTEM	33	COMFORT EZ INSULIN SYRINGE	123
clobetasol propionate SOLN 0.05 %	57	COBENFY CAPS	42	COMFORT TOUCH LANCETS 31G	95
CLOBEX SHAM (Use clobetasol propionate)	57	COBENFY STARTER PACK CPPK	42	COMFORT TOUCH PLUS LANCETS 30G	95
CLOBEX SPRAY LIQD (Use clobetasol propionate)	57	codeine sulfate TABS 30 MG	8	COMIRNATY SUSY	196
clocortolone pivalate	57	CODEINE SULFATE TABS	8	COMPACT SPACE CHAMBER DEVI	127
clomipramine hcl	21	colchicine CAPS	79	COMPACT SPACE CHAMBER/LG MASK DEVI	126
clonazepam TABS	16	colchicine TABS	79	COMPACT SPACE CHAMBER/MED MASK DEVI	126
clonazepam TBDP	16	colchicine w/ probenecid	79	COMPACT SPACE CHAMBER/SM MASK DEVI	127
clonidine hcl (adhd) TB12	2	colesevelam hcl PACK	29	COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30	
clonidine hcl TABS	31	colesevelam hcl TABS	29	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	
clonidine PTWK	31	COLESTID GRAN (Use colestipol hcl)	29	MCG-75 MCG-150 MCG-120 MCG-20 MCG	143
clopidogrel bisulfate	81	COLESTID TABS (Use colestipol hcl)	29	COMPETE TABS 90 MG-20.6 MG-0.4 MG-9 MCG-2.6 MG-30 MG-5000	
clorazepate dipotassium TABS	11	colestipol hcl GRAN	29	UNIT-2 MG-400 UNIT-45 UNIT-27	
clotrimazole (topical) CREA	54	colestipol hcl PACK	29	MG-22.5 MG	143
clotrimazole (topical) SOLN	54	colestipol hcl TABS	29	COMPLETE	
clotrimazole vaginal CREA 1 %	197	COLLAVERA GEL 2 %	60	MULTIVITAMIN/MINERAL LIQD 60	
clotrimazole vaginal CREA 2 %	197	COMBIGAN (Use brimonidine tartrate-timolol maleate)	183	MG/15ML-300 MCG/15ML-1.5	
clotrimazole w/ betamethasone CREA	54	COMBIPATCH PTTW	76	MG/15ML-2 MG/15ML-1000	
clotrimazole w/ betamethasone LOTN	54	COMBIVENT RESPIMAT AERS	14	UNIT/15ML-6 MCG/15ML-1300	
clozapine TABS	41	COMETRIQ (100 MG DAILY DOSE) KIT	37	UNIT/15ML-10 MG/15ML-1.7	
clozapine TBDP	41	COMETRIQ (140 MG DAILY DOSE) KIT	37	MG/15ML-20 MG/15ML-9 MG/15ML-3	
CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	41	COMETRIQ (60 MG DAILY DOSE) KIT	37	MG/15ML-25 MCG/15ML-150	
CO MONITOR DEVI	126	COMFORT ASSURED LANCETS 28G	95	MCG/15ML-30 UNIT/15ML-2	
COAGADEX	80	COMFORT ASSURED LANCETS		MG/15ML-25 MCG/15ML	143
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				COMPLETENATE CHEW	176

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CONCEPT DHA	176	COPIKTRA	37	COREVIA TABS	143
CONCEPT OB	176	COPPERTONE BABY PURE & SIMPLE LOTN	62	CORIFACT	80
CONCERTA TBCR (Use methylphenidate hcl)	2	COPPERTONE COMPLETE SPF30 LOTN	62	CORLANOR SOLN	48
CONEXXENCE SOSY SC 60 MG/ML	74	COPPERTONE GLOW PROTECT & TAN LOTN	62	CORLANOR TABS (Use ivabradine hcl)	48
CONTOUR CONTROL LIQD	96	COPPERTONE GLOW SHIMMER SPF15 LOTN	62	CORTISONE ACETATE TABS	50
CONTOUR MONITOR DEVI	96	COPPERTONE GLOW SHIMMER SPF30 LOTN	62	COSENTYX (300 MG DOSE) SOSY .	55
CONTOUR NEXT CONTROL SOLN .	96	COPPERTONE GLOW SHIMMER SPF50 LOTN	62	COSENTYX SENSOREADY (300 MG) SOAJ	55
CONTOUR NEXT EZ KIT	96	COPPERTONE KIDS PURE & SIMPLE LOTN	62	COSENTYX SENSOREADY PEN SOAJ	55
CONTOUR NEXT GEN MONITOR KIT	96	COPPERTONE LIMITED EDITION LOTN	62	COSENTYX SOLN	55
CONTOUR NEXT LINK KIT	96	COPPERTONE OIL FREE FACE SPF30 LOTN	62	COSENTYX SOSY 150 MG/ML ...	55
CONTOUR NEXT MONITOR KIT .	96	COPPERTONE OIL FREE FACE SPF50 LOTN	62	COSENTYX SOSY 75 MG/0.5ML .	55
CONTOUR NEXT ONE KIT	96	COPPERTONE PURE & SIMPLE FACE LOTN	62	COSENTYX UNOREADY SOAJ ..	55
CONTOUR NEXT TEST STRP	65	COPPERTONE SPORT 4-IN-1 SPF15 LOTN	62	COSOPT (Use dorzolamide hcl- timolol maleate)	183
CONTOUR PLUS BLUE KIT	96	COPPERTONE SPORT CLEAR LOTN	62	COSOPT PF (Use dorzolamide hcl- timolol maleate)	183
CONTOUR PLUS CONTROL SOLUTION LIQD	96	COPPERTONE TANNING SPF 8 LOTN	62	COTELLIC	37
CONTOUR PLUS TEST STRP	65	COPPERTONE TANNING SPF15 LOTN	62	COTEMPLA XR-ODT TBED	2
CONTOUR TEST STRP	65	COPPERTONE ULTRAGUARD SPF70+ LOTN	62	COVRSITE COVER DRESSING PADS	87
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COPA ISLAND BORDERED FOAM PADS	87			COZAAR (Use losartan potassium)	31
COPA PLUS HYDROPHILIC FOAM PADS	87			CREON CPEP	73
COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	190			CRESTOR TABS 10 MG (Use rosuvastatin calcium)	29
COPAXONE SOSY 40 MG/ML (Use					

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		cyclosporine CAPS 132

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CYLTEZO (2 SYRINGE) PSKT	5	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	134	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	21
CYMBALTA CPEP 20 MG (Use duloxetine hcl)	20	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	173	dapagliflozin TABS PO 5 MG, 10 MG	26
cyproheptadine hcl SYRP	28	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	173	dapagliflozin-saxagliptin	21
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				DAYAVITE TABS	146
				DAYBUE	182
				DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	182
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				deflazacort TABS	50
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DELSTRIGO	43			desvenlafaxine succinate	20
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DEPAKOTE ER TB24 (Use divalproex sodium)	19	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	57	dexamethasone ELIX	50
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	19	DERMAVITE TABS	146	DEXAMETHASONE INTENSOL CONC	50
DEPAKOTE TBEC (Use divalproex sodium)	19	DESCOVY	43	dexamethasone sodium phosphate (ophth)	185
DEPEN TITRATABS TABS (Use penicillamine)	132	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	21	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	50
DEPLIN MA CAPS	146	desipramine hcl TABS 25 MG	21	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..	50
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DEPO-SUBQ PROVERA 104 SUSY SC	50	desloratadine TABS	28	dexamethasone SOLN	50
DERMACEA DRAIN SPONGES PADS	87	desloratadine TBDP	28	dexamethasone TABS	50
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DERMACINRX RIBOTIN-E TABS 146		desonide LOTN	57	DEXILANT (Use dexlansoprazole) 194	
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		desoximetasone GEL	57	dexmethylphenidate hcl TABS	2
		desoximetasone LIQD	57	DEXTENZA INST	185
		desoximetasone OINT	57		
		DESTRESS-IRON TABS	134		

dextran 70-hypromellose 0.3 %-0.1 %	183	MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-45 MCG-5 MCG-150 MCG-10 MCG-220 MG-80 MG-2 MG-150 MCG-50 UNIT-110 MG-35 MCG-2.3 MG-200 MCG-72 MG-12 MG	146	DICLEGIS TBEC (Use doxylamine-pyridoxine)	27
dextroamphetamine sulfate CP24 ...	1			diclofenac epolamine PTCH EX ...	54
dextroamphetamine sulfate SOLN ..	1			diclofenac potassium TABS 50 MG .	6
dextroamphetamine sulfate TABS ..	1			diclofenac sodium (actinic keratoses) EX	54
dextromethorphan polistirex SUER 51		DIACOMIT CAPS	16	diclofenac sodium (ophth)	186
dextromethorphan-doxylamine-acetaminophen LIQD	51	DIACOMIT PACK	16	diclofenac sodium (topical) GEL EX	54
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	51	DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG	146	diclofenac sodium (topical) SOLN EX 1.5 %	54
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	51	DIALYVITE SUPREME D TABS .	147	diclofenac sodium (topical) SOLN EX 2 %	54
dextromethorphan-guaifenesin TABS 400 MG-20 MG	51	diaper rash products OINT	58	diclofenac sodium TB24	6
dextromethorphan-guaifenesin TB12 600 MG-30 MG	51	DIATROL TABS	147	diclofenac sodium TBEC	6
dextromethorphan-phenylephrine-acetaminophen CAPS	51	DIATRUE CONTROL LEVEL 1 SOLN	97	diclofenac w/ misoprostol TBEC	6
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EMBRACE EVO GLUCOSE MONITOR DEVI	100	EMEND SOLR (Use fosaprepitant dimeglumine)	27	enoxaparin sodium SOLN IJ 300 MG/3ML	15
EMBRACE EVO GLUCOSE MONITORING KIT	100	EMEND SUSR	27	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	15
EMBRACE GLUCOSE CONTROL LIQD	100	EMEND TRIPACK CPPK PO (Use aprepitant)	27	enoxaparin sodium SOSY 30 MG/0.3ML	15
EMBRACE LANCETS ULTRA THIN 30G	100	EMFLAZA SUSP (Use deflazacort) 50		enoxaparin sodium SOSY 40 MG/0.4ML	15
EMBRACE LANCING DEVICE/EJECTOR MISC	100	EMFLAZA TABS (Use deflazacort) 50		enoxaparin sodium SOSY 60 MG/0.6ML	15
EMBRACE PRESSURE ACTIVATED 21G	100	EMGALITY (300 MG DOSE) SOSY 129		enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	15
EMBRACE PRESSURE ACTIVATED 28G	101	EMGALITY SOAJ	129	ENSACOVE CAPS PO 25 MG, 100 MG	37
EMBRACE PRO GLUCOSE CONTROL LIQD	101	EMGALITY SOSY	129	ENSPRYNG	132
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EMBRACE TALK BLOOD GLUCOSE DEVI	101	emtricitabine CAPS	43	entecavir TABS	44
EMBRACE TALK GLUCOSE CONTROL SOLN	101	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	43	ENTRESTO CPSP	47
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ergocalciferol SOLN PO 200 MCG/ML	198	esomeprazole magnesium PACK 194		ethynodiol diacet & eth estrad	49
ergoloid mesylates TABS	192	ESPEROCT	80	etodolac CAPS	6
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ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	86	estradiol & norethindrone acetate TABS	76	etoposide CAPS	39
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	86	estradiol PTTW	76	etravirine 100 MG	43
erythromycin (acne aid) GEL	53	estradiol PTWK	76	etravirine 200 MG	43
erythromycin (acne aid) PADS	53	estradiol TABS	76	EUCERIN INTENSIVE REPAIR OINT	59
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erythromycin base TABS	87	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25		EVEKEO TABS (Use amphetamine sulfate)	1
erythromycin base TBEC	87			EVENTY	74
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erythromycin ethylsuccinate TABS 87				everolimus (immunosuppressant) 132	
ERZOFRI	40			everolimus TABS	37
ESCITALOPRAM OXALATE CAPS				everolimus TBSO	37
				EVERSENSE 365 SENSOR/HOLDER	101
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EVKEEZA 1200 MG/8ML29	32"/9MM MISC101	FANAPT TITRATION PACK B40
EVKEEZA 345 MG/2.3ML29	EXTENDED INFUSION SET	FANAPT TITRATION PACK C40
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GUARDIAN SENSOR 3	106	HALOBETASOL PROPIONATE	MG-50 MG	173
GVOKE HYPOPEN 1-PACK SOAJ		LOTN 0.05 %	H-E-B INCONTROL ADV LANCING	
22		halobetasol propionate OINT	MISC	106
GVOKE HYPOPEN 2-PACK SOAJ		HALOG CREA (Use halcinonide) ..	H-E-B INCONTROL LANCETS 28G .	
22		HALOG SOLN 0.1 % (Use	106	
GVOKE KIT SOLN	22	halcinonide)	H-E-B INCONTROL LANCETS 30G .	
GVOKE PFS SOSY 1 MG/0.2ML ..	22	haloperidol decanoate	106	
GYNAZOLE-1	197	haloperidol lactate CONC	H-E-B INCONTROL LANCETS 33G .	
HADLIMA PUSHTOUCH SOAJ	5	haloperidol lactate SOLN	106	
HADLIMA SOSY	5	haloperidol TABS 0.5 MG, 1 MG, 10	HEMANGEOL SOLN PO	46
HAEGARDA SOLR SC	81	MG	HEMATINIC PLUS VIT/MINERALS	
HAIR SKIN & NAILS ADVANCED		haloperidol TABS 2 MG, 5 MG, 20	TABS	84
TABS	151	MG	HEMGENIX	80
HAIR SKIN & NAILS TABS	151	HARVONI PACK	HEMLIBRA	80
HAIR SKIN AND NAILS FORMULA		HARVONI TABS	HEMOFIL M SOLR 250 UNIT, 500	
TABS 30 MG-2.5 MG-2500 MCG-100		HARVONI TABS	UNIT, 1000 UNIT, 1700 UNIT	80
MCG-5 MG-2.5 MG-500 UNIT-4		HAVRIX IM 720 EL U/0.5ML	HEMORRHOIDAL 0.25 %-85.5 %-3	
MCG-2500 UNIT-2.5 MG-5 MG-15		HEAD CARE PROACTIVE HEALTH	%	10
MG-12.5 MG-7.5 MG-5 MG-4 MG-		TABS	HEPAGAM B SOLN IJ	188
130 MG-3.75 MG-1 MG-25 MG-7.5		HEALTHPRO BLOOD GLUCOSE	heparin sodium (porcine) SOLN IJ	
UNIT-64 MG-15 MG-5 MG-50 MG-		MONITO KIT	1000 UNIT/ML, 5000 UNIT/0.5ML,	
1.5 MG-25 MG	151	HEALTHWISE INSULIN	5000 UNIT/ML, 10000 UNIT/ML,	
HAIR SKIN NAILS CAPS 30 MG-		SYR/NEEDLE	20000 UNIT/ML	15
1.667 MG-1666.667 MCG-10 UNIT-		HEALTHY EYES SUPERVISION 2	HEPLISAV-B SOSY	196
133.333 MCG-666.667 UNIT-2.667		CAPS	HERNEXEOS TABS PO 60 MG ...	34
MCG-1666.667 UNIT-1.667 MG-		HEALTHY EYES TABS 200 MG-2	HETLIOZ CAPS (Use tasimelteon)	
8.333 MG-5 MG-3.333 MG-1.667		MG-40 MG-2 MG-1000 UNIT-60	85	
MG-2.5 MG-10 MG-0.333 MG-10		UNIT-55 MCG	HETLIOZ LQ SUSP	85
MG-1 MG-20 MG-8.333 MG-4.167		HEALTHY EYES/LUTEIN-	HIBERIX SOLR IJ	195
MCG	151	ZEAXANTHIN CAPS 60 MG-13.5	HIGH POTENCY MULTIVIT/FA	
HAIR/SKIN/NAILS CAPS	151	MG-6 MG-15 MG	TABS	151
HAIR/SKIN/NAILS TABS	151	HEALTHY HAIR/SKIN/NAILS TABS	HIGH POTENCY MULTIVITAMIN	
halcinonide CREA	57	2 MG-2000 MCG-400 MCG-25 MG-	TABS	173
halcinonide SOLN 0.1 %	57	100 MG-25 MCG-1.7 MG-10 MG-40	HI-KOVITE 2-PART FORMULA	
halobetasol propionate CREA	57	MG-1.5 MG-50 MG-2500 UNIT-50	TABS 400 UNIT-200 MG-10 MG-30	
halobetasol propionate FOAM	58			

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 ..	152	HUMIRA (2 PEN) AJKT	5	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	9
HIZENTRA SOLN	188	HUMIRA (2 SYRINGE) PSKT	5	hydrocodone-acetaminophen TABS 325 MG-10 MG	9
HIZENTRA SOSY	188	HUMIRA-CD/UC/HS STARTER AJKT	5	hydrocodone-acetaminophen TABS 325 MG-5 MG	9
HM ADHESIVE ANTIBACTERIAL PADS	88	HUMULIN 70/30 KWIKPEN SUPN	24	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	9
HM COMPLETE MEN TABS	152	HUMULIN 70/30 SUSP	24	hydrocortisone (intrarectal)	10
HM EMBRACE TALK SYSTEM KIT 106		HUMULIN N KWIKPEN SUPN	24	hydrocortisone (rectal) EX	11
HM STERILE PADS PADS	88	HUMULIN N SUSP	24	hydrocortisone (topical) CREA	58
HM ULTICARE INSULIN SYRINGE ..	124	HUMULIN R SOLN IJ	24	hydrocortisone (topical) LOTN 1 %	58
HORIZANT	192	HUMULIN R U-500 KWIKPEN SOPN SC	24	hydrocortisone (topical) LOTN 2.5 %	58
HULIO (2 PEN) AJKT	5	HW EMBRACE PRO GLUCOSE METER DEVI	107	hydrocortisone (topical) OINT	58
HULIO (2 SYRINGE) PSKT	5	HW EMBRACE PRO GLUCOSE TEST STRP	69	hydrocortisone acetate (topical) OINT	58
HUMALOG JUNIOR KWIKPEN SOPN	24	HW EMBRACE TALK BLOOD GLUCOSE DEVI	107	HYDROCORTISONE ACETATE CREA	58
HUMALOG KWIKPEN SOPN 100 UNIT/ML	24	HW EMBRACE TALK GLUCOSE TEST STRP	69	hydrocortisone butyrate CREA	58
HUMALOG KWIKPEN SOPN 200 UNIT/ML	24	HYCANTIN CAPS	39	hydrocortisone butyrate OINT	58
HUMALOG MIX 50/50 KWIKPEN SUPN	24	hydralazine hcl TABS	32	hydrocortisone butyrate SOLN	58
HUMALOG MIX 75/25 KWIKPEN SUPN	24	HYDREA (Use hydroxyurea)	39	HYDROCORTISONE COMPLETE KIT THPK	58
HUMALOG MIX 75/25 SUSP	24	hydrochlorothiazide CAPS	74	HYDROCORTISONE GEL 2 %	58
HUMALOG SOCT	24	hydrochlorothiazide TABS	74	hydrocortisone TABS	50
HUMALOG SOLN IJ	24	hydrocodone bitartrate CP12	8	hydrocortisone vaginal	197
HUMALOG TEMPO PEN SOPN ..	24	hydrocodone bitartrate T24A	8	hydrocortisone valerate CREA	58
HUMATE-P SOLR	80	hydrocodone bitartrate-homatropine methylbromide SOLN	51	hydrocortisone valerate OINT	58
HUMATROPE CART IJ	75	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydrocortisone w/acetic acid	187
				HYDROMORPHONE HCL SUPP ..	8
				hydromorphone hcl TABS	8

hydromorphone hcl TB24	8	HYRNUO TABS PO 10 MG	37	0.075 MG-0.38 MG-25 MG-21.15
hydroxychloroquine sulfate 200 MG		HYSINGLA ER T24A 20 MG, 30 MG,		MG-0.9 MG-18.75 MCG-30 MCG-
33		40 MG, 60 MG, 80 MG, 100 MG	8	37.5 MCG-107.5 UNIT-35 MG-0.5
hydroxyurea	39	HYVITE TABS	152	MG-10 MCG
hydroxyzine hcl SOLN 25 MG/ML, 50		HYZAAR (Use losartan potassium &		icatibant acetate SOSY
MG/ML	11	hydrochlorothiazide)	32	ICLUSIG
hydroxyzine hcl SYRP	11	ibandronate sodium SOLN	74	icosapent ethyl
hydroxyzine hcl TABS	11	ibandronate sodium TABS	74	ICOTYDE TABS PO 200 MG
hydroxyzine pamoate CAPS	11	IBRANCE CAPS 100 MG, 125 MG		IDACIO-CROHNS/UC STARTER
HYLAZINC TABS	152	37		AJKT
HYMPAVZI	80	IBRANCE TABS	37	IDELVION
hyoscyamine sulfate ELIX	193	IBSRELA	78	IDHIFA
hyoscyamine sulfate SOLN PO 0.125		IBTROZI CAPS PO 200 MG	37	IDOSE TR IMPL
MG/ML	193	ibuprofen CAPS	6	IDVYNZO TABS PO
hyoscyamine sulfate TB12 0.375 MG		ibuprofen CHEW	6	IHEALTH BLOOD GLUCOSE TEST
193		ibuprofen SUSP 50 MG/1.25ML, 100		STR STRP
hyoscyamine sulfate TBDP 0.125 MG		MG/5ML, 200 MG/10ML	6	IHEALTH CONTROL SOLUTION
.....	194	ibuprofen TABS 200 MG, 300 MG,		LIQD
HYPERHEP B SOLN IM	188	400 MG, 600 MG	6	IHEALTH GLUCO+ KIT 10 KIT ...
HYPERHEP B SOSY 110		ibuprofen TABS 800 MG	6	ILARIS SOLN
UNIT/0.5ML	188	ibuprofen-acetaminophen TABS	6	ILET CONTACT DETACH 23" 6MM
HYPERRAB SOLN	188	ibuprofen-famotidine	6	MISC
HYPOLANCE AST LANCING KIT		ICAPS AREDS FORMULA TABS		ILET INFUSION-FLEX 23" 6MM
107		152		MISC
HYQVIA	188	ICAPS CAPS 226 MG-34.8 MG-0.8		ILET INFUSION-INSET 23" 6MM
HYRIMOZ SOAJ 40 MG/0.4ML	5	MG-14320 UNIT-200 MG	152	MISC
HYRIMOZ SOSY	5	ICAPS LUTEIN & OMEGA-3 CAPS		ILET INFUSION-INSET 32" 6MM
HYRIMOZ-CROHNS/UC STARTER		240 MCG-1.2 MG-16 MG-1.3 MG-2.4		MISC
SOAJ	5	MCG-1.3 MG-10 MG-600 MCG-45		ILET INSULIN PUMP DEVI
HYRIMOZ-PED>=40KG CROHN		MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7		ILET STARTER - CONTACT
START SOSY	5	MG-1 MG-34 MCG-280 MG	152	DETACH MISC
HYRIMOZ-PLAQ PSOR/UVEIT		ICAPS MV TABS 128 MG-7.5 MCG-		ILET STARTER KIT - INSET 23"
START SOAJ	5	100 MCG-0.5 MG-100 UNIT-1.5		MISC
		MCG-2.5 MG-6.25 MCG-2.5 MG-		ILET STARTER KIT - INSET 32"
		1.67 MG-2.5 MG-0.83 MG-83.25 MG-		

MISC	107	IN-CHECK DIAL FLOW TRAINER DEVI	127	INSPIREASE MISC	127
ILEVRO	186	IN-CHECK INSPIRATORY FLOW MTR DEVI	127	INSPIREASE RESERVOIR BAGS 127	
ILUMYA	55	INCRUSE ELLIPTA 62.5 MCG/ACT (Use umeclidinium bromide)	13	INSULIN ASPART FLEXPEN SOPN . 24	
ILUVIEN	185	indapamide TABS 1.25 MG, 2.5 MG . 74		INSULIN ASPART SOLN IJ	24
imatinib mesylate TABS	37	INDERAL LA CP24 (Use propranolol hcl)	46	INSULIN DEGLUDEC FLEXTOUCH SOPN	24
IMBRUVICA CAPS	37	INDERAL XL	46	INSULIN DEGLUDEC SOLN	24
IMBRUVICA SUSP	37	indomethacin CAPS 25 MG, 50 MG 6		INSULIN GLARGINE MAX SOLOSTAR SOPN	24
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	37	indomethacin CPCR	6	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	24
imipramine hcl TABS	21	indomethacin SUPP	6	INSULIN GLARGINE-YFGN SOLN 24	
imipramine pamoate	21	indomethacin SUSP	6	INSULIN GLARGINE-YFGN SOPN 24	
imiquimod 5 %	59	INFANRIX	193	INSULIN LISPRO (1 UNIT DIAL) SOPN	24
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	130	INFINITY BLOOD GLUCOSE SYSTEM KIT	107	INSULIN LISPRO JUNIOR KWIKPEN SOPN	24
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	130	INFINITY BLOOD GLUCOSE TEST STRP	70	INSULIN LISPRO PROT & LISPRO SUPN	25
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	130	INFINITY CONTROL SOLN	107	INSULIN LISPRO SOLN IJ	25
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	130	INFLECTRA SOLR	78	INSULIN SYRINGE	124
IMITREX TABS 25 MG (Use sumatriptan succinate)	130	INFLIXIMAB	78	INSULIN SYRINGE-NEEDLE U-100 124	
IMITREX TABS 50 MG, 100 MG (Use sumatriptan succinate)	130	INGREZZA CAPS	190	INTELENCE 25 MG	43
IMKELDI SOLN	37	INGREZZA CPPK	190	INTUNIV (Use guanfacine hcl (adhd))	2
IMMUNE 24 HOUR+ CAPS	152	INGREZZA CPSP	190	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	41
IMMUNE ESSENTIALS DAILY CAPS	152	INLURIYO TABS PO 200 MG	35	INVEGA HAFYERA 1092 MG/3.5ML . 41	
IMULDOSA SOLN IV 130 MG/26ML . 78		INLYTA	34	INVEGA HAFYERA 1560 MG/5ML	
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	55	INNOPRAN XL	46		
INBRIJA CAPS	40	INPEFA	47		
		INQOVI	37		
		INREBIC	37		

41	isosorbide mononitrate TABS11	phosphate-metformin hcl)21
INVEGA SUSTENNA41	isosorbide mononitrate TB2411	JANUMET XR TB24 1000 MG-100
INVEGA TRINZA 273 MG/0.88ML 41	isotretinoin 10 MG, 20 MG, 40 MG 53	MG, 1000 MG-50 MG, 500 MG-50
INVEGA TRINZA 410 MG/1.32ML 41	isradipine CAPS46	MG (Use sitagliptin phosphate-
INVEGA TRINZA 546 MG/1.75ML 41	ISTALOL SOLN (Use timolol maleate	JANUVIA 25 MG, 50 MG, 100 MG
INVEGA TRINZA 819 MG/2.63ML 41	(ophth))183	(Use sitagliptin phosphate)22
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INVOKAMET TABS21	ITOVEBI37	JATENZO CAPS10
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ipratropium bromide hfa 17	I-VITE TABS 200 MG-2 MG-40 MG-2	JENTADUETO TABS21
MCG/ACT13	MG-1000 UNIT-60 UNIT-55 MCG	JENTADUETO XR TB2421
ipratropium bromide SOLN 0.02 % 13	152	JIDEYTRO TABS PO 25 MG, 100
ipratropium-albuterol SOLN14	I-VITE W/LUTEIN TABS152	MG38
IQIRVO78	IWILFIN39	JIVI80
irbesartan31	IXINITY SOLR 500 UNIT, 1000	JOENJA132
irbesartan-hydrochlorothiazide32	UNIT, 1500 UNIT, 3000 UNIT80	JOINT HEALTH & BONE
IRESSA (Use gefitinib)34	IYUZEH SOLN187	STRENGTH TABS152
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ISENTRESS PACK43	J & J GAUZE SPONGES 8-PLY	JUXTAPID 2 MG, 5 MG, 10 MG, 20
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KALYDECO TABS	192	KIMONO COLORS DEVI	89	KOMZIFTI CAPS PO 200 MG	36
KAMELEON LUBRICATED MISC	89	KIMONO MAXX-LARGE FLARE MISC	89	KONSYL DAILY FIBER PACK 100 %	85
KAPSPARGO SPRINKLE CS24 ...	45	KIMONO MICRO THIN PLUS MISC . 89		KONVOMEF SUSR	195
KATERZIA	46	KIMONO MISC	89	KOSELUGO	38
KCENTRA	80	KIMONO PLUS MISC	89	KOSELUGO PO 5 MG, 7.5 MG ...	38
KEDRAB SOLN	188	KIMONO PS MISC	89	KOVALTRY	80
KENDALL HYDROPHILIC FOAM DRESS PADS	88	KIMONO PS PLUS MISC	89	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	152
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KETONE TEST STRP	70	KISQALI (200 MG DOSE)	38		
ketoprofen CAPS 50 MG, 75 MG ...	6	KISQALI (400 MG DOSE)	38		
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ketorolac tromethamine (ophth) .	186	KISUNLA	189		
ketorolac tromethamine TABS	6	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	3		
KETOSTIX STRP	70	KLONOPIN TABS (Use clonazepam)	16		
ketotifen fumarate (ophth) 0.035 % 186		KLOXXADO LIQD	26		
KEVZARA SOAJ	6	KOATE SOLR	80		
KEVZARA SOSY	6	KOATE-DVI SOLR 1000 UNIT	80		
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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 153	MG-4 MG-180 MCG-20 MCG-120 MG153	lactulose SOLN 86
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	SIMLANDI (2 SYRINGE) PSKT5	

SKYLA	50	sodium chloride (gu irrigant) 0.9 %	79	SOGROYA	75
SKYRIZI PEN SOAJ	55	sodium chloride (inhalant) NEBU 0.9 % , 3 % , 10 %	52	solifenacin succinate TABS	195
SKYRIZI SOCT	78	SODIUM CHLORIDE SOLN IJ 0.9 %	131	SOLQUA	22
SKYRIZI SOLN	78	sodium chloride SOLN IV 0.9 % ..	131	SOLO TABS	166
SKYRIZI SOSY	55	sodium citrate & citric acid	79	SOLTAMOX SOLN	36
SKYTROFA	75	sodium fluoride (dental) CREA ...	133	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	116
SLYND	50	sodium fluoride (dental) GEL	133	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	116
SM ADHESIVE PADS 2"X3" PADS 89		sodium fluoride (dental) SOLN 0.2 %	133	SOLUS V2 CONTROL SOLN	116
SM IPECAC SYRUP	26	sodium fluoride (dental) SOLN 0.2 %	133	SOLUS V2 LANCETS 28G	116
SM PRENATAL VITAMINS TABS 178		sodium fluoride CHEW	131	SOLUS V2 LANCING DEVICE MISC 116	
SM STERILE PADS	89	sodium fluoride SOLN 0.5 MG/ML	131	SOLUS V2 TEST STRP	72
SMART DIABETES VANTAGE LANCING MISC	115	SODIUM FLUORIDE SOLN 0.5 MG/ML	131	SOLUS V2 TWIST LANCETS 30G 116	
SMARTEST BLOOD GLUCOSE TEST STRP	72	sodium hypochlorite SOLN EX	43	SOMA TABS (Use carisoprodol) .	179
SMARTEST CONTROL MEDIUM SOLN	115	sodium oxybate SOLN	189	SOMAVERT	75
SMARTEST EJECT DEVI	116	sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML	86	sorafenib tosylate	38
SMARTEST EJECT STARTER KIT 115		sodium polystyrene sulfonate POWD	132	SORBITOL PO 70 %	86
SMARTEST LANCETS 28G	116	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	132	SORILUX FOAM	55
SMARTEST PERSONA STARTER KIT	116	sodium sulfate-potassium sulfate-magnesium sulfate	86	sotalol hcl (afib/afl)	46
SMARTEST PRONTO STARTER KIT	116	sodium tetradecyl sulfate	133	sotalol hcl TABS	46
SMARTEST PROTEGE DEVI	116	SOFOSBUVIR-VELPATASVIR TABS	45	SOTYKTU	55
SMARTEST PROTEGE STARTER KIT	116	SOF-WICK PADS	89	SOTYLIZE SOLN PO	46
SOAAZ TABS 20 MG	74			SOVALDI PACK	45
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	11			SOVALDI TABS	45
				SOVUNA 200 MG	33
				SPECTRAVITE TABS	166
				SPEVIGO SOLN	55
				SPEVIGO SOSY	55

SPIKEVAX SUSY	196	STERILE GAUZE PADS	89	MG-30 MG-20 MG-15 UNIT	166
spinosad	62	STERILE PADS	89	STRESSTABS ENERGY TABS ..	175
SPINRAZA	182	STIMUFEND	83	STRIBILD	44
SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	13	STIOLTO RESPIMAT	14	STRIVERDI RESPIMAT	14
SPIRIVA RESPIMAT AERS IN	13	STIVARGA	38	STROVITE ONE TABS	166
SPIRO PD DEVI	129	STOBOCLO SOSY SC 60 MG/ML	75	SUBLOCADE SOSY	10
spironolactone & hydrochlorothiazide	74	STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	62	SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	10
spironolactone TABS	74	STRATTERA (Use atomoxetine hcl) . 2		SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	10
SPORT SUNSCREEN SPF50 LOTN 62		STRENSIQ	76	SUBVENITE SUSP PO 10 MG/ML 17	
SPRAVATO (56 MG DOSE)	19	STRESS B COMPLEX/ANTIOXID/ZINC TABS 500 MG-45 MCG-400 MCG-10 MG- 100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG 166		sucralfate SUSP	194
SPRAVATO (84 MG DOSE)	19	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	135	sucralfate TABS	194
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use levetiracetam)	17	STRESS FORMULA TABS 500 MG- 3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG- 30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	174	SUDAFED CHILDRENS LIQD ...	179
SPRITAM TB3D	17			SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	46
SPRYCEL (Use dasatinib)	38			sulfacetamide sodium (acne)	53
SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) ...	53			sulfacetamide sodium (ophth) OINT 184	
SSS 10-5 FOAM 10 %-5 %	53			sulfacetamide sodium (ophth) SOLN . 184	
STARJEMZA SOLN IV 130 MG/26ML	78			sulfacetamide sodium GEL	56
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	55			sulfacetamide sodium LIQD	56
STEGLATRO	26	STRESS FORMULA/IRON TABS 135		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	53
STEGLUJAN	22	STRESS FORMULA/IRON/ENERGY TABS	135	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	53
STELARA 130 MG/26ML	78	STRESS FORMULA/ZINC/ENERGY TABS	174	sulfacetamide sodium w/ sulfur LIQD 53	
STELARA SOSY	55	STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT-1.5 MG-20 MG-1.5		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	53
STEQEYMA	55				
STEQEYMA SC	55				
STERILANCE TL	116				

sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	53	SUNLENCA SOLN	44	MG-0.161 MG-150 MCG-0.125 MG-10000 UNIT	167
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	53	SUNLENCA TABS PO 300 MG ...	44	SUPERIOR MENS MULTI TABS .	167
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	53	SUNLENCA TBPk 300 MG	44	SUPERIOR WOMENS MULTI TABS	167
SULFACETAMIDE SODIUM-SULFUR SUSP	53	SUNOSI	2	SUPPORT LIQD	167
sulfacetamide sod-prednisolone SOLN	186	sunscreens LOTN	62	SUPPORT-500 CAPS	167
sulfamethoxazole-trimethoprim SUSP	32	SUPER ANTIOXIDANT CAPS ...	166	SUPPRELIN LA	75
sulfamethoxazole-trimethoprim TABS	32	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	167	SURE COMFORT INSULIN SYRINGE	124
sulfasalazine TABS	78	SUPER AYTINAL 50 PLUS TABS 120 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-12 MCG-10 MG-1.7 MG-20 MG-275 MCG-9 MG-225 MG-100 MG-15 MG-2 MG-150 MCG-75 MCG-150 MCG-50 UNIT-2 MG-5000 UNIT-80 MCG-70 MCG-120 MCG-25 MG-25 MG	167	SURE COMFORT LANCETS 18G 116	
sulfasalazine TBEC	78	SUPER AYTINAL TABS 90 MG-5 MG-40 MCG-400 MCG-400 UNIT-12 MCG-10 MG-5 MG-30 MG-275 MCG-3500 UNIT-25 MG-300 MCG-5 MG-100 MG-15 MG-3 MG-7.7 MG-150 MCG-50 MCG-162 MG-150 MCG-2 MG-50 MCG-30 UNIT-125 MG-5 MCG-10 MCG-7.5 MG-25 MCG-50 MCG-10 MCG-7 MG	167	SURE COMFORT LANCETS 21G 116	
sulindac TABS	7	SUPER D-ZINC-SELENIUM-COPPER TABS	167	SURE COMFORT LANCETS 23G 116	
SUMADAN	53	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	167	SURE COMFORT LANCETS 28G 117	
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...	53			SURE COMFORT LANCETS 30G 117	
sumatriptan 20 MG/ACT	130			SURE COMFORT LANCING PEN MISC	117
sumatriptan 5 MG/ACT	130			SURGICAL GAUZE SPONGE PADS	89
sumatriptan succinate SOAJ 6 MG/0.5ML	130			SUTENT (Use sunitinib malate) ...	38
sumatriptan succinate SOLN 6 MG/0.5ML	130			SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	14
sumatriptan succinate TABS 25 MG . 130				SYMBRAVO TABS PO	129
sumatriptan succinate TABS 50 MG, 100 MG	130			SYMDEKO	192
sumatriptan-naproxen sodium ...	129			SYMLINPEN 120 SOPN	21
SUMAXIN CP	53			SYMLINPEN 60 SOPN	21
SUMAXIN PADS	53			SYMPAZAN FILM	16
sunitinib malate	38			SYMPROIC	78
				SYM TUZA	44

SYNAGIS SOLN 50 MG/0.5ML .. 188	TAB-A-VITE/IRON TABS 50 MG-1	TANDEM MOBI AUTOSOFT XC KIT
SYNALAR CREA (Use fluocinolone	MG-400 MCG-20 MG-2 MG-10	MISC117
acetonide)58	MCG-1 MCG-2.5 MG-1500 MCG-1	
SYNALAR OINT (Use fluocinolone	MG-15 MG135	TANDEM MOBI AUTOSOFT30
acetonide)58	TAB-A-VITE/IRON/BETA	10PK23" MISC117
SYNAREL75	CAROTENE TABS 135	TANDEM MOBI AUTOSOFT30
SYNJARDY TABS22	TABRECTA38	14PK23" MISC117
SYNJARDY XR TB2422	TACLONEX SUSP (Use	TANDEM MOBI AUTOSOFTXC
SYNOFLEX PTCH61	calcipotriene-betamethasone	10PK23" MISC117
	dipropionate)58	TANDEM MOBI AUTOSOFTXC
SYSTANE ICAPS AREDS2 CAPS	tacrolimus (topical) OINT 0.03 % ..59	10PK5" MISC117
250 MG-5 MG-1 MG-1 MG-12.5 MG-	tacrolimus (topical) OINT 0.1 % ... 59	TANDEM MOBI AUTOSOFTXC
200 UNIT167	tacrolimus CAPS132	14PK23" MISC117
SYSTANE ICAPS AREDS2 TABS	tacrolimus SOLN 5 MG/ML132	TANDEM MOBI AUTOSOFTXC
167	tadalafil (pulmonary hypertension)	14PK5" MISC117
T:FLEX T:LOCK CARTRIDGE 4.8ML	TABS48	TANDEM MOBI SYSTEM STARTER
MISC117	tadalafil 5 MG47	KIT117
T:SLIM X2 3ML CARTRIDGE MISC .	TADLIQ SUSP48	TANDEM MOBI TRUSTEEL
117	TAFINLAR CAPS38	10PK23" MISC117
T:SLIM X2 BASAL-IQ PUMP DEVI	TAFINLAR TBSO38	TANDEM T:SLIM ASFT 30 PK10 23"
117	tafluprost187	MISC117
T:SLIM X2 CONTROL-IQ 7.7 PUMP	TAGRISSO34	TANDEM T:SLIM ASFT 30 PK14 23"
DEVI117	TAI DOC CONTROL SOLN117	MISC117
T:SLIM X2 CONTROL-IQ 7.8 PUMP	TAKHZYRO SOSY81	TANDEM T:SLIM ASFT XC PK10 23"
DEVI117	TALTZ SOAJ55	MISC117
T:SLIM X2 INSULIN PMP BASAL6.4	TALTZ SOSY55	TANDEM T:SLIM ASFT XC PK14 23"
DEVI117	TALZENNA38	MISC117
T:SLIM X2 INSULIN PUMP DEVI 117	TAMIFLU CAPS 75 MG (Use	TAPENTADOL HCL ER TB12 50
T:SLIM X2 STARTER 7.10 KIT ...117	oseltamivir phosphate)45	MG, 100 MG, 150 MG, 200 MG, 250
TAB-A-VITE TABS 60 MG-2 MG-400	TAMIFLU SUSR (Use oseltamivir	MG9
MCG-20 MG-1.5 MG-10 MCG-6	phosphate)45	TAPENTADOL HCL SOLN PO 20
MCG-1.7 MG-1500 MCG175	tamoxifen citrate TABS36	MG/ML9
TAB-A-VITE/BETA CAROTENE	tamsulosin hcl79	tapentadol hcl TABS 50 MG, 75 MG,
TABS 60 MG-2 MG-400 MCG-400		100 MG9
UNIT-6 MCG-1.7 MG-20 MG-3000		TARON-C DHA178
UNIT-10 MG-1.5 MG-45 MG-30 UNIT		
.....175		

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

MG-150 MCG-30 UNIT-31 MG-2	30 MCG-400 MCG-3 MG-20 MG-400	1000 UNIT-18 MCG-5.1 MG-60
MG-10 MCG-5 MG-7.5 MG168	UNIT-9 MCG-5000 UNIT-10 MG-3.4	MCG-20 MG-100 MCG-3500 UNIT-
THERAGAUZE PADS 89	MG-30 UNIT 175	15 MG-18 MG-500 MG-700 MCG-4.5
THERAGRAN-M ADVANCED 50	THERATRUM COMPLETE 50 PLUS	MG-50 MG-15 MG-75 MCG-150
PLUS TABS168	TABS 60 MG-3 MG-30 MCG-400	MCG-30 UNIT-2 MG-2 MG-70 MCG-
THERAGRAN-M ADVANCED TABS .	MCG-400 UNIT-25 MCG-1.7 MG-10	120 MCG-150 MCG 169
168	MCG-20 MG-250 MCG-3500 UNIT-	THRIVITE RX TABS178
THERAGRAN-M PREMIER 50 PLUS	10 MG-300 MCG-1.5 MG-100 MG-15	THYROID TABS 15 MG, 30 MG, 60
TABS168	MG-150 MCG-200 MG-80 MG-75	MG, 90 MG, 120 MG 193
THERAGRAN-M PREMIER TABS	MCG-150 MCG-48 MG-2 MG-5	tiagabine hcl 18
168	MCG-2 MG-150 MCG-45 UNIT-20	TIBSOVO39
THERAGRAN-M TABS168	MCG-10 MCG-72 MG-2 MG168	ticagrelor 60 MG, 90 MG 81
THERA-M PLUS MV W/BETA-	THERATRUM COMPLETE TABS 60	timolol 183
CAROT TABS 168	MG-2 MG-30 MCG-400 MCG-400	timolol maleate (ophth) SOLG183
THERAMILL FORTE CAPS 168	UNIT-6 MCG-1.7 MG-20 MG-250	timolol maleate (ophth) SOLN 0.5 % .
THERANATAL LACTATION ONE	MCG-5000 UNIT-10 MG-18 MG-1.5	183
CAPS 168	MG-100 MG-15 MG-80 MG-2 MG-	timolol maleate (ophth) SOLN183
THERAPEUTIC	150 MCG-162 MG-150 MCG-75	timolol maleate TABS46
FORMULA/HEMATINICS TABS 3.3	MCG-30 UNIT-108 MG-2 MG-72	TIMOPTIC OCUDOSE SOLN (Use
MG-0.33 MG-50 MCG-3.3 MG-33.3	MG-5 MCG-10 MCG-2 MG-120	timolol maleate (ophth)) 184
MG-100 MG-11.7 MG-66.7 MG-3.3	MCG-25 MCG-20 MCG-10 MCG, 60	tioconazole vaginal 6.5 % 197
MG-41.7 MG-140 UNIT-5 UNIT-0.67	MG-2 MG-30 MCG-400 MCG-400	tiotropium bromide CAPS IN 18 MCG
MG-1400 UNIT 168	UNIT-6 MCG-1.7 MG-25 MCG-20	13
THERAPEUTIC-M TABS 90 MG-2	MG-250 MCG-3500 UNIT-10 MG-18	TIVICAY PD TBSO 44
MG-30 MCG-400 MCG-1.5 MG-400	MG-300 MCG-1.5 MG-100 MG-15	TIVICAY TABS 50 MG44
UNIT-6 MCG-1.7 MG-20 MG-5000	MG-80 MG-150 MCG-162 MG-72	tizanidine hcl CAPS179
UNIT-10 MG-9 MG-60 MG-2 MG-15	MG-75 MCG-150 MCG-30 UNIT-109	tizanidine hcl TABS179
MCG-8 MG-15 MCG-2 MG-15 MG-	MG-2 MG-5 MCG-10 MCG-2 MG-	TLANDO CAPS 10
40 MG-150 MCG-10 MCG-30 UNIT-8	120 MCG-20 MCG-10 MCG-2 MG	TM-DAILY VITE TABS 175
MG, 90 MG-30 MCG-400 MCG-3	169	TOBI NEBU (Use tobramycin) 4
MG-20 MG-6 MG-10 MG-3.4 MG-10	THERA-VITE MAX-M TABS169	TOBI PODHALER CAPS 3
MCG-27 MG-9 MG-100 MG-2 MG-75	THEREMS TABS175	TOBRADEX OINT186
MCG-11 MG-2 MG-10 MCG-150	thiamine hcl TABS198	TOBRADEX ST SUSP 186
MCG-50 MCG-2 MG-10 MCG-15	thiamine mononitrate TABS 100 MG .	
MG-145 MG-150 MCG-35 MG-70	198	
MCG-1500 MCG-28 MCG-12 MCG-8	thioridazine hcl 42	
MG 168	thiothixene42	
THERA-TABS M TABS168	THRESHOLD PEP DEVI129	
THERA-TABS TABS 90 MG-3 MG-	THRIVE FOR LIFE WOMENS TABS	
	60 MG-6 MG-300 MCG-400 MCG-	

tobramycin (ophth) SOLN	184	TOPICORT OINT (Use desoximetasone)	58	tramadol hcl TABS 25 MG, 75 MG, 100 MG	9
tobramycin NEBU	4	TOPICORT SPRAY LIQD (Use desoximetasone)	58	tramadol hcl TABS 50 MG	9
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	4	topiramate CP24	18	tramadol hcl TB24	9
tobramycin sulfate SOLR	4	topiramate CPSP 15 MG, 25 MG ..	18	tramadol-acetaminophen	9
tobramycin-dexamethasone SUSP 186		topiramate CPSP 50 MG	18	trandolapril	31
TOBREX OINT	184	topiramate CS24	18	trandolapril-verapamil hcl	32
tofacitinib citrate SOLN 1 MG/ML ...	4	topiramate SOLN 25 MG/ML	18	tranexamic acid TABS	84
tofacitinib citrate TABS 5 MG, 10 MG 4		topiramate TABS 100 MG	18	tranylcypromine sulfate	19
tofacitinib citrate TB24 11 MG, 22 MG	4	topiramate TABS 25 MG, 50 MG, 200 MG	18	TRAVATAN Z SOLN (Use travoprost)	187
TOFIDENCE	6	TOPPER DRESSING SPONGES MISC	89	TRAVEL LANCETS ADVANCED 28G	118
TOLECTIN DS CAPS 400 MG (Use tolmetin sodium)	7	TOPROL XL TB24 (Use metoprolol succinate)	46	travoprost SOLN	187
tolmetin sodium CAPS	7	toremifene citrate	36	trazodone hcl TABS	20
tolmetin sodium TABS	7	torsemide TABS	74	TRELEGY ELLIPTA	14
tolnaftate CREA	54	TOSYMRA	130	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	36
tolterodine tartrate CP24	195	TOUJEO MAX SOLOSTAR SOPN 25		TRELSTAR MIXJECT 3.75 MG ...	36
tolterodine tartrate TABS	195	TOUJEO SOLOSTAR SOPN	25	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	56
tolvaptan TBPK 15 MG	76	TOVIAZ (Use fesoterodine fumarate)	195	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	56
TONMYA SUBL SL 2.8 MG	190	TRACLEER TABS (Use bosentan) 47		TREMFYA SOLN IV	78
TOPAMAX SPRINKLE CPSP (Use topiramate)	17	TRACLEER TBSO 32 MG (Use bosentan)	47	TREMFYA SOSY SC	78
TOPAMAX TABS 100 MG (Use topiramate)	17	TRADJENTA	22	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	78
TOPAMAX TABS 25 MG, 50 MG, 200 MG (Use topiramate)	17	tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	TRESIBA FLEXTOUCH SOPN	25
TOPICORT CREA (Use desoximetasone)	58	TRAMADOL HCL SOLN (Use tramadol hcl)	9	TRESIBA SOLN	25
TOPICORT GEL (Use desoximetasone)	58	tramadol hcl SOLN	9	tretinoin (chemotherapy)	39
				tretinoin CREA 0.025 %, 0.05 %, 0.1 %	53
				tretinoin GEL 0.01 %, 0.025 %	53

tretinoin GEL 0.05 %	53	TRILEPTAL SUSP (Use oxcarbazepine)	18	UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML-37 MG/15ML	169
tretinoin microsphere 0.08 %	53	TRILEPTAL TABS (Use oxcarbazepine)	18	tropicamide SOLN	184
TRETEN	80	trimethoprim TABS	32	tropium chloride CP24	195
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	34	trimipramine maleate CAPS	21	tropium chloride TABS	195
TREXION CAPS	169	TRINATAL RX 1 TABS	178	TRUE COMFORT INSULIN SYRINGE	124
TREXVIA CAPS	169	TRINTELLIX	20	TRUE COMFORT PRO INSULIN SYR	124
triamcinolone acetonide (mouth)	133	TRIPHROCAPS CAPS 1 MG	134	TRUE COMFORT SAFETY LANCETS	118
triamcinolone acetonide (nasal) AERO	179	TRIPTODUR	75	TRUE COMFORT TWIST TOP LANCETS	118
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		WIDE-SEAL DIAPHRAGM 90	90	MG-10 MG-250 MCG-3500 UNIT-18	
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